

Memorandum of Understanding Between

Hidalgo County Head Start Program

And

Senior Community Outreach Services, Inc. / Foster Grandparent Program

The Hidalgo County Head Start Program (HCHSP) and Senior Community Outreach Services, Inc. / Foster Grandparent Program (SCOS-FGP) agree to establish a working and cooperative relationship between the parties in order to plan services appropriate for each agency's or program's clients. It is the objective of the Hidalgo County Head Start Program to collaborate with partners in our communities, in order to provide the highest level of services to children and families; to foster the development of a continuum of family centered services, and to advocate for a community that shares responsibility for the healthy development of children and families of all cultures.

The terms and conditions set forth in the following document shall constitute the entire Agreement between the HCHSP and SCOS-FGP may not be amended except by a written document signed by HCHSP and SCOS-FGP.

SCOS-FGP will:

1. Designate a Foster Grandparent staff member to serve as a liaison with the Hidalgo County Head Start Program.
2. Recruit, interview, select and enroll volunteers that will participate in the Head Start Program in accordance to the criteria set forth by the Foster Grandparent Program.
3. Conduct and document a criminal history check on Foster Grandparents in accordance with requirements by the state licensing minimum standards.
4. Recognize and respect the confidentiality of the children involved in the program.
5. Arrange for pre-service physical examination for the new Foster Grandparents assigned to the HCHSP.
6. Provide insurance coverage as required by the Hidalgo County Head Start Program.
7. Be responsible for the management and fiscal control of the program.
8. Provide orientation to volunteer and provide in-service training on an ongoing basis.
9. Provide orientation to HCHSP staff.
10. Permit the HCHSP to screen Foster Grandparents pursuant to established criteria of HCHSP.

Hidalgo County Head Start Program will:

1. Serve as a "Volunteer Station" for Foster Grandparent Program participants.
2. Designate a staff member to serve as a liaison with the SCOS-FGP.
3. Develop and obtain a written Assignment Plan identifying:
 - (a) The child(ren) to be served
 - (b) The role and activities of the volunteer
 - (c) The expected outcomes for each child
 - (d) The period of time each child should receive such services.

This Assignment Plan will be signed by the HCHSP liaison and the Foster Grandparent volunteer and will be used to review the Foster Grandparent's services as well as the impact of the assignment on the child's development.

4. Arrange that each Foster Grandparent participant processes the "Volunteer Vital Information, DPS and Central Registry Background Check" form.
5. Assure adequate health and safety provisions for the protection of the volunteers.
6. Investigate incidents, accidents and injuries involving volunteers and notify the SCOS-FGP in a timely manner.
7. Assign children with designated special or exceptional needs to each volunteer. (Exhibit A, "Special or Exceptional Needs/Special Initiatives")
8. Provide site specific orientation and training to the volunteers.
9. Submit required completed paperwork to the SCOS-FGP on a timely basis, i.e., Individual Volunteer Assignment Plans, Performance Measure Evaluations and Assessments in relation to the child's needs; and Foster Grandparents Program Volunteer Performance Evaluation Forms.
10. Designate space for use by volunteer in their activities with assigned child(ren) and for project related activities.
11. Ensure Foster Grandparents serve in a volunteer capacity. The HCHSP will verify Foster Grandparents will not:
 - (a) Displace nor replace paid or contracted employees;
 - (b) Relieve staff of their routine duties;
 - (c) Infringe upon the site supervisor's role with children.
12. Exclude Foster Grandparents as supervision adults when calculating State mandated adults-to-child ration.
13. Supervise Foster Grandparents at all times while they are performing as volunteers; Foster Grandparents shall not be left alone with children.
14. Track and report volunteer hours served; HCHSP supervisor will sign Foster Grandparents Program timesheets.
15. Ensure that any screening process required of other volunteer at HCHSP are also required for the Foster Grandparents volunteers.
16. Provide comprehensive orientation training to foster grandparents which includes (but not limited to) the Hidalgo County Head Start Program's policies on confidentiality, dress code, release of children, child abuse and neglect, emergency and evacuation, State Education laws, rules and regulations, Federal Regulations and Statutes, including the Buckley and Hatch Activities.
17. Maintain the program and activities to which the Foster Grandparents volunteers are assigned, accessible to persons with disabilities (including mobility, hearing, vision, mental and cognitive impairments of addiction and diseases) and/or limited English language proficiency and provide reasonable accommodation to allow person with disabilities to participate in programs and activities.

