

**EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM**

**"AMENDMENT" (CCO 3)**

Contract# <b>32300134</b> ✓	Vendor# <b>13600</b> ✓
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**CONTRACTOR NAME:** Bonita House, INC

**Berkeley Business License # :** BLR - 2024 - 007616

**Subject of Contract:** Specialized Care Unit (SCU) Mobile Crisis team

This contract package contains:	With Original Contract	Attached	Waiver Attached	Not Required
<b>2 Original Contracts (Vital Record and Vendor) in folder</b>				
*The Vital Record contract MUST be in a folder. Vendor copy may be assembled with an Acco-fastener. * DocuSign Agreements only require 1 Original (Vital Record) copy.				
1. <del>Scope of Services and Term</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <del>Payment Provisions</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <del>Oppressive States Disclosure</del> <b>Contracts processed before 1/1/23</b> (Exception: Community-based, non-profit orgs.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <del>Sanctuary City Compliance Statement</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <del>Living Wage Certification (if not submitted with original contract) LWO use current form on web*</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <del>Certification of Compliance with Equal Benefits Ordinance (if not submitted with original contract) EBO use current form on web*</del>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <del>Federally Funded Project Requirement ONLY: Debarment status printout (\$25,000 and above) SAM.gov</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <del>Insurance Certificate/s AND Endorsement/s OR Insurance Waiver/s (originals, not copies)</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <del>Authorizing Council Resolution # 71,309-N.S. &amp; 71,372-N.S. = 4 JUN 2024</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Requisition #** \_\_\_\_\_ (Hard copy attached) **Budget Code** 354-51-501-501-0000-000-451-612240 **Amt.** \$500,000.00

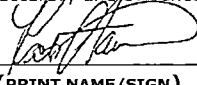
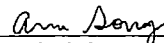
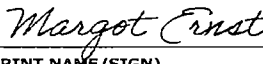


**Council Approved Amount \$** \_\_\_\_\_ HHOARP2202-NONPERSONN-CONTRSERVI-CNSLTNTS

**Purchase Order #** \_\_\_\_\_ 336-51-501-501-2075-000-451-612990 **Amt.** \$275,000.00  
HHOCCM2201-NONPERSONE-OPERATING-MISCPROFSV

**Was there any advance payment?** No  Yes  ..... **If Yes, Advanced Amount \$** \_\_\_\_\_

Original contract amount	\$ 4,500,000.00 ✓
Amount/s added by previous amendment/s (if applicable)	\$ 79,500.00 ✓
Amount added by this amendment	\$ 775,000.00 ✓
Total/cumulative contract amount after amendment	\$ 5,354,500 Contingency \$ _____
<b>TOTAL NOT TO EXCEED AMOUNT</b>	<b>\$ 5,345,500.00</b>

**Routing and signatures:**  
All elements of the contract package, including information provided above and on Amendment Data Transmittal form (page 2), have been reviewed for completeness and accuracy and evidenced by the following signatures:

1. Katherine Hawn  HHCS (510) 847-8532 June 26, 2024  
**Project Manager (PRINT NAME/SIGN) Department Phone No. Date**
2. Ann Song  Department Administrative Officer / Accounting (PRINT NAME/SIGN) 6/27/2024  
**Department Administrative Officer / Accounting (PRINT NAME/SIGN) Date**
3. Margo Ernst  Department Head (PRINT NAME/SIGN) 6/28/24  
**Department Head (PRINT NAME/SIGN) Date**
4.  Contract Administrator (PRINT NAME/SIGN) 15 JUL 24  
**Contract Administrator (PRINT NAME/SIGN) Date**
5. Sharon Friedrichsen  Budget Manager (PRINT NAME/SIGN) 15 JUL 24  
**Budget Manager (PRINT NAME/SIGN) Date**

**EXECUTED**

Routing continues to the following persons, who sign directly on the contract: (Will not sign unless all signatures and dates appear above)

6. **City Manager**
7. **City Clerk:** Destruct \_\_\_\_\_ Review \_\_\_\_\_

**EXPENDITURE NON-CONSTRUCTION CONTRACT REVIEW FORM**

**"AMENDMENT"**

**City of Berkeley Contract Amendment Data Transmittal**

*(To be completed by Project Manager)*

Bonita House Incorporated  
Contractor  
1919 Addison Street, Suite 204  
Address  
Berkeley, CA 94704-1143  
City/State/Zip

