

ADAMS COUNTY, COLORADO
SECOND ADDENDUM TO
SERVICE AGREEMENT

THIS SECOND ADDENDUM TO SERVICE AGREEMENT ("Second Addendum") is entered into this 2nd day of July, 2013, by and between the Board of County Commissioners of Adams County, Colorado, located at 4430 South Adams County Parkway, Brighton, CO 80601, hereinafter referred to as the "County," acting in its capacity as the Adams County Board of Human Services, and Resource Center for High Risk Youth & Their Families, located at 655 Broadway., Suite 650, Denver, CO 80203, hereinafter referred to as the "Contractor."

RECITALS

WHEREAS, on June 1, 2011, the County entered into a Service Agreement with Resource Center for High Risk Youth & Their Families to provide Sexual Abuse Treatment and Evaluation Services to youth referred by Adams County Human Services Department (ACHSD)/ pursuant to the Colorado Family Preservation Act §§ 26-5-101, et seq., C.R.S. and in compliance with the state rules and County Plan, policies, and procedures and CDHS Volume VII 7.303, and,

WHEREAS, the term of the agreement expired on May 31, 2013, and,

WHEREAS, the County and the Contractor mutually desire to extend the Service Agreement beginning June 1, 2013 through May 31, 2014, and,

WHEREAS, the Contractor agrees to perform the Sexual Abuse Treatment and Evaluation for youth referred by Adams County Human Services Department described in the 2013.073 Request for Application for Core Services, and,

NOW, THEREFORE, for the consideration set forth herein, the sufficiency of which is mutually acknowledged by the parties, the County and the Contractor agree as follows:

1. The County shall reimburse the Contractor for the work provided under this Second Addendum in accordance with **Section IV of the Service Agreement**. Beginning June 1, 2013 through May 31, 2014, Adams County will pay Resource Center for High Risk Youth a sum not to exceed \$80,000.00. The monthly rate quoted in the Request for Application is \$75.00 per hour.
2. The term of the Service Agreement is extended through May 31, 2014.
3. The Service Agreement and this Second Addendum contain the entire understanding of the parties hereto and neither it, nor the rights and obligations hereunder, may be changed, modified, or waived except by an instrument in writing that is signed by both parties. Any terms, conditions, or provisions of the Service Agreement that are not amended or modified by this Second Addendum shall remain in full force and effect. In the event of any conflicts between the terms, conditions, or provisions of the Service Agreement and this Second Addendum, the terms, conditions, and provisions of this Second Addendum shall control.
4. The Recitals contained in this Second Addendum are incorporated into the body hereof and accurately reflect the intent and agreement of the parties.

5. This Second Addendum may be executed in multiple counterparts, each of which shall be deemed to be an original and all of which taken together shall constitute one and the same agreement.
6. Nothing expressed or implied in this Second Addendum is intended or shall be construed to confer upon or to give to, any person other than the parties, any right, remedy, or claim under or by reason of this Second Addendum or any terms, conditions, or provisions hereof. All terms, conditions, and provisions in this Second Addendum by and on behalf of the County and the Contractor shall be for the sole and exclusive benefit of the County and the Contractor.
7. If any provision of this Second Addendum is determined to be unenforceable or invalid for any reason, the remainder of the Second Addendum shall remain in effect, unless otherwise terminated in accordance with the terms contained in the Service Agreement.
8. Each party represents and warrants that it has the power and ability to enter into this Second Addendum, to grant the rights granted herein, and to perform the duties and obligations herein described.

IN WITNESS WHEREOF, the County and the Contractor have caused their names to be affixed.

