

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 \$5,344.32 for a new total of \$57,106.68;

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 \$5,344.32 for a new total of \$57,106.68.
- 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 ____ day of _____, 20__.

Family Violence Council,
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

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).


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|--|--|--|--|--|--|
| 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 | | |
| INSURED Family Violence Council 4600 Valley Road Ste 408 Lincoln, NE 68510 | | | | INSURER(S) AFFORDING COVERAGE | |
| | | | | INSURER A : The Hartford | |
| | | | | INSURER B : Carolina Casualty Insurance Company | |
| | | | | INSURER C : | |
| | | | | INSURER D : | |
| | | | | INSURER E : | |
| | | | | INSURER F : | |

COVERAGES CERTIFICATE NUMBER: 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR 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 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 <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| 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  |
|--|--|

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 INSUREDS: THE FOLLOWING ARE ADDITIONAL INSUREDS 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

**INFORMATION PAGE
WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY**

INSURER: Property and Casualty Insurance Company of Hartford
ONE HARTFORD PLAZA HARTFORD CT 06155



NCCI Company Number:
Company Code: P

POLICY NUMBER:
Previous Policy Number:

| Suffix | |
|--------|---------|
| LARS | RENEWAL |
| | 11 |

1. Named Insured and Mailing Address: FAMILY VIOLENCE COUNCIL
(No., Street, Town, State, Zip Code) 4600 VALLEY RD
LINCOLN NE 68510

FEIN Number: 20-5913953

State Identification Number(s):

The Named Insured is: Association

Business of Named Insured: Other Management Consulting Services

Other workplaces not shown above:

2. Policy Period: From 07/18/19 To 07/18/20 ANNUAL
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: INSPRO INC
PO BOX 6847
LINCOLN NE 68506

Producer's Code: 91910071

Issuing Office: THE HARTFORD BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251
(877) 853-2582

Total Estimated Annual Premium: \$815
Deposit Premium:
Policy Minimum Premium: \$230 NE

Audit Period: ANNUAL

Installment Term: Twelve Pay (8.33%Down+11@8.33%)

The policy is not binding unless countersigned by our authorized representative.

Countersigned by Susan S. Castaneda
Authorized Representative

06/08/19
Date



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

Policy Number: 91 WEC IN3493

Endorsement Number:

Effective Date: 07/18/19

Effective hour is the same as stated on the Information Page of the policy.

Named Insured and Address: FAMILY VIOLENCE COUNCIL
4600 VALLEY RD
LINCOLN NE 68510

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

SCHEDULE

CITY OF LINCOLN 555 S 10TH ST, ROOM 111 LINCOLN, 001
NE 68508 -09/01/17 - 08/31/18

Countersigned by _____
Authorized Representative