<b>Amended Contract Number:</b> <u>32300134</u>
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**Contract Amendment Authority**

- Resolution # 71,372-N.S. & 71,309 N.S. Original Resolution # 70-642 N.S.
- Ordinance # \_\_\_\_\_ (if appropriate)
- City Manager Authorization \_\_\_\_\_

**Description of Amendment/s**

- Change of Services/Scope: \_\_\_\_\_
- Change of Dollars: Original Amount:\$ 775,000.00 Amended Not to Exceed Amount:\$ 5,354,500.00

**Change of Contract Term**

Change as of This Amendment or Extension:

From: \_\_\_\_\_ To: \_\_\_\_\_

Change as of Prior Amendment (if any):

From: \_\_\_\_\_ To: \_\_\_\_\_

Original Term: From: \_\_\_\_\_ To: \_\_\_\_\_

**Evidence of Insurance for Contract Amendment**

<b>Insurance</b>	<b>Waiver</b>	<b>Amount</b>	<b>Expiration Date</b>	<b>TICKLER DATE</b> <i>(City Clerk)</i>
Professional Liability	<input type="checkbox"/>	<u>\$1,000,000.00</u>	<u>03/01/25</u>	_____
General Liability	<input type="checkbox"/>	<u>\$1,000,000.00</u>	<u>03/01/25</u>	_____
Automobile	<input type="checkbox"/>	<u>\$1,000,000.00</u>	<u>03/01/25</u>	_____
Workers Comp.	<input type="checkbox"/>	<u>\$1,000,000.00</u>	<u>07/01/24</u>	_____
Bond	<input type="checkbox"/>	<u>\$ _____</u>	_____	_____

AMENDMENT TO CONTRACT

THIS CONTRACT is entered into on January 1, 2023 between the CITY OF BERKELEY ("City"), a Charter City organized and existing under the laws of the State of California, and Bonita House, Incorporated ("Contractor") a company, doing business at 1919 Addison Street, Suite 204, Berkeley, CA 94704-1143.

WHEREAS, City and Contractor previously entered into Contract Number 32300134, dated January 1, 2023, which Contract was authorized by the Berkeley City Council by the City Manager of the City of Berkeley.

WHEREAS, on May 7, 2024, by Resolution No.71,309-N.S., and on June 4, 2024, by Resolution No.71,372-N.S., the Berkeley City Council authorized amendment of said Contract as set forth below

THEREFORE, City and Contractor mutually agree to amend said Contract as follows:

1. Section 2 is amended to read as follows:

PAYMENT

For services referred to in Section 1, City will pay Contractor a total amount not to exceed \$ 5,354,500.00. City shall make payments to Contractor in accordance with provisions described in Exhibit B, which is attached to and made part of this Contract.

2. Section 3.a. is amended to read as follows:

TERM

This Contract shall begin on January 1, 2023 and end on June 30, 2025. The City Manager of the City may extend the term of this Contract by giving written notice.

3. Further, this Contract is amended to include the following language regarding the City's Sanctuary Contracting Ordinance:

SANCTUARY CITY CONTRACTING

Contractor hereby agrees to comply with the provisions of the Sanctuary City Contracting Ordinance, B.M.C. Chapter 13.105. In accordance with this Chapter, Contractor agrees not to provide the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security with any Data Broker or Extreme Vetting Services as defined herein:

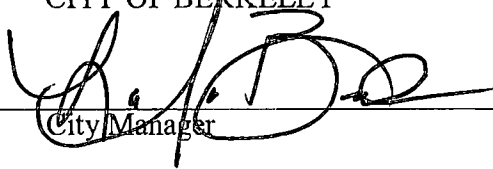
- a. "Data Broker" means either of the following:
  - i. The collection of information, including personal information about consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;
  - ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.
  