18. Maintain compliance with the Americans with Disabilities Act of 1990 (42 U.S.C. & 1201 et. Seq.) if an individual station is not accessible, HCHSP must provide assurance staff will reach out to person with disabilities and will provide reasonable accommodation to anyone who wishes to volunteer.
19. Will complete a physical accessibility checklist for each HCHSP site or submit copy of documentation that indicates site complies with the American Disability Act.
20. Will not discriminate against Foster Grandparents volunteers or in the operation of its program on the basis of race, color, national origin, sex, age, political affiliation, religion or on the basis of disability, if the volunteer is a qualified individual with a disability.

Collaboration Efforts between SCOS-FGP and HCHSP:

1. To exchange reports describing services rendered between each other on a regular basis. The undersigned parties agree that they will try, when possible, to participate and collaborate in shared forums, networking meetings, and training sessions.
2. Recognized the Foster Grandparents for their volunteer service.
3. Arrange and deliver monthly in-service trainings which will be provided by the SCOS-FGP staff.
4. Work together to assign one (1), or more Foster Grandparents for an average of 15-40 hours per week to serve two (2) or more children.
5. Work together in developing appropriate activities for Foster Grandparents to carry out with their assigned children.
6. Work together to supervise Foster Grandparents in their activities. This will be accomplished by the Field Supervisor and the directly supervising the Foster Grandparents at the HCHSP.
7. Provide all reasonable resources and make every effort to ensure the success of the Foster Grandparents Program and the HCHSP to which the Foster Grandparents are assigned.

Termination:

Either party may terminate or amend the Agreement, with or without cause, by giving thirty (30) days written notice to the other.

Term:

This Agreement is in effect for the 2015-2016 school year, unless earlier terminated as provided herein.

Governing Law:

This Memorandum of Understanding will be construed in accordance with the Laws of the State of Texas and is performable in Hidalgo County, Texas.

Consideration:

This Agreement is being made in consideration of the following: Senior Community Outreach Services, Inc. / Foster Grandparent Program and Hidalgo County Head Start Program agree that there will be no financial exchange of monies or other compensation.

Senior Community Outreach Services, Inc. / Foster Grandparent Program:

Authorized Signature Date

Print Name and Title

Hidalgo County Head Start Program

Ramon Garcia
Honorable Ramon Garcia
Hidalgo County Judge
8/25/15

Date

Teresa Flores
Teresa Flores, Executive Director
Hidalgo County Head Start Program
8/19/15

Date

ATTEST:
Arturo Guajardo Jr.
Arturo Guajardo, Jr.
Hidalgo County Clerk

Approved As To Form:
Atlas, Hall & Rodriguez, LLP
By: [Signature]
Stephen L. Crain

Approved As To Form:
Oxford & Gonzalez, P.C.
By: [Signature]
Ricardo González

APPROVED BY
COMMISSIONERS' COURT
ON: 8/21/15

Date Approved by Policy Council: 05-20-2015
Date Approved by Commissioner's Court: 06-02-2015

EXHIBIT A

SPECIAL OR EXEPTIONAL NEEDS/SPECIAL INITATIVES

It is a Federal Requirement that all Foster Grandparents have an assignment plan for the children with whom they are assigned to work. The SCOS-Foster Grandparents is assigned to your organization to provide one-to-one assistance and perform duties based on the needs of selected children.

Special or Exceptional Needs:

Development Delayed/Disabled	Health Impairment
Visually Impaired	Literacy Needs
Speech Impaired	Abused/Neglected
Hearing Impaired	In Need of Foster Care
Physically Challenged	Adjudicated Youth
Emotional/Social Need	Homeless Youth
Language/Communication	Teen Parent
Learning Disabled Intervention	Child in Need of Protective

Special Initiatives:

