



CITY OF GARDEN GROVE

OFFICE OF THE CITY CLERK

*Safeguard all official records of the City.
Conduct municipal elections and oversee legislative administration.
Provide reliable, accurate, and timely information to the
City Council, staff, and the general public.*


February 7, 2018

Nancy K. Bohl, Inc.
Dbas The Counseling Team International
1881 Business Center Drive, Suite 11
San Bernardino, CA 92408

Enclosed is a copy of the Amendment No. 2 by and between the City of Garden Grove and Nancy K. Bohl, Inc. dba: The Counseling Team International, to furnish support services and training for the Garden Grove Police Department.

Sincerely,

Teresa Pomeroy, CMC
City Clerk

By: 
Liz Vasquez
Deputy City Clerk

Enclosure

c: Finance Department
Finance Department/Purchasing
Police Department

Steven R. Jones

Mayor

Kris Beard

Mayor Pro Tem - District 1

John R. O'Neill

Council Member - District 2

Thu-Ha Nguyen

Council Member - District 3

Patrick Phat Bui

Council Member - District 4

Stephanie Klopfenstein

Council Member - District 5

Kim Bernice Nguyen

Council Member - District 6

CITY OF GARDEN GROVE

AMENDMENT NO. 2

To: Furnish Support Services and Training for the Garden Grove Police Department per Attachment A.

This Amendment No. 2 to Furnish Support Services and Training for the Garden Grove Police Department per Attachment A., is made and entered into this 7th day of February 2018, by and between the CITY OF GARDEN GROVE, hereinafter referred to as "CITY", and Nancy K. Bohl Inc. DBA The Counseling Team International and DBA The Organizational Network, hereinafter referred to as "CONTRACTOR".

WHEREAS, Contractor and CITY entered into Contract No. 154928 effective February 27, 2016.

WHEREAS, Contractor and CITY desire to amend the Existing Contract as provided herein.

Now, therefore, it is mutually agreed, by and between the parties as follows:

Section 1: Term and Termination, shall be revised as follows:

The CITY hereby extends the performance period through February 26, 2019.

Section 3: Compensation - shall be revised as follows:

The contract Price is hereby increased from \$49,998.00 to a new Firm Fixed Price of \$74,997.00. This is an increase of \$24,999.00 to cover the second option year.

Except as expressly amended hereby, the Existing Contract remains in full force and effect as originally executed.

IN WITNESS WHEREOF, the parties have caused this Amendment No. 2 to the Existing Contract to be executed by their respective officers duly authorized on the date first written above.

Date: 2/6/18

"CITY"
CITY OF GARDEN GROVE

By: [Signature]
City Manager

ATTESTED:
[Signature]
City Clerk

Date: 2/7/18

"CONTRACTOR"
Nancy K. Bohl Inc.
DBA The Counseling Team
International and
DBA The Organizational Network

By: [Signature]
Name: Nancy K. Bohl Perrod, PhD

Title: Director

Date: 01-25-18

If CONTRACTOR is a corporation, a Corporate Resolution and/or Corporate Seal is required. If a partnership, Statement of Partnership must be submitted to CITY.

APPROVED AS TO FORM:
[Signature]
Garden Grove City Attorney

2-1-18
Date



SECRETARY OF STATE

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 2 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

SEP 03 2002

Secretary of State



AUG 28 2002

BILL JONES, Secretary of State

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION

The undersigned certifies that:

1. She is the President and Secretary, respectively, of **NANCY K. BOHL A PSYCHOLOGICAL CORPORATION**.

2. Article I of the Articles of Incorporation of this Corporation is amended to read as follows:

ARTICLE I.

The name of this Corporation shall be **NANCY K. BOHL, INC.**

3. Article II of the Articles of Incorporation of this Corporation is amended to read as follows:

ARTICLE II.

The purpose of this Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

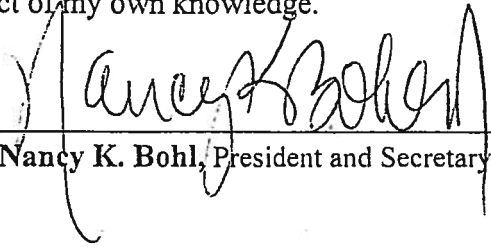
4. Article V of the Articles of Incorporation is deleted in its entirety.