- b. "Extreme Vetting" means data mining, threat modeling, predictive risk analysis, or other similar services. Extreme Vetting does not include:
  - i. The City's computer-network health and performance tools;
  - ii. Cybersecurity capabilities, technologies and systems used by the City of Berkeley Department of Information Technology to predict, monitor for, prevent, and protect technology infrastructure and systems owned and operated by the City of Berkeley from potential cybersecurity events and cyber-forensic based investigations and prosecutions of illegal computer-

based activity.

In all other respects, the Contract dated **January 1, 2023** shall remain in full force and effect.

IN WITNESS WHEREOF, City and Contractor have executed this Contract as of the date written in the first paragraph of this Contract.

CITY OF BERKELEY

By   
City Manager

THIS CONTRACT HAS BEEN APPROVED AS TO FORM BY THE CITY ATTORNEY FOR THE CITY OF BERKELEY 02/2022

Registered on behalf of the City Auditor by:

  
Finance Department

Attest:

  
Deputy City Clerk

CONTRACTOR

Laura Weissberger  
Name (Printed)

By  Executive Director  
Signature and Title

**EXHIBIT B**

**PAYMENT**

**GENERAL:** Contract Amendment is \$ 775,000.00 for a new Not to Exceed (NTE) amount of \$ 5,354,500.00.

**BILLING:** Contractor will submit invoices for services rendered, Monthly.

**INVOICES:** Invoices must be fully itemized, and provide sufficient information for approving payment and audit. Invoices must be accompanied by receipt for services in order for payment to be processed. Email invoices to Accounts Payable, [accountspayable@berkeleyca.gov](mailto:accountspayable@berkeleyca.gov) and cc' Project Manager [khawn@berkeleyca.gov](mailto:khawn@berkeleyca.gov); (List on invoice, Attn: Katie Hawn, HHCS Special Projects, Office of the Director and reference contract number 32300134 .

City of Berkeley  
Accounts Payable  
P.O. Box 700  
Berkeley, CA 94710-700  
Email:AccountsPayable@berkeleyca.gov  
Phone: 510-981-7310

**PAYMENTS:** The City will make payment to the vendor within 30 days of receipt of a correct, approved and complete invoice.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/29/2024

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.

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.

PRODUCER: Cook, Disharoon & Greathouse, Inc. 16 Bryson Drive Sutter Creek CA 95685
INSURED: Bonita House, Inc. Bonita, Inc. 1919 Addison Street, Suite 204 Berkeley CA 94704-1143
CONTACT NAME: Lynda Reynolds-Brown
PHONE (A/C, No, Ext): (510) 437-1900
FAX (A/C, No): (510) 437-1979
E-MAIL ADDRESS: lbrown@cdginsurance.com
INSURER(S) AFFORDING COVERAGE: INSURER A: Nonprofits Insurance Alliance NAIC #: 19682
INSURER B: Hartford Fire Insurance Company
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: CL2422817516 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers' Liability, Employee Theft, and Directors & Officers Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Per Acord guidelines, refer to 2nd page COMMENTS/REMARKS section for Additional Insured & special endorsement information.

RE: CMS #K4GH3

CERTIFICATE HOLDER: City of Berkeley Health, Housing & Community Service 2180 Milvia Street, 2nd Floor Berkeley, CA 94704
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: L Reynolds-Brown/LB

## COMMENTS/REMARKS

The City of Berkeley, its officers, agents, volunteers & employees are Additional Insured under General Liability per attached endorsement #CG2026 1219 and General Liability form. Additional Insured applies under Auto Liability per form #NIACA1 03/91, when required in a written contract between the Named Insured and Additional Insured.  
30 Day Notice of Cancellation applies per attached endorsement #NIAC-E64 1012.  
Umbrella policy follows form to General Liability.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED 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):**

City of Berkeley, its officers, agents, volunteers and employees

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 your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
  2. In connection with your premises owned by or rented to you.

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 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.



*A Head for Insurance. A Heart for Nonprofits.*

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### **ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE ONLY**

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In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

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

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

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

**AMENDED  
NOTICE OF CANCELLATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
BUSINESS AUTO COVERAGE FORM

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**Cancellation: 30 Days Notice of Cancellation**

Person or Organization

City of Berkeley, its officers, agents, volunteers and employees  
Eastmont Oakland Associates, LLC c/o Unico Properties LLC  
City of Pleasanton PO Box 520 Pleasanton, CA 94566  
Thierry Professional Center, LLC 1320-B S. Main Street PMB 274 Salinas, CA 93901

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, we will mail notice of cancellation to the person or organization shown above. We will mail such notice to the address shown at least the number of days shown for cancellation.



