

**MODIFICATION #1
OF
CONTRACT NO. PO420513**

The Modification of Contract No. PO420513 made and entered into on November 1, 2023 by and between the City of Columbus, acting through its Board of Health (hereinafter referred to as the BOARD) and Lutheran Social Services, (hereinafter referred to as the CONTRACTOR), is made and entered into on _____, 2024 pursuant to Ordinance No. 0731-2024 authorized by Columbus City Council May 1, 2024.

WITNESSETH:

WHEREAS, the BOARD has a need to revise by extending the contract term, increasing the maximum obligation and revising the Pricing and Scope of Services, for the delivery of Ending the HIV Epidemic services, including, but not limited to, Housing Services, Emergency Financial Assistance, and Client Transportation; and

NOW, THEREFORE, the parties to this Agreement hereto mutually agree that ARTICLE I, Contract Term, ARTICLE II, Maximum Obligation, and ARTICLE III. Pricing and Scope of Services is hereby amended as follows:

ARTICLE I. Contract Term

The term of this Contract shall be from, November 1, 2023 and extended through July 31, 2024.

ARTICLE II. Maximum Obligation

The maximum amount to be paid under any purchase order associated with this Contract shall not exceed \$89,500.00 unless additional funds are appropriated and authorized. As a result of this action the Contract is increased by \$40,000.00.

ARTICLE III. Pricing and Scope of Services

*See Attached Revised Scope of Services

All other provisions of Contract No. PO420513 between the parties remain in effect except as necessarily modified by this Contract.

CONTRACTOR

By: Dawnya Underwood 05/13/24

Dawnya Underwood, LMSW, PMD Date
Vice President of Programs

Federal I.D. No. 314412586

THE COLUMBUS BOARD OF HEALTH

DocuSigned by:
By: MWR by Anita Clark 5/17/2024

5631545F188F40E...
Mysheika W. Roberts, M.D., M.P.H. Date
Health Commissioner

DocuSigned by:
By: Andrew E. Boy
B306FB37AF1447B...
Board of Health

EXHIBIT A – SCOPE OF SERVICES**ENDING THE HIV EPIDEMIC (PS20.2010 EE)
FFY 2023: NOVEMBER 1, 2023 – JULY 31, 2024****I. GENERAL DATA**

Grant Amount	\$40,000
Grantee/Subrecipient	LSS Health Center
CFDA No.	93.940
Grantee FTI Number	31-4412586
Transitional Grant Area (TGA)	Franklin, Fairfield, Licking, Pickaway, Union, Madison, Delaware, and Morrow Counties
Administrative Agency	LSS Health Center
Administrative Contact	Alyssa Huddleston
Title	Executive Director
Phone No.	614-999-1147
Email	ahuddleston@lssnetworkofhope.org
Address	1105 Schrock Road Ste. 100, Columbus, OH 43229
Columbus Public Health Dept. Grant Mgr.	Sean Hubert Ryan White Part A and EHE Director 614-645-6522 Seanh@columbus.gov

II. PROJECT DESCRIPTION

LSS Health Center is to receive funding for the delivery of Ending the HIV Epidemic services, including, but not limited to, Housing Services, Emergency Financial Assistance, and Client Transportation to support at-risk clients who test HIV negative to access PrEP services and have the opportunity to achieve the best health possible. The priority populations to be served include men who have sex with men (MSM), transgender and gender non-conforming individuals, people who inject drugs, and persons who engage in sex work. The award is as follows for each of these services:

Personnel (Salary plus Fringe):	\$ 8,000
Other Direct Costs:	\$ 32,000
Equipment:	\$ 0.00
Services:	\$ 0.00

Funding will be provided in the form of a cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between the City and the Subrecipient during the performance of the project. The Subrecipient is expected to collaborate with the City to achieve the expectations described in the scope of services. Specific activities must be planned jointly, including the City's input and/or assistance. This substantial involvement is in addition to the usual monitoring and technical assistance provided under the cooperative agreement. As a cooperative agreement, the City's programmatic involvement will include:

- Providing the expertise of City personnel and other relevant resources to support the efforts of the initiative activities.
- Participating in the design and direction of the strategies, interventions, tools, and processes established and implemented for accomplishing the goals of the cooperative agreement.
- Participating, as appropriate, in conference calls and meetings conducted during the cooperative agreement's project period.
- Reviewing and concurring with all information products before dissemination.

- Facilitating the dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader Columbus TGA.

In addition to the normal administrative services required as part of this Agreement, the Subrecipient agrees to provide at least the following level of program services within the prescribed schedule below.

Service Category	Clients Served October 1, 2023 – July 31, 2024
Housing Services	4
Emergency Financial Assistance	2
Medical Transportation	4

The City reserves the right to revise this scope of services to adjust for category allowances for amounts not to exceed the total awarded amount. The City intends to issue Purchase Orders on an as-needed basis throughout the term of this contract for a total amount up to, but not to exceed, the awarded amount as defined above. Throughout FY2023, the City will monitor spending by all providers and make adjustments as necessary per category. The Subrecipient will be responsible for submitting a revised budget based upon any category adjustments.

SCOPE OF SERVICES:

A. ADMINISTRATIVE

LSS Health Center shall:

1. Invoice monthly on organizational letterhead, with the remittance address, and include the Federal Tax ID number on all bills submitted to the City. Invoices should be submitted within fifteen (15) days of services rendered. Supporting documentation must be submitted with each invoice, to include time and activity reports for any personnel who are funded by Ending the HIV Epidemic partially or fully, according to the approved budget and services completed. The funded Subrecipient is responsible for notifying the City of staff changes or modifications in advance and will not allow the invoice to serve as the method of communicating these changes. Failure to submit data to the City, as specified below, may delay or reduce payment.
2. Provide accurate individual client-level data (CLD) for HIV-negative clients served by the Ending the HIV Epidemic program.
3. Not use information that could compromise a client's confidentiality in communications regarding services contained in this contract.
4. Comply with guidance for implementing HIV Prevention programs in accordance with all current CDC and ODH Program Policy Notices.
5. Have a system in place to bill and collect from the appropriate third party payers, as applicable. Furthermore, funded subrecipients should identify potential sources of third party revenues for each client.
6. Comply with the audit requirements of OMB Uniform Guidance: Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Super Circular), if the funded Subrecipient expends \$750,000 or more in federal awards. The funded Subrecipient agrees to assist The City in this effort by providing any needed information as requested and by complying with the audit requirements

of OMB Uniform Guidance: Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Super Circular). Contractor agrees to provide the City a hard copy of its most recently completed agency audit.

7. Provide the City with timely notices of no less than thirty (30) days, if it can no longer perform or execute the obligation of the Ending the HIV Epidemic program or City Contract.
8. Maintain, and furnish upon request, accurate and complete records and other evidence pertaining to all expenditures incurred for the contracted services utilizing the Subrecipient's Record Retention Policy.
9. Perform all services in accordance with the privacy regulations [45 CFR 164.502(e); 164.504(e)] issued pursuant to the Health Insurance Portability and Accountability Act [42 USC 1320-1320d-8] and the terms of the attached Columbus Health Department Privacy Agreement. Adhere to all federal, state and local laws related to HIPAA and not use information that could compromise a client's confidentiality in communications regarding services contained in this contract.
10. Allow the City or its representative to make periodic monitoring site visits during normal working hours for