5. The foregoing amendment of the Articles of Incorporation has been duly approved by the Board of Directors.

6. The foregoing amendment of Articles of Incorporation has been duly approved by the required vote of the shareholders in accordance with Section 902, California Corporations Code. The total number of outstanding shares of the Corporation is one hundred (100). The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote was more than fifty percent (50%).

I further declare under penalty of perjury under the laws of the State of California that the matters set forth in this Certificate are true and correct of my own knowledge.

Dated: July 30, 2002



Nancy K. Bohl, President and Secretary



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

CMP-4860.1 ADDITIONAL INSURED — DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Policy Number: 92 LB1426 1

Named Insured:

NANCY K BOHL INC
DBA THE COUNSELING TEAM
INTERNATIONAL AND DBA THE
ORGANIZATIONAL NETWORK
PO BOX 10427
SN BERNRDNO CA 92423 0427

Name And Address Of Additional Insured Person Or Organization:

CITY OF GARDEN GROVE, ITS
DIRECTORS, OFFICERS &
EMPLOYEES
ATTN RISK MANAGEMENT
11222 ACACIA PKWY
GARDEN GROVE CA 92840 5208

Reviewed and approved as to insurance language
and/or requirements.

Heidi M. Jay
Risk Management
2-27-17

Reviewed and approved as to insurance language
and/or requirements.

Heidi M. Jay
Risk Management
1-30-18

1. **SECTION II — WHO IS AN INSURED** of **SECTION II — LIABILITY** is amended to include, as an additional insured, any person or organization 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:

a. Premises And Ongoing Operations

Your acts or omissions or the acts or omissions of those acting on your behalf:

- (1) In connection with your premises; or
- (2) In the performance of your ongoing operations; or

b. Products—Completed Operations

"Your work" performed for that additional insured and included in the "products-completed operations hazard".

However, Paragraph 1. above is subject to the following:

- a. The insurance afforded to the additional insured only applies to the extent permitted by law;

b. If coverage provided to the additional insured is required by a contract or agreement, the insurance provided to the additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured; and

c. If the contract or agreement between you and the additional insured is governed by California Civil Code Section 2782 or 2782.05, the insurance provided to the additional insured is the lesser of that which:

- (1) Is allowed for the satisfaction of a defense or indemnity obligation by California Civil Code Section 2782 or 2782.05 for your sole liability; or

- (2) You are required by contract or agreement to provide for such additional insured.

We have no duty to defend or indemnify the additional insured under this endorsement until a claim or "suit" is tendered to us.

2. Any insurance provided to the additional insured shall only apply with respect to a claim made or a "suit" brought for damages for which you are provided coverage.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

3. With respect to the insurance afforded to the additional insured, the following is added to **SECTION II — LIMITS OF INSURANCE:**

If coverage provided to the additional insured is required by contract or agreement, the most we will pay on behalf of the additional insured will be the lesser of the amount of insurance:

- a. Required by the contract or agreement; or
- b. Available under the applicable Limits Of Insurance shown in the Declarations.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.

4. With respect to the insurance afforded to the additional insured, the following is added to Paragraph 3. **Duties In The Event Of Occurrence, Offense, Claim Or Suit of SECTION II — GENERAL CONDITIONS:**

The additional insured must:

- a. See to it that we are notified as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, notice should include:
 - (1) How, when and where the "occurrence" or offense took place;
 - (2) The names and addresses of any injured persons and witnesses; and

- (3) The nature and location of any injury or damage arising out of the "occurrence" or offense;

- b. Tender the defense and indemnity of any claim or "suit" to us and to all other insurers who may have insurance potentially available to the additional insured; and

- c. Agree to make available any other insurance the additional insured has for defense or damages for which we would provide coverage under **SECTION II — LIABILITY.**

5. With respect to the insurance afforded the additional insured, the following replaces **SECTION II — LIABILITY** of Paragraph 7. **Other Insurance of SECTION I AND SECTION II — COMMON POLICY CONDITIONS:**

- a. This insurance is primary to and will not seek contribution from any other insurance available to the additional insured, provided that the additional insured is a named insured under such other insurance.