BOARD OF COUNTY COMMISSIONERS
ADAMS COUNTY, COLORADO

[Signature]
Chair

8-5-13
Date

ATTEST:
KAREN LONG
CLERK AND RECORDER



[Signature]
Deputy Clerk

Approved as to form:
[Signature]
Adams County Attorney's Office

RESOUCER CENTER FOR HIGH RISK
YOUTH & THEIR FAMILIES

[Signature]
Saundra Johnson McBride

July 2, 2013
Date

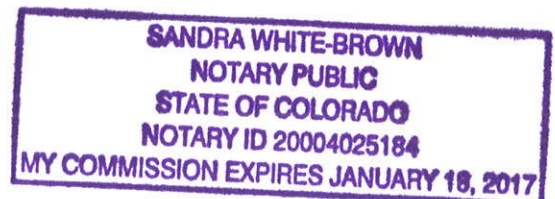
Signed and sworn to before me on this 2nd day of July, 2013 by

Saundra Johnson, McBride

Sandra White-Brown

Notary Public

My commission expires on: January 18, 2017



CONTRACTOR'S CERTIFICATION OF COMPLIANCE

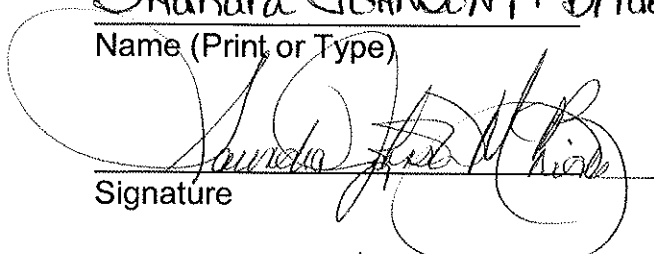
Pursuant to Colorado Revised Statute, § 8-17.5-101, et.seq., as amended 5/13/08, as a prerequisite to entering into a contract for services with Adams County, Colorado, the undersigned Contractor hereby certifies that at the time of this certification, Contractor does not knowingly employ or contract with an illegal alien who will perform work under the attached contract for services and that the Contractor will participate in the E-Verify Program or Department program, as those terms are defined in C.R.S. § 8-17.5-101, et. seq. in order to confirm the employment eligibility of all employees who are newly hired for employment to perform work under the attached contract for services.

CONTRACTOR:

Resource Center for High Risk Youth
Company Name

July 2, 2013
Date

Sandra Johnson McBride
Name (Print or Type)


Signature

Executive Director
Title

Note: Registration for the E-Verify Program can be completed at: <https://www.vis-dhs.com/employerregistration>. It is recommended that employers review the sample "memorandum of understanding" available at the website prior to registering



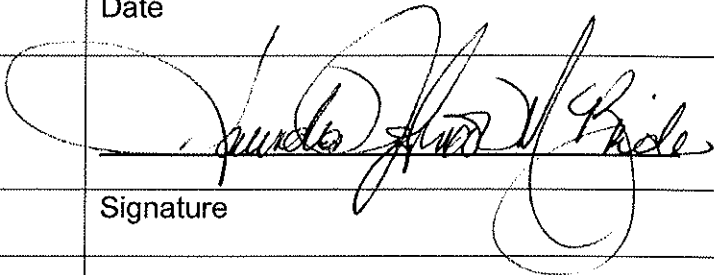
**APPLICATION FORM
ADAMS COUNTY HUMAN SERVICES
2013.073 REQUEST FOR APPLICATION FOR
CORE SERVICES**

Page 1 of 2

WE THE UNDERSIGNED HEREBY ACKNOWLEDGE RECEIPT OF

Addenda # 1 Addenda # _____

If None, Please write NONE.

<u>Resource Center for High Risk Youth & Their Families</u>	<u>April 9, 2013</u>
Company Name	Date
<u>655 Broadway, Suite 650</u>	
Address	Signature
<u>655 Broadway, Suite 650</u>	<u>Saundra Johnson McBride</u>
<u>Denver, CO 80203</u>	Printed Name
City, State, Zip Code	
<u>Denver</u>	<u>Executive Program Director</u>
County	Title
<u>(303) 623-5771 ext 206</u>	<u>saundra@resourcecentercounseling.com</u>
Telephone	Fax or Email address

CONTRACTOR'S CERTIFICATION OF COMPLIANCE

Pursuant to Colorado Revised Statute, § 8-17.5-101, *et seq.*, as amended 5/13/08, as a prerequisite to entering into a contract for services with Adams County, Colorado, the undersigned Contractor hereby certifies that at the time of this certification, Contractor does not knowingly employ or contract with an illegal alien who will perform work under the attached contract for services and that the Contractor will participate in the E-Verify Program or Department program, as those terms are defined in C.R.S. § 8-17.5-101, *et seq.* in order to confirm the employment eligibility of all employees who are newly hired for employment to perform work under the attached contract for services.