PO BOX 40790  
LANSING, MI 48901-7990

Workers Compensation and Employers Liability  
Insurance Policy

Policy Number	Policy Period	
	From	To
CW WCP 100039335	07/01/2023 12:01 A.M. Standard Time at the described location	07/01/2024

**Transaction**

INFORMATION PAGE  
Policy Change - Effective: 07/01/2023

ITEM 1. Named Insured and Address	Agent
BONITA HOUSE, INC. 1919 ADDISON STREET STE 204 BERKELEY, CA 94704 ACCOUNTING@BONITAHOUSE.COM	BUSINESS PROFESSIONAL INSURANCE ASSOCIATES 1519 S. B STREET SAN MATEO, CA 94402  650-341-4484 CW38248

**Other Workplaces Not Shown Above:** See schedule attached  
**Extended Named Insured:** Absence of an entry means no exception

<b>Interstate ID:</b>	<b>Intrastate ID:</b>
<b>Insured Is:</b> Non-Profit Corp	<b>FEIN#:</b> 941735133
<b>Bureau/Risk ID:</b> 1265296	<b>NCCI #:</b> 12985
<b>Unemployment ID Number:</b>	

**ITEM 2. POLICY PERIOD** is from 12:01 A.M., 07/01/2023 to 12:01 A.M., 07/01/2024 Standard Time at the insured's mailing address.

**ITEM 3. COVERAGE**

- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: CA, OR
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part Two are:
 

Bodily Injury by Accident	\$ 1,000,000	each accident
Bodily Injury by Disease	\$ 1,000,000	policy limit
Bodily Injury by Disease	\$ 1,000,000	each employee
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here.
- D. This policy includes these endorsements and schedules:  
See endorsement schedule

**ITEM 4. PREMIUM**

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit.

**CLASSIFICATIONS**

**SEE SCHEDULE OF CLASSIFICATIONS ON FOLLOWING PAGE(S)**

Minimum Premium	Deposit Premium	Total Estimated Annual Premium	Premium Adjustment Period:
\$ 1,000	\$7,206.00	\$ 128,406	Annual - Reporting

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PO BOX 40790  
LANSING, MI 48901-7990

Workers Compensation and Employers Liability  
Insurance Policy

Policy No.....	Policy Period	
	From	To
CW WCP 100039335	07/01/2023	07/01/2024
12:01 A.M. Standard Time at the described location		

Transaction	
INFORMATION PAGE Policy Change - Effective: 07/01/2023	
ITEM 1. Named Insured and Address	Agent
BONITA HOUSE, INC. 1919 ADDISON STREET STE 204 BERKELEY, CA 94704 ACCOUNTING@BONITAHOUSE.COM	BUSINESS PROFESSIONAL INSURANCE ASSOCIATES 1519 S. B STREET SAN MATEO, CA 94402  650-341-4484  CW38248