Child of Incarcerated Parent (S)
Child on Foster Care



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/13/2015

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	San Juan Insurance Agency, Inc DBA Valley Ins Providers OR Truckers Ins PO Drawer 3783 McAllen TX 78502	CONTACT NAME:	
		PHONE (A/C, No, Ext): (956) 781-6663	FAX (A/C, No): (956) 702-7556
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Burns & Wilcox Ltd.	
		INSURER B: First National Insurance Company of America	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NDO1071781E	03/03/2015	03/03/2016	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 300,000 PRODUCTS - COMP/OP AGG \$ 300,000 FIRE DAMAGE LIMIT \$ 300,000
	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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			OK0956-1	03/03/2015	03/03/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A C	NON PROFIT-PROFESSIONAL LIAB. DIRECTORS & OFFICERS EMPLOYMENT PRACTICES			NDO1071781E	12/01/2014	12/01/2015	EACH CLAIM 1,000,000 IN THE AGGREGATE 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Employment Practices - Each Claim: \$500.00

CERTIFICATE HOLDER	CANCELLATION	AI 012820
Jose T Perez 840 Austin Ave Alamo TX 78516-	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	

July 09, 2015

jtperez46@sbcglobal.net

Senior Community Outreach
840 W. Austin Ave
Suite 1-B
Alamo, TX 78516

RE: VIS - Volunteers Insurance Service

We are pleased to enclose the volunteer documents, which provide a brief overview of the attached policy(s) provisions, benefits, exclusions and limitations.

Please keep the attached paperwork in a safe place, as these are the only copies you will receive.

Accident Claim forms are available for download at our website. We encourage you to visit our website at www.cimaworld.com and take advantage of all of the site's resources.

As always, we greatly appreciate your participation in our unique program, and always are happy to hear from you, any time we can be of help. Just email, call 800.222.8920, 800.468.4200 or fax 703.739.0761.

Sincerely,

Corporate Insurance Management, Inc.

Your Service Team

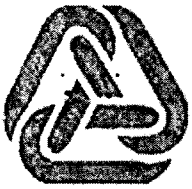
Victoria W. Brooks, Account Executive, ext.7301
Joan R. Wankmiller, Account Executive, ext 7306

E-mail: vbrooks@cimaworld.com
E-mail: jwankmiller@cimaworld.com

Key code: TXALAM

HEADQUARTERS AND MAILING ADDRESS FOR ALL OFFICES:

2750 Killarney Drive, Suite 202, Woodbridge, VA 22192-4124
Phone: 703.739.9300; 800.222.8920; Fax: 703.739.0761
www.cimaworld.com



QBE INSURANCE CORPORATION

STATEMENT OF COVERAGE Corporation for National Service

Underwritten by:
QBE Insurance Corporation
88 Pine Street
New York, NY 10005

Administered by-as Agent:
The CIMA Companies, Inc.
2750 Killarney Drive, Ste 202
Woodbridge, VA 22192
1-800-468-4200

This Statement of Coverage confirms that Blanket Accidental Death and Dismemberment and Accident Medical Expense coverages are provided to Covered Persons volunteering with the Participating Volunteer Organization (Organization) named below, under Policy #MHH010302, issued by QBE to: Volunteers Insurance Service Association, Inc.

Organization Name Senior Community Outreach
840 W. Austin Ave
Suite 1-B
Alamo, TX 78516

Organization Number TXALAM
Organization's Effective Date of Coverage 7/1/2015

Covered Persons All designated, recorded Volunteers participating in a volunteer project through the Organization's program

Covered Activities Performance of duties required to carry out assignments made by the Organization, including travel to, during and from those assignments

Accidental Death and Dismemberment Coverage

Principal Sum **\$2,500**
100% paid for..... Loss of life, two or more hands or feet, sight of both eyes or one hand or foot and sight of one eye
50% paid for..... Loss, or loss of use, of one hand or one foot, or loss of sight in one eye
25% paid for..... Loss of thumb and index finger of the same hand

Accident Medical Expense Coverage

Maximum Benefits for any one Covered Accident..... **\$50,000**
Benefit Period for any one Covered Accident..... 52 weeks
Deductible..... None
Scope of Coverage..... Excess—pays benefits after any other Health Care Plans have paid benefits
Benefit Amount Payable..... 100% of Usual and Customary charges, up to Maximum Benefit per Covered Accident
Covered Expenses Include..... In & Out-Patient Hospital, Ambulatory Medical Center Emergency Room, Physician visits surgery, diagnostic tests, nursing services and ambulance charges

Exclusions and Limitations These coverages are subject to exclusions and limitations detailed in the Policy. Coverage is provided only for treatment of injuries sustained by Covered Persons during Covered Activities, and excludes injuries resulting from suicide, commission of a felony or assault, riot, war, flying except as a fare-paying passenger, races or speed contests, any sickness or disease, intoxication, or treatment of existing

This Statement of Coverage provides a brief overview of provisions, benefits and exclusions and limitations—only the Blanket Accident Medical Insurance policy provides full information and governs the terms of coverage provided. You may request a copy of that policy from The CIMA Companies, Inc., at the address shown above.