CONTRACTOR:

**Resource Center for High Risk Youth
& Their Families**

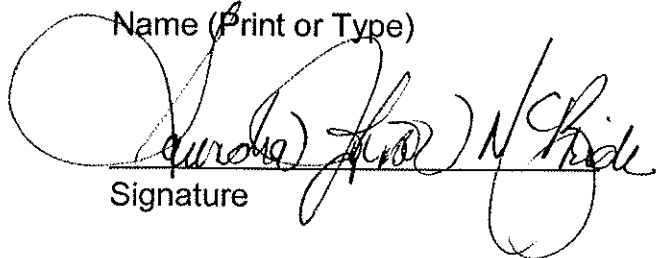
April 9, 2013

Company Name

Date

Saundra Johnson McBride

Name (Print or Type)

A handwritten signature in black ink, appearing to read "Saundra Johnson McBride", written over a horizontal line.

Signature

Executive Program Director

Title

Note: Registration for the E-Verify Program can be completed at: <https://www.vis-dhs.com/employerregistration>. It is recommended that employers review the sample "memorandum of understanding" available at the website prior to registering

Chris Kline
DIRECTOR
Darwin J. Cox, MSW
DIVISION DIRECTOR



Human Services Department
Children and Family Services Division
7401 North Broadway
Denver, Colorado 80221
PHONE 303.412.8121
FAX 303.412.5335
www.adcogov.org

Core Service Application Form
page 2 of 2

(Please Print or Type)

Agency Name: Resource Center for High Risk Youth & Their Families

Comment [s1]:

Type (LLC/Sole Prop/etc.): LLC

Address: 655 Broadway, Suite 650

City: Denver State: CO Zip: 80203

Telephone Number: 303-623-5771 Fax Number: 303-623-5766

Website: resourcecentercounseling.com Email Address: admin@resourcecentercounseling.com

Contact Person for the Application: Saundra Johnson McBride, or Cheryl Sykes

Title: Executive Program Director; Administrative Manager Phone: 303-623-5771 ext 201 Email: admin@resourcecentercounseling.com

Executive Director, CEO, or Owner: Saundra Johnson McBride

Title: Executive Program Director Phone: 303-623-5771 ext 206 Email: saundra@resourcecentercounseling.com

A. Agency Information

- 1. Provide a brief description of your agency, and / or organization including total staff size, number of years in operations, mission and history. –
The Resource Center is a private practice agency offering an array of services through treatment intervention; prevention via education, consultation and training. We have a team of diverse professionals specializing in various areas including offense specific treatment



for juvenile offenders and sexually reactive children; substance abuse treatment; victim and trauma based services for children and adults. Our mission is to empower our client base to successfully grow beyond their presenting dysfunction, deviance, and / or toxic circumstances, independent of the need to rely on systems for wellness or abstinence from previous life styles that supported abuse, crime and other destructive choices. We work to empower families and individuals (children and adults) with healthy confidence and courage to surpass stereotypes, judgment, stifle statistics and other disparaging generational cycles.

The Resource Center for High Risk Youth was solely an offense specific treatment provider servicing adolescent and adult offenders from 1995 – 2004, at which point our current Executive Program Director transitioned from partnership to owner of the adolescent side of the practice changing the name to Resource Center for High Risk Youth & Their Families. Following this transition the additional services were added for victims and trauma based focus; bi-lingual staff were hired; we integrated substance abuse treatment; and adult offender services were limited to Psychosexual Evaluations and non-offender services for significant others of Adult Sex Offenders.

2. Detail previous contracts with Adams County Human Services Department and/or other government agencies and describe your ability to effectively manage these programs.