SCHEDULE OF CLASSIFICATIONS: 07/01/2023-07/01/2024

CLASSIFICATIONS	CODE NO	PREM BASIS ESTIMATED REMUNERATION	RATE PER \$100	ESTIMATED ANNUAL PREMIUM
<u>STATE: California</u>				
AMBULANCE SERVICES – ALL OPERATIONS – INCLUDING MEDICAL TECHNICIANS AND ATTENDANTS AND MAINTENANCE OF VEHICLES AND EQUIPMENT	7332	0	4.5900	\$0
SUBSTANCE USE DISORDER RECOVERY HOMES – ALL EMPLOYEES CLASSIFICATION 8804(1) SHALL NOT BE USED FOR DIVISION OF PAYROLL IN CONNECTION WITH CLASSIFICATIONS 9070(1), 9070(3), RESIDENTIAL CARE FACILITIES FOR THE ELDERLY, 9070(3), RESIDENTIAL CARE FACILITIES FOR ADULTS, 8823, RESIDENTIAL CARE FACILITIES FOR CHILDREN, OR 8851, CONGREGATE LIVING FACILITIES FOR THE ELDERLY, UNLESS THE OPERATION DESCRIBED BY CLASSIFICATION 8804(1) CONSTITUTES A SEPARATE AND DISTINCT ENTERPRISE HAVING NO CONNECTION WITH THE OPERATIONS COVERED BY CLASSIFICATIONS 9070(1), 9070(3), 8823 OR 8851.	8804-1	595,711	3.6900	\$21,982
CLERICAL TELECOMMUTER EMPLOYEES - N.O.C.	8871	0	0.4000	\$0
CLERICAL OFFICE EMPLOYEES – N.O.C.	8810	0	0.4000	\$0
SALESPERSONS – OUTSIDE	8742	79,577	0.5600	\$446
COLLEGES OR SCHOOLS – PRIVATE – NOT AUTOMOBILE SCHOOLS – PROFESSORS, TEACHERS OR ACADEMIC PROFESSIONAL EMPLOYEES	8868	330,974	1.0900	\$3,608
SALESPERSONS – OUTSIDE	8742	867,025	0.5600	\$4,855
CLERICAL OFFICE EMPLOYEES – N.O.C.	8810	51,418	0.4000	\$206
SALESPERSONS – OUTSIDE	8742	144,746	0.5600	\$811
COLLEGES OR SCHOOLS – PRIVATE – NOT AUTOMOBILE SCHOOLS – PROFESSORS, TEACHERS OR ACADEMIC PROFESSIONAL EMPLOYEES	8868	211,473	1.0900	\$2,305
CLERICAL OFFICE EMPLOYEES – N.O.C.	8810	1,181,544	0.4000	\$4,726
CLERICAL TELECOMMUTER EMPLOYEES - N.O.C.	8871	134,886	0.4000	\$540
SALESPERSONS – OUTSIDE	8742	474,020	0.5600	\$2,655
SALESPERSONS – OUTSIDE	8742	502,430	0.5600	\$2,814

INSURED COPY



PO BOX 40790  
LANSING, MI 48901-7990

Workers Compensation and Employers Liability  
Insurance Policy

Policy Number	Policy Period	
	From	To
CW WCP 100039335	07/01/2023	07/01/2024
12:01 A.M. Standard Time at the described location		

Transaction

INFORMATION PAGE  
Policy Change - Effective: 07/01/2023

ITEM 1.	Named Insured and Address	Agent
BONITA HOUSE, INC. 1919 ADDISON STREET STE 204 BERKELEY, CA 94704 ACCOUNTING@BONITAHOUSE.COM	BUSINESS PROFESSIONAL INSURANCE ASSOCIATES 1519 S. B STREET SAN MATEO, CA 94402  650-341-4484	CW38248

CLERICAL OFFICE EMPLOYEES – N.O.C.	8810	82,625	0.4000	\$331
CLERICAL OFFICE EMPLOYEES – N.O.C.	8810	45,111	0.4000	\$180
SALESPERSONS – OUTSIDE	8742	1,329,056	0.5600	\$7,443
SALESPERSONS – OUTSIDE	8742	709,427	0.5600	\$3,973
CLERICAL OFFICE EMPLOYEES – N.O.C.	8810	159,153	0.4000	\$637
<b>Total Manual Premium</b>				<b>\$57,512</b>
Specific Waiver of Subrogation	0930	1	100	\$100
<b>Total Subject Premium</b>				<b>\$57,612</b>
Experience Modifier	9898	57,612	2.4000	\$80,657
<b>Total Modified Premium</b>				<b>\$138,269</b>
CA Keep at Work Credit	9880	138,269	0.9000	(\$13,827)
Schedule Rating Debit	9889	124,442	1.1000	\$12,444
Commission Adjustment	SAAJC	136,886	0.9420	(\$7,939)
<b>Total Standard Premium</b>				<b>\$128,947</b>
Premium Discount	0063	128,947	0.9160	(\$10,832)
Expense Constant	0900	1	300	\$300
Terrorism Premium	9740	6,899,176	0.0200	\$1,380
Catastrophe Premium	9741	6,899,176	0.0200	\$1,380
<b>Estimated Annual Premium</b>				<b>\$121,175</b>
<b>Other Premium and Surcharges</b>				
CA Guaranty Association Surcharge	CI IGA	121,175	0	\$0
CA Administration Revolving Fund Surcharge	CA SRG	121,175	0.0252	\$3,055
CA Occupational Safety and Health Fund Surcharge	CA OSH	121,175	0.0066	\$796
CA Uninsured Employers Benefit Trust Fund Surcharge	CA UEB	121,175	0.0014	\$166
CA Subsequent Injuries Benefit Trust Fund Surcharge	CA SIB	121,175	0.0137	\$1,660
CA Labor Enforcement and Compliance Fund Assessment	CA LEC	121,175	0.0070	\$850
CA Fraud Surcharge	CA AST	121,175	0.0047	\$567
<b>Total Amount Due</b>				<b>\$128,269</b>