Guaranty Fund Nonparticipation Notice

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

TEXAS COMPLAINT NOTICE

Figure: 28 TAC §1.601(a)(3):

IMPORTANT NOTICE

To obtain information or make a complaint:

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P. O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim you should contact Vicki Brooks or Joan Wankmiller, Account Executives at The CIMA Companies, Inc. first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:
This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

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Austin, TX 78714-9104
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DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el Vicki Brooks or Joan Wankmiller, Account Executives at The CIMA Companies, Inc. primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA:
Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

Surplus Lines Broker:
XS/Group, Inc.
Laurie S. Coleman - President
2750 Killarney Drive, Suite 202
Woodbridge VA 22192
License No. 1503608

Insuring Company:
Certain Underwriters at Lloyd's of London
Lloyds of London Syndicate

40.00% CSL (#1084) - Chaucer Specialist Lines
20.83% ARK (#4020) - Ark Syndicate Management
10.00% SAM (#0727) - S. A. Meacock
8.34% AUW (#0609) - Atrium Underwriters Limited
20.83% AML (#2001) - Amlin

Named Organization and Mailing Address

Senior Community Outreach
840 W. Austin Ave
Suite 1-B
Alamo, TX 78516

Certificate No. TXALAM - CNP
Unique Market Reference: B113515CPBA1331

Risk location same as mailing address

Named Organization's Business: Social Services

Certificate Period 07/01/2015 to 07/01/2016
(12:01 A.M.)

Certificate is: New

VOLUNTEERS INSURANCE SERVICE

Excess Volunteer Liability

Certificate of Insurance

This certificate, subject to all its terms, conditions, and limitations, shall expire on 07/01/2016, 12:01 a.m., Standard Time at the Named Organization Mailing Address.

Limits of Insurance

Each Occurrence Limit	\$1,000,000
Annual Aggregate Limit	\$3,000,000

Total Premium: \$143.00

TX Surplus Lines Tax: \$6.94

TX Stamping Fee: \$0.09

This policy has a minimum annual premium of \$100.00.

This Certificate and the attached coverage form and endorsements, if any, complete this policy.

NOTICE

By applying for this insurance, the applicant also is applying for membership in Volunteers Insurance Service Association, Inc., a risk purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15USC 3901 et seq.).

Authorized Signature:

Laurie S. Coleman

Date: July 09, 2015

MIL2015

Guaranty Fund Nonparticipation Notice

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

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License No. 1503608

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Senior Community Outreach
840 W. Austin Ave
Suite 1-B
Alamo, TX 78516

Certificate No. TXALAM - CNE
Unique Market Reference: B113515CPBA1331

Risk location same as mailing address

Named Organization's Business: Social Services

Certificate Period 07/01/2015 to 07/01/2016
(12:01 A.M.)

Certificate is: New

VOLUNTEERS INSURANCE SERVICE

Excess Auto Liability

Certificate of Insurance

This certificate, subject to all its terms, conditions, and limitations, shall expire on 07/01/2016, 12:01 a.m., Standard Time at the Named Organization Mailing Address.

Limits of Insurance

Each Automobile Accident Limit Maximum limit of \$500,000, subject to endorsement VIS219

Total Premium: \$498.80

TX Surplus Lines Tax: \$24.19

TX Stamping Fee: \$0.30

This policy has a minimum annual premium of \$100.00.

This Certificate and the attached coverage form and endorsements, if any, complete this policy.

NOTICE

By applying for this insurance, the applicant also is applying for membership in Volunteers Insurance Service Association, Inc., a risk purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15USC 3901 et seq.).

Authorized Signature:

Laurie S. Coleman

Date: July 09, 2015

MIL2015