The Resource Center has been a core provider for offense specific treatment since the late 90s, and our core services were increased to include in-home, and victim centered treatment in or around 2006. We have worked diligently to develop concrete partnerships with supervisors and case-workers over the years, making adjustments according to feedback and ongoing evaluation of our programs. We are always seeking to improve the quality and continuity of our services to meet presenting needs of our referred clients, the community and the department. We make efforts to adjust to the current social, political and economic climate recognizing that the ever changing trends have significant influence on funding, laws, bills, ordinances as well as propaganda that foster sexual boundaries and social (sexual) norms. The Resource Center is looking to set new standards for state of the art treatment approaches and best practice; other guidelines for the Resource Center relative to managing our programs include accountability and fluid communication with our referring agencies and multi-disciplinary team members (MDT), collaborating and partnering to ensure a continuum of quality services and support systems for continued success far beyond treatment.

Our current core contract includes Offense Specific Treatment Services for sexually reactive children and juveniles up to age 21, both genders; Offense Specific Evaluations, Psychosexual Education Groups and Informed Supervision Classes. The Resource Center



has Colorado Sex Offender Management Board (SOMB) Approved treatment providers and evaluators equipped to address the needs of male & female offenders; referrals with special needs; low risk offenders who may be most appropriate for a short term boundaries curriculum. The Resource Center has certified Trainer to offer certification for professionals who seek to train their own staff or clients as Informed Supervisors; Psychosexual education groups, individual, group, family modalities offered; professional case review meetings and in-home or on site services. Difficult case consultation; victim and trauma based services for children and adults: intensive and basic in-home / on-site services.

The programs and services are effectively managed by monitoring outcome studies and content of services provided to match nation-wide evidenced based practice; tracking and dissecting unsuccessful cases while including the independent expert opinion and insight (of an outside contracted Psychologist with whom we have partnered with for the past 6 years) for as needed clinical supervision on those cases; on-going professional staffings to review progress specific to treatment plans and department permanency plans for team accountability; weekly supervision of all cases through team and individual focus; monitoring for sex offense cases is supported by implementation and following Colorado Sex Offender Management Guidelines and the National Association for Sexual Abuse (ATSA) standards and guidelines, (in addition to our own experience, expertise mission and ethical commitment to the community and the families we service) to gage our recommendations, curriculum, and treatment planning for effective management. To support effective management of services provided.

B. Programs / Services to be provided, in the context of this RFA

1. In the specific service area your agency is proposing, what are the key concepts and strategies for program/services to be provided?

- Offense Specific Treatment Services for pre-pubescent, juvenile and young adult offenders, and services for sexually reactive children aged 5-10. This includes:
 - Evaluations and preliminary assessments to consider risk, determine DSM diagnoses, estimate potential for recidivism, summarize recommendations for placement, services and effective treatment planning.
 - Services to meet the needs of offenders including sexually reactive children: both genders; special needs.
 - Low risk/boundaries curriculum, high-risk to include services provided on site; advanced curriculum designed specifically for clients transitioning to the community or independent living status; after care services that include relapse prevention focus.

Research and best practice studies suggest homogeneous grouping is most effective particularly when servicing offenders. Such pairing increases the likelihood of establishing



a climate conducive to accountability, trust, a safe forum as well as a supportive network for group participants. Specialized treatment plans and curriculum to address cultural norms and needs better position the Resource Center to respond to assessments and recommendations for individualized treatment plans while accommodating the various sub-cultures with-in the web of offending.