Total Estimated Annual Premium \$128,406

INSURED COPY



PO BOX 40790  
LANSING, MI 48901-7990

Workers Compensation and Employers Liability  
Insurance Policy

Policy Number CW WCP 100039335	Policy Period	
	From 07/01/2023	To 07/01/2024

12.01 A.M. Standard Time at the described location

Transaction	
INFORMATION PAGE Policy Change - Effective: 07/01/2023	
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SCHEDULE OF CLASSIFICATIONS: 07/01/2023-07/01/2024

CLASSIFICATIONS	CODE NO	PREM BASIS ESTIMATED REMUNERATION	RATE PER \$100	ESTIMATED ANNUAL PREMIUM
STATE: Oregon				
CLERICAL TELECOMMUTER EMPLOYEES	8810	16,068	0.0800	\$13
<b>Total Manual Premium</b>				<b>\$13</b>
Employers Liability (E/L) increased limits factor	9812	13	0.0040	\$0
Balance to E/L increased limits minimum premium	9848	0	120	\$120
<b>Total Subject Premium</b>				<b>\$133</b>
<b>Total Modified Premium</b>				<b>\$133</b>
<b>Total Standard Premium</b>				<b>\$133</b>
Premium Discount	0063	133	0.9160	(\$11)
Terrorism Premium	9740	16,068	0.0070	\$1
Catastrophe Premium	9741	16,068	0.0100	\$2
<b>Estimated Annual Premium</b>				<b>\$125</b>
<b>Other Premium and Surcharges</b>				
Oregon Premium Assessment	OR SRG	125	0.0980	\$12
<b>Total Amount Due</b>				<b>\$137</b>

Total Estimated Annual Premium \$128,406

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PO BOX 40790  
LANSING, MI 48901-7990

**Workers Compensation and Employers Liability  
Insurance Policy**

Policy Nu	Policy Period	
	From	To
CW WCP 100039335	07/01/2023 12:01 A.M. Standard Time at the described location	07/01/2024

Transaction	
INFORMATION PAGE Policy Change - Effective: 07/01/2023	
ITEM 1.	Named Insured and Address
BONITA HOUSE, INC. 1919 ADDISON STREET STE 204 BERKELEY, CA 94704 ACCOUNTING@BONITAHOUSE.COM	BUSINESS PROFESSIONAL INSURANCE ASSOCIATES 1519 S. B STREET SAN MATEO, CA 94402  650-341-4484
	CW38248

**SCHEDULE OF COVERED WORKPLACES**

**Address**

- BONITA HOUSE, INC. - 941735133  
1919 Addison St Ste 204  
Berkeley, CA 94704
- BONITA HOUSE, INC. - 941735133  
1410 BONITA AVE  
BERKELEY, CA 94709
- BONITA HOUSE, INC. - 941735133  
7200 BANCROFT AVENUE STE 267  
OAKLAND, CA 94605
- BONITA HOUSE, INC. - 941735133  
1909 UNIVERSITY AVE  
BERKELEY, CA 94704
- BONITA HOUSE, INC. - 941735133  
6522 Telegraph Ave  
Oakland, CA 94609-1114
- BONITA HOUSE, INC. - 941735133  
6526 Telegraph Ave  
Oakland, CA 94609
- BONITA HOUSE, INC. - 941735133  
13939 E 14th St, Ste 190  
San Leandro, CA 94578
- BONITA HOUSE, INC. - 941735133  
1605 Jefferson St  
Oakland, CA 94612-1215
- BONITA HOUSE, INC. - 941735133  
11182 SE Adamson Ct  
Portland, OR 97222

