

CONTRACT AMENDMENT

THIS AMENDMENT made on the 1st of December, 2013 between the COUNTY OF ERIE, (herein, "COUNTY") a municipal corporation of the State of New York, having its principal office in Buffalo, Erie County, New York, and **Jewish Family Service of Buffalo and Erie County** (herein, "AGENCY") a not-for-profit corporation, organized under the laws of the State of New York, having its office at 70 Barker Street, Buffalo, New York, 14209 amends the agreement made between the above-named parties on the 1st day of January effective from **January 1, 2013 to and inclusive of December 31, 2013.**

NOW, THEREFORE, it is mutually agreed by and between the parties:

1. Except as hereinafter set forth, this amendment is in addition to and not in substitution of the January 1, 2013 agreement between COUNTY and AGENCY, filed with the County Attorney's office as Document #13-199-SS (the "Agreement").

2. Article IV, Section 4.1 of the Agreement is hereby Amended to **increase the dollar amount not to exceed \$15,469 (Aggregate).**

3. Except as otherwise provided herein, all other terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, this amendment has been signed by the duly authorized officers of the respective parties.

COUNTY OF ERIE

By: \_\_\_\_\_  
Mark C. Poloncarz/Richard Tobe  
County Executive/Deputy County Exec.

Date: \_\_\_\_\_

AGENCY

By: Marlene A Schillinger  
Marlene A. Schillinger  
President and CEO

Date: 2/25/14

Approved and **signed electronically** as to content

By: Randy Hoak  
Title: Commissioner of Dept. of Senior Services  
Date: \_\_\_\_\_

Approved and **signed electronically** as to form

By: Martin Polowy  
Title: Assistant County Attorney  
Date: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: SUHE

DATE (MM/DD/YYYY)

12/28/12

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).

<b>PRODUCER</b> Lawley Service, Inc. 361 Delaware Avenue Buffalo, NY 14202	716-849-8818 716-849-8291	<b>CONTACT NAME</b> PHONE (A/C, Hk, Ext): FAX (A/C, No): E-MAIL: ADDRESS: PRODUCER: CUSTOMER ID #: <b>JEWI-06</b>	
<b>INSURED</b> Jewish Family Service of Buffalo and Erie County 70 Barker Street Buffalo, NY 14209		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: Philadelphia Indemnity Ins.	280
		INSURER B:	
		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	ADOL SUBR INSR END	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>GENERAL LIABILITY</b>						
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Prof Liab \$1/2 ml GENL AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC	X	PHPK958817	01/01/13	01/01/14	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 \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
A	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	X	PHPK958817	01/01/13	01/01/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE X DEDUCTIBLE X RETENTION \$ 10,000	X	PHUB406026	01/01/13	01/01/14	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) if yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS OTHER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

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

ORIGINAL DOCUMENT  
CH 115**RECEIVED**

JAN 4 2013

**CERTIFICATE HOLDER**

County of Erie  
c/o Department of Law  
95 Franklin Street-Room 1634  
Buffalo, NY 14202

JAN 1 4 ERIE-10  
IN LAW DEPARTMENT**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****DEPT. OF SENIOR SERVICES CONTRACTS**

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# New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100  
Phone: (888) 897-3883

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

\*\*\*\*\* 160760888

JEWISH FAMILY SERVICE OF  
BUFFALO AND ERIE COUNTY  
70 BARKER STREET  
BUFFALO NY 14209

<b>POLICYHOLDER</b> JEWISH FAMILY SERVICE OF BUFFALO AND ERIE COUNTY 70 BARKER STREET BUFFALO NY 14209	<b>CERTIFICATE HOLDER</b> COUNTY OF ERIE 95 FRANKLIN STREET BUFFALO NY 14202
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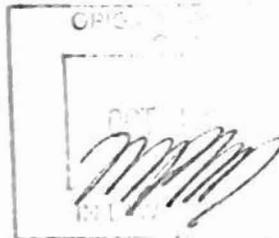
<b>POLICY NUMBER</b> Z 1087 243-4	<b>CERTIFICATE NUMBER</b> 728181	<b>PERIOD COVERED BY THIS CERTIFICATE</b> 10/01/2011 TO 10/01/2013	<b>DATE</b> 7/31/2012
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1087 243-4 UNTIL 10/01/2013, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 10/01/2013 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

**RECEIVED**  
OCT 9 2012  
DEPT. OF SENIOR SERVICES  
CONTRACTS



NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790  
VALIDATION NUMBER: 231120972



# New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100  
Phone: (888) 997-3863

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

\*\*\*\*\* 160760888  
JEWISH FAMILY SERVICE OF  
BUFFALO AND ERIE COUNTY  
70 BARKER STREET  
BUFFALO NY 14209

<b>POLICYHOLDER</b> JEWISH FAMILY SERVICE OF BUFFALO AND ERIE COUNTY 70 BARKER STREET BUFFALO NY 14209	<b>CERTIFICATE HOLDER</b> COUNTY OF ERIE 95 FRANKLIN STREET BUFFALO NY 14202
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<b>POLICY NUMBER</b> Z 1067 243-4	<b>CERTIFICATE NUMBER</b> 766314	<b>PERIOD COVERED BY THIS CERTIFICATE</b> 10/01/2013 TO 10/01/2014	<b>DATE</b> 9/17/2013
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1067 243-4 UNTIL 10/01/2014, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 10/01/2014 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 30 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

ORIGINAL DOCUMENT ON FILE

OCT - 9 2013

IN LAW AGENT

**RECEIVED**

OCT 7 2013

DEPT. OF SENIOR SERVICES CONTRACTS

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790  
VALIDATION NUMBER: 159418508

# STATE OF NEW YORK

LEGISLATURE OF ERIE COUNTY

CLERK'S OFFICE

**BUFFALO, N.Y., FEBRUARY 20, 2014**

TO WHOM IT MAY CONCERN:

**I HEREBY CERTIFY**, That at the *4th* Session of the Legislature of Erie County, held in the Legislative Chambers, in the City of Buffalo, on the *twentieth* day of **February, 2014 A.D.**, a Resolution was adopted, of which the following is a true copy:

WHEREAS, the Legislature has already appropriated funds for Elder Caregiver Support (III-E2013) grant for the period **January 1, 2013 to December 31, 2013**; and

WHEREAS, **Jewish Family Services of Buffalo and Erie County**, the Department of Senior Services contracted provider of III-E grant Geriatric Counseling services, provided more units of service in 2013 than what was initially budgeted: and

WHEREAS, the 2013 Jewish Family Services of Buffalo and Erie County contract is for an aggregate amount of \$15,000 and is budgeted for in account #516025 Geriatric Counseling; and

WHEREAS, the Jewish Family Services of Buffalo and Erie County 2013 contract needs to be increased by \$469 to cover all counseling services authorized by the Department of Senior Services in 2013.

NOW, THEREFORE, BE IT

**RESOLVED**, that the County Executive be and hereby is authorized to **increase the Geriatric Counseling contract for Jewish Family Services of Buffalo and Erie County to \$15,469**, and be it further

RESOLVED, that certified copies of this resolution be forwarded to the County Executive's Office, the Division of Budget and Management, the Comptroller's Office, and the Departments of Law and Senior Services.

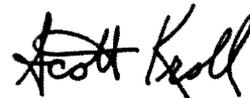
REFERENCE: **COMM. 3E-16 (2014)**

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FEB 21 2014

COMMISSIONER'S OFFICE  
DEPT. OF SENIOR SERVICES  
ERIE COUNTY, NEW YORK

ATTEST



SCOTT W. KROLL

*Clerk of the Legislature of Erie County*