- b. Regardless of any agreement between you and the additional insured, this insurance is excess over any other insurance whether primary, excess, contingent or on any other basis for which the additional insured has been added as an additional insured on other policies.

There will be no refund of premium in the event this endorsement is cancelled.

All other policy provisions apply.

StateFarm STATE FARM®



PO Box 853922
Richardson, TX 75085-3922

DATE OF NOTICE: JAN 17 2018

CODE:

AT1 23 73A A

000999 0083

CITY OF GARDEN GROVE ITS
OFFICERS OFFICALS AGTS EMPL
AND VOLUNTEERS ATTN RISK MNGT
11222 ACACIA PKWY
GARDEN GROVE CA 92840-5208

NOTE: PLEASE NOTIFY STATE FARM AT THE
ADDRESS LISTED AT THE TOP, LEFT CORNER
OF THIS PAGE REGARDING ANY CHANGE OF
ADDRESS INFORMATION.



0101-ST-0000

121000.8 (01a0821f) 06-06-2014

ADDITIONAL INSURED'S NOTICE OF COVERAGE

State Farm Mutual Automobile Insurance Company

7501-FA48-A

NAMED INSURED:
NANCY K BOHL INC
DBA THE COUNSELING TEAM
INTERNATIONAL
PO BOX 10427
SN BERNRDNO CA 92423-0427

POLICY NO: 441 4187-F24-75I
YR/MAKE/MODEL: 2017 BMW SPORT WG
VIN/CAMPER: 5UXKR6C36H0U13705
AGENT NAME: SKALA INSURANCE AGENCY INC
AGENT PHONE: (909)883-8861
ENDORSEMENT NO: 6028BU

COVERAGE:
BI AND PD LIABILITY
\$ 1 MIL / \$ 1 MIL / \$ 1 MIL
\$1000 DED. COMP.
\$1000 DED. COLL.

POLICY EFFECTIVE
JAN 12 2018 UNTIL TERMINATED

POLICY MESSAGES: This policy shown above supersedes policy# 4414187-75H.
The policy includes a loss payable clause protecting the additional insured's interest in the described car to the extent of the insurance provided and subject to all policy provisions. The additional insured will be given 20 days notice if the policy is terminated. Until such notice is provided, it shall be presumed that the required renewal premiums have been paid. The additional insured must notify us within 10 days of any change of interest or ownership coming to their attention. Failure to do so will render this policy null and void.

Reviewed and approved as to insurance language
and/or requirements.

Nedra M. Jay
Risk Management
1-30-18



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 08-12-2017

GROUP:
POLICY NUMBER: 0702761-2017
CERTIFICATE ID: 45
CERTIFICATE EXPIRES: 08-12-2018
08-12-2017/08-12-2018

CITY OF GARDEN GROVE
ATTN: RISK MANAGEMENT
11222 ACACIA PKWY
GARDEN GROVE CA 92840-5208

SP

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

[Signature of Authorized Representative]

Authorized Representative

[Signature of President and CEO]

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 2016-08-12 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. NAME OF ADDITIONAL INSURED: CITY OF GARDEN GROVE

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 08-12-2011 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

NANCY K BOHL INC DBA: THE COUNSELING TEAM SP
INTERNATIONAL DBA: THE ORGANIZATIONAL NETWORK
1881 BUS CTR DR STE 11
SAN BERNADINO CA 92408

Reviewed and approved as to insurance language and/or requirements.
[Signature]
Risk Management
1-30-18

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

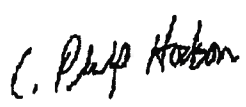
Insured Name and Mailing Address*	Program Administrator
Nancy K. Bohl Inc. dba The Counseling Team International Nancy K Bohl 1881 Business Center Drive #11 San Bernardino, CA 92408	Administered By: CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605 P. 312-987-9823 F. 312-987-0902 info@cphins.com
*Additional insured locations are often requested by individual business owners who have more than one office. Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.	Underwritten By: Philadelphia Indemnity Insurance Company