INSURED COPY



PO BOX 40790  
LANSING, MI 48901-7990

Workers Compensation and Employers Liability Insurance Policy

Policy Number CW WCP 100039335	Policy Period	
	From 07/01/2023	To 07/01/2024

12:01 A.M. Standard Time at the described location

Transaction	
INFORMATION PAGE Policy Change - Effective: 07/01/2023	
ITEM 1.	Named Insured and Address
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	CW38248

**ENDORSEMENT SCHEDULE**

State	Form Nbr.	Ed. Date	Description
Countrywide	WC 89 06 00 B	07 01	Policy Information Page Endorsement
Countrywide	WC 00 00 01 A	05 88	Information Page - AF CW
OR	WC 00 00 00 C	01 15	Workers Compensation and Employers Liability Insurance Policy
CA	WC 00 00 00 C CA	01 15	Workers Compensation and Employers Liability Insurance Policy
OR	WC 00 04 04	04 84	Pending Rate Change Endorsement
OR	WC 00 04 06	08 84	Premium Discount Endorsement
CA	WC 00 04 06 A	07 95	Premium Discount Endorsement
OR	WC 00 04 14 A	01 19	Notification Of Change In Ownership Endorsement
CA	WC 00 04 19	01 01	Premium Due Date Endorsement
OR	WC 00 04 19 A	08 22	Part Five - Premium Amendatory Endorsement
Countrywide	WC 00 04 21 F	08 22	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
Countrywide	WC 00 04 22 C	01 21	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
OR	WC 00 04 24	01 17	Audit Non-Compliance Charge Endorsement
OR	WC 00 04 25	05 17	Experience Rating Modification Factor Revision Endorsement
CA	WC 04 03 01 D	02 18	Policy Amendatory Endorsement - California (Includes Statutorily Mandated Language)
CA	WC 04 03 10	01 95	Duty to Defend - California
CA	WC 04 03 60 B	01 15	Employers' Liability Coverage Amendatory Endorsement - California
CA	WC 04 04 21	01 08	Optional Premium Increase Endorsement - California
CA	WC 04 06 01 B	01 22	California Cancellation Endorsement
CA	WC 04 06 04 A	01 23	COVID-19 Reporting Requirement Endorsement - California
OR	WC 36 03 06	01 02	Oregon Limits Of Liability Endorsement
OR	WC 36 06 01 E	01 08	Oregon Cancellation Endorsement
OR	WC 36 06 02	01 11	Oregon Confidentiality Endorsement
OR	WC 36 06 04	01 17	Oregon Amendatory Endorsement
CA	WC 99 00 03 D	07 19	Keep At Work
CA	WC 99 01 07 B	05 15	Special Cancellation Prov
CA	WC 99 03 13 C	07 09	Waiver of Our Right To Recover From Others Endorsement California
OR	WC 99 06 50 B	07 21	Invoice Fee
Countrywide	WC 99 06 60	05 17	Execution Clause Endorsement
OR	WC 99 06 74 A	07 21	AccuPremium Endorsement
OR	WC 99 36 20	04 16	Oregon Policy Amendatory Endorsement

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# BONITA HOUSE, INC. • Active Registration

Unique Entity ID      CAGE/NCAGE  
**VUNQC4L91FL5      47YU1**

## Entity Information

Expiration Date

**Jul 16, 2024**

### Physical Address

**1919 Addison ST STE 204  
Berkeley, California  
94704-1143, United States**

### Mailing Address

**1919 Addison ST STE 204  
Berkeley, California  
94704-1143, United States**

### Purpose of Registration

**All Awards**

### Version

Current Record ▼

## ■ BUSINESS INFORMATION

Doing Business As  
(blank)

Division Name  
(blank)

Congressional District  
California 12

URL  
<http://www.bonitahouse.org>

Division Number  
(blank)

State/Country of  
Incorporation  
California, United States

### Registration Dates

Activation Date

Jul 25, 2023

Submission Date

Jul 17, 2023

Initial Registration Date

Nov 23, 2005

RESOLUTION NO. 71,309-N.S.