- Individualized treatment planning with careful consideration given to clinical summation, provided collateral including victim statements, reports, evaluations etc. Family concerns and recommendations. Individualized treatment plans are designed best to meet the client's personal needs without generalizing, or labeling clients based solely on the recommendation of the referring parties' summation.
- In-home or on site services to assist the client and family systems to make adjustments that are most conducive to reunification; abstinence; healthy life styles that foster both immanent and long term success; progressive changes and safe environments. In-home and on-site services tailored for intensive treatment response; developing life skills to further social strengths that support an inclusive approach for collaboration with family (immediate or extended), school and community systems.
- Substance Abuse treatment for adolescent and adult abusers of substance (alcohol and drugs-pharmaceutical and/or illegal drugs); The substance abuse treatment focus is provided by a Master's Degree CAC II specialist with 16 years of experience in juvenile residential programs with emphasis on substance abuse, with individual, group and family focus; 5 years of community based substance abuse treatment with juveniles, adults and families. She has been approved by both DYC and DOC for court ordered substance abuse treatment. The emphasis is establishing and maintaining abstinence; stabilization of individual functioning; identifying and working through long-standing problems that have been obscured or exacerbated by substance abuse and addictions in general; primary modality CBT.
- Victim and trauma based services for children and adults utilizing various experiential treatment approaches including somatic centered, EMDR, evidenced based play therapy, art therapy, cognitive behavioral and some animal assisted approaches. Modalities for individual, family and group therapy. Experiential approaches have proven to be effective to engage children, clients with special needs, victims of trauma. Less traditional approaches offer broader alternatives to working more effectively with an expansive range of clients including resistive and more difficult cases.
- Culturally sensitive programming designed to meet needs specific to gender, sexual preference, ethnicity, race, age, religion, socio-economic differences etc. The Resource Center has hiring practices to match the client make-up with a diverse staff that can offer expertise to meet the presenting needs of our client population and are committed to cultural sensitivity. The agency offers local and national cultural sensitivity training and consultation.



- Psychosexual Education Groups (groups for significant others of adult offenders and family support systems for juvenile offenders including friends, siblings, foster parents, etc.). Resource Center Informed Supervision Training is offered by certified (IST) trainers in both English and Spanish. The formal classes are 6 hours per session, offered on a monthly calendar, scheduled out a year in advance. In an effort to accommodate case needs that may have unique circumstances or conflicting schedules, we are able to schedule classes on an as needed basis.
- Intensive Family Therapy-Individualized treatment plans catered to support reunification and or reduce or eliminate potential for out of home placement; in-home services may offer up to 6 hours a week in the home educating, equipping parents and children to manage presenting variables that tilt primary needs, risk and stress factors while strategizing to increase safety in all areas, strengthen healthy individual and family functioning; we look to identify and magnify strengths, positive potential and ability to thrive and live beyond survival. Parenting, skills training and development, empowerment particularly for victims, vulnerable and passive family members; identity strengthening; structure development; behavior plans; community resource education are all a part of this modality.

2. Service area applying for: (Select all that apply)		Requested Amount per Service
<input checked="" type="checkbox"/>	Home-Based Interventions	\$ 90.00 per hour
<input checked="" type="checkbox"/>	Intensive Family Therapy	\$ 80.00 per hour
<input checked="" type="checkbox"/>	Sexual Abuse Treatment	\$ 75.00 per hour
<input checked="" type="checkbox"/>	Group therapy	\$ 50.00 per session
<input checked="" type="checkbox"/>	Life Skills	\$ 75.00 per hour
<input checked="" type="checkbox"/>	Mental Health Services	\$ 75.00 per hour
<input checked="" type="checkbox"/>	Substance Abuse Services	\$ 75.00 per hour
<input checked="" type="checkbox"/>	Family Team Meetings	\$ 65.00 per hour
Total Application Request		\$ 200,000

Pricing must be submitted based on an hourly or monthly rate for each service.

3. In the specific service area, provide a detailed narrative on how this service will address the five Core Services goals of:
- Focus on the family strengths by directing intensive services that support and strengthen the family and protect the child: **This will be accomplished by meeting the family right where they are; in home services, life skills, consideration given to specific cultural needs and influences that may require a more sensitive or specialized approach. Educating the family and individuals on community resources to support individual potential, interests and goals. Educating family on relevant systems, issues including laws and consequences relevant to their specific life-styles and choices.**
 - Prevent out-of-home placement: **Informed supervision training, this would include assessing and addressing relevant risk factors while implement safety nets for**



- prevention; support systems and treatment to strengthen parental roles, that may include individual services for parents to address their own childhood sexual abuse or unresolved trauma (some grant funding available for parents not eligible for funding through DHS); solid multi disciplinary team (MDT) collaboration.
- c) Return children in placement to their own home: **needs and risk assessment for effective treatment planning; victim clarification for primary and secondary victims in the home prior to return; gradual transition with intensive in-home services to support successful long term reunification; continuity for MDT collaboration including school/work community support systems to support success after discharge from treatment. Families successfully discharged from treatment are eligible for up to 4 follow-up services within the first year on an as needed basis at no charge.**
 - d) Unite children with their permanent families: **Assess any / all needs, risk factors and strengths of child potential families and design treatment plans accordingly; to enhance healthy bonding, identify dynamics to foster trust, safety, nurturing, fun, open communication, natural interactive milieu for transition. Working in the home, in the community and office to support the initial foundation for family.**
 - e) Provide services that protect the child: **On-going risk assessment relative to victimization (staff attentive to symptoms/dynamics indicative of new or re-occurring) abuse of any form; educating all family members relative what qualifies as abuse and appropriate response options; in-home services (random or consistent) help to support the staff's ability to assess not only client's symptoms but also environmental and community risk factors or potential support systems i.e. neighbors, nearby churches etc.; maintaining solid partnerships with caseworkers for concise consistent communication.**
4. Do you have experience working in the Child Welfare System, particularly with traumatized children and families? Please describe your agency's approach to trauma informed care within your practice. **We implement individualized case plans; meet the specific needs of both the family and department's permanency plans. This might range from intensive in-home, to in office service; individual and/or group support when determined appropriate. Assessments; evidenced based play and art therapy, some animal assisted therapy, EMDR when appropriate, along with other less traditional approaches. Family inclusive treatment; victim centered treatment; somatic trauma work; Multi-disciplinary team collaboration.**
 5. Describe how you will be multi-culturally responsive and how you plan to provide services that meet the social, cultural and language needs of clients involved in the Child Welfare System. **At The Resource Center we pride ourselves for our commitment to maintain a diverse team. We put emphasis on the need for cultural competency and sensitivity through on-going training, education and hiring practices. The Resource Center offers trainings to the community for both lay and professionals. We have a diverse staff representing both-genders, varying ethnicity, race, 2 bi-lingual staff (Spanish), with various life experiences**



that bring merit to their professional training, education and commitment to cultural sensitivity; our Executive Program Director has been a Keynote speaker on an international level on relative this and other topics. We recognize there is no cookie cutter or common practice that proves effective with everyone outside of a non-judgmental mutually respectful approach. We have staff that specializes in a sundry of culturally relevant modalities including faith based, GBLTQ, socio-economic and special needs to name a few.

C. Collaboration

Providing services for Child Welfare clients involves the ability to advocate and collaborate on behalf of the clients you serve and yourself. This includes collaboration with ACHSD, community-based organizations and other government entities.

1. How do you plan to coordinate services and reporting with Child Welfare Social Case Workers? **Monthly or more often when needed staffing, monthly reports, consistent case updates via phone conference or electronic media messaging.**
2. Will you provide other supportive services through collaborative agreements with other programs/providers? **As needed** If so, define these services: **With the appropriate releases we will maintain consistent communication with school systems, including site visits/monitoring as approved; placement staff; parents; coaches etc.**
3. It is likely that you or your staff will be expected to testify on the witness stand during Court Hearings. Briefly describe your (their) experience and the qualifications that would qualify you as experts in child welfare or other fields. **Our primary staff has court testimony experience and in most cases qualifies as expert witnesses through years of experience, degrees and / or licensure, SOMB approval etc.**

D. Report and Accounting Systems

1. ACHSD requires monthly reports with specific information. Briefly describe your methodology and ability to track data and provide these reports on client progress. **Our Monthly reports follow an internal template that includes goals and objectives to measure success, anticipated time line for completion, summary and recommendations; such reports also include attendance, agendas. Reports are saved in soft and hard form for tracking logging and tracking progress. Reports are provided to and reviewed with MDT generally during staffing's and with clients prior to being staffed.**
2. Describe the accounting system you utilize to provide fiduciary accountability. **All accounting is recorded through QuickBooks software and certified outside accountant.**

E. Target Population

1. Which, if any, Adams County area/neighborhoods do you see as your targeted clientele?
All communities

F. Availability

Please indicate the hours your services can be provided:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/11/2013

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 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).

PRODUCER Wells Fargo Ins Services USA, Inc. (CSF) 5755 Mark Dabling Blvd. Colorado Springs CO 80919	CONTACT NAME: PHONE (A/C, No, Ext): (719) 592-1177 FAX (A/C, No): (877) 405-9032 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Resource Center for High Risk Youth 655 Broadway, Suite 650 Denver CO 80203 (303) 623-5771	INSURER A: Markel Insurance Company NAIC # 38970	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Cert ID 398378 **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	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			3602SS358078-2	6/1/2013	6/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	SEE PAGE 2 OF CERTIFICATE						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Adams County Human Services Department is included as additional insured.

CERTIFICATE HOLDER Adams County Human Services Department 7401 North Broadway Denver CO 80221	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 <i>Adriana Williamson</i>

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CERTIFICATE COVERAGES OVERFLOW

DATE (MM/DD/YYYY)
6/11/2013

PRODUCER Wells Fargo Ins Services USA, Inc. (CSP) 5755 Mark Dabling Blvd. Colorado Springs CO 80919		INSURED Resource Center for High Risk Youth 655 Broadway, Suite 650 Denver CO 80203	
CONTACT NAME:	PHONE (A/C, No, Ext): (719) 592-1177	PHONE (A/C, No, Ext): (303) 623-5771	

The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in this policy. If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

ADDITIONAL COVERAGES				CERTIFICATE NUMBER: Cert ID 398378	REVISION NUMBER:	LIMITS	
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	
A	Abuse/Molestation			3602SS358078-2	6/1/2013	6/1/2014	\$ 100,000
A	Professional Liability			3602SS358078-2	6/1/2013	6/1/2014	\$ 1,000,000
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ACCEPTANCE OF NOTICE

Mail to Adams County Purchasing
4430 South Adams County Parkway
Brighton, Colorado 80601
Attn: Contract Administrator

Receipt of the above NOTICE OF AWARD
is hereby acknowledged for

2013.073 CORE SERVICES

BY: Resource Center for High Risk Youth & Their Families
Name of Company

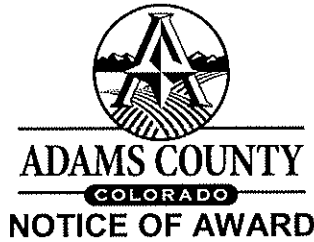
this 2nd day

of July 2013

BY: [Signature]

TITLE Executive Director

TELEPHONE 303.623.5771 ext. 206



Please Notarize

TO: Resource Center for High Risk Youth & Their Families
655 Broadway, Suite 650
Denver, CO 80203

PROJECT DESCRIPTION: 2013.073 Core Services/Sexual Abuse Treatment & Evaluation Services

The COUNTY has considered the proposal submitted by you for the above-described WORK in response to its formal RFA.

You are hereby notified that your proposal has been accepted for the above mentioned project for the amount quoted in your submittal.

You are required by the NOTICE OF AWARD to execute the Agreement.

You are required to return an acknowledged copy of this NOTICE OF AWARD to the COUNTY.

If you fail to execute the said Agreement and to furnish said required Certificates of Insurance within ten days from the date of this notice, said COUNTY will be entitled to consider all your rights arising out of the COUNTY'S acceptance of your Proposal as abandoned. The COUNTY will be entitled to such other rights as may be granted by law.

Two copies of the Agreement are included with this mailing. Please sign both agreements (original signatures) and return them to the sender. A fully executed agreement will be sent to you at a later date.

Please do not incur costs associated with this Agreement until you have received your executed copy.

Dated this 17th day of June 2013.

Adams County Board of Commissioners

BY Liz Estrada

TITLE Contract Administrator