Coverage		
Policy #: 025826	Effective Date: 08/31/2017	Expiration Date: 08/31/2018


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 BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits of Liability		Coverage Part
EACH OCCURRENCE (Per individual claim)	AGGREGATE (Total amount per policy year)	
\$1,000,000	\$5,000,000	Professional Liability
N/A	N/A	Commercial General Liability Includes: General Liability, Fire & Water Legal Liability and Personal Liability
N/A	N/A	Property Coverage
\$1,000,000	\$5,000,000	Supplemental Liability
Unlimited	Unlimited	Defense Expense Coverage
\$35,000	\$35,000	State Licensing Board Investigation Defense Coverage
\$15,000	\$15,000	Assault Coverage
\$10,000	\$35,000	Deposition Expense Benefit
\$5,000/person	\$50,000	Medical Expense Coverage
\$15,000	\$15,000	First Aid Coverage

Description/Special Provisions:

Certificate Holder	Cancellation
City of Garden Grove 11222 Acacia Pkwy Garden Grove, CA 92840	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Holder has also been added to the policy as an additional insured:** [<input checked="" type="checkbox"/> Yes/No]	 Authorized Representative C. Philip Hodson
**If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).	

DISCLAIMER:The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.

Reviewed and approved as to insurance
and/or requirements

 Risk Management
 1-30-18

THIS ENDORSEMENT CHANGED THE POLICY. PLEASE READ IT CAREFULLY

Additional Insured Endorsement

This endorsement modifies insurance provided under the following:

**ALLIED HEALTHCARE PROVIDERS PROFESSIONAL
AND SUPPLEMENTAL LIABILITY POLICY**

In consideration of the premium paid, this policy is amended as follows:

City of Garden Grove is hereby added as an Additional Insured, solely for **Damages** arising out of a **Professional Incident** covered under this policy. The **Professional Incident** must arise out of services provided by the **Insured**, under contract with **City of Garden Grove**.

Additional Insured Name and Mailing Address:
City of Garden Grove

11222 Acacia Pkwy
Garden Grove, CA , 92840

All other terms and conditions of this policy remain unchanged. This endorsement is part of your policy and takes effect on the effective date of your Policy, unless another effective date is shown below.

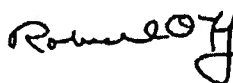
Policy: 025826

Effective on and after: 08/31/2017

Issued to: Nancy K. Bohl Inc. dba The Counseling Team International

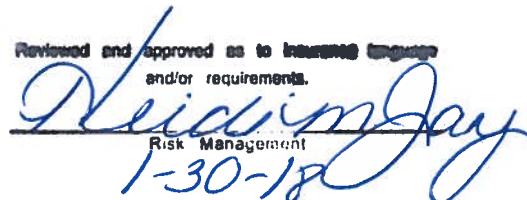
Expiration date: 08/31/2018

PI-PHCP-05 (03/01)



By: Robert O'Leary, Authorized Representative

Reviewed and approved as to insurance language
and/or requirements.



Risk Management
1-30-18



P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 08-12-2017

GROUP:
POLICY NUMBER: 0702761-2017
CERTIFICATE ID: 45
CERTIFICATE EXPIRES: 08-12-2018
08-12-2017/08-12-2018

CITY OF GARDEN GROVE
ATTN: RISK MANAGEMENT
11222 ACACIA PKWY
GARDEN GROVE CA 92840-5208

SP

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This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 2016-08-12 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. NAME OF ADDITIONAL INSURED:
CITY OF GARDEN GROVE

ENDORSEMENT #2085 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 08-12-2011 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

Reviewed and approved as to insurance language and/or requirements.

Risk Management
1-30-18

NANCY K BOHL INC DBA: THE COUNSELING TEAM SP
INTERNATIONAL DBA: THE ORGANIZATIONAL NETWORK
1881 BUS CTR DR STE 11
SAN BERNADINO CA 92408