CONTRACT NO. 32300134 AMENDMENT: BONITA HOUSE FOR SPECIALIZED CARE UNIT PROVIDER

WHEREAS, Contract #32300134 was awarded to Bonita House, Incorporated to implement the City of Berkeley's new Specialized Care Unit (SCU); and

WHEREAS, through Contract #32300134 Bonita House has hired and trained staff to provide daily crisis response services to Berkeley community members; and

WHEREAS, \$ 275,000 was allocated through the Crisis Care Mobile Units (CCMU) grant to support direct services costs of the SCU and reimburse for team equipment purchases; and

WHEREAS, this grant funding has been awarded to support direct services costs incurred by SCU staff providing behavioral health crisis response services in Berkeley as well as necessary equipment purchases.

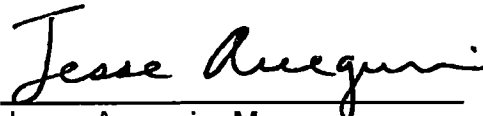
NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager or her designee is authorized to amend the SCU Contract No. 32300134 with Bonita House by adding \$275,000 for a not-to-exceed amount of \$4,854,500. Funding is available in the FY2023 budget in State of California CCMU funding in in the One-Time Grant Fund (Fund 336), which specifically funds mobile crisis response activities.

The foregoing Resolution was adopted by the Berkeley City Council on May 7, 2024 by the following vote:

Ayes: Bartlett, Hahn, Humbert, Kesarwani, Lunaparra, Taplin, Wengraf, and Arreguin.

Noes: None.

Absent: None.

  
\_\_\_\_\_  
Jesse Arreguin, Mayor

Attest:   
\_\_\_\_\_  
Mark Numainville, City Clerk

RESOLUTION NO. 71,372-N.S.

CONTRACT NO. 32300134 AMENDMENT: BONITA HOUSE FOR SPECIALIZED CARE UNIT PROVIDER

WHEREAS, Contract #32300134 was awarded to Bonita House, Incorporated to implement the City of Berkeley's new Specialized Care Unit (SCU); and

WHEREAS, through Contract #32300134 Bonita House has hired and trained staff to provide daily crisis response services to Berkeley community members; and

WHEREAS, \$500,000 was allocated through the American Rescue Plan Act grant to support direct services costs of the SCU and reimburse for team equipment purchases; and

WHEREAS, this grant funding has been awarded to support direct services costs incurred by SCU staff providing behavioral health crisis response services in Berkeley as well as necessary equipment purchases.


NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that the City Manager or her designee is authorized to amend the SCU Contract No. 32300134 with Bonita House by adding \$500,000 for a not-to-exceed amount of \$5,354,500. Funding will be available in the FY2025 budget in the American Rescue Plan Act One-Time Grant Fund (Fund 354), which was specifically allocated for SCU implementation as a part of the broader initiative to Reimagine Public Safety.

The foregoing Resolution was adopted by the Berkeley City Council on June 4, 2024 by the following vote:

Ayes: Bartlett, Hahn, Humbert, Kesarwani, Lunaparra, Taplin, Wengraf, and Arreguin.

Noes: None.

Absent: None.

  
\_\_\_\_\_  
Jesse Arreguin, Mayor

Attest:   
\_\_\_\_\_  
Mark Numainville, City Clerk

*City of Berkeley, California*

**2024**

**BUSINESS LICENSE**

This license must be conspicuously posted. Business owner is responsible for renewing this business license by the 28th of February each year.

License Number

BL-018949

Business Type **SOCIAL SERVICE ORGANIZATION AD**

Expires On

Location **1919 ADDISON ST #204**

**12/31/24**

Nbr of Tags: 4

**BONITA HOUSE INC  
1919 ADDISON ST STE 204  
BERKELEY, CA 94704-1143**

This license is issued without verification that the license is subject to an exemption from licensing by the State. It shall not be construed as authorizing the conduct or continuance of any illegal or unlawful business nor does it constitute conformity with Zoning, Toxic Code, Fire, Building Permit and/or Health requirements. - Compliance with BMC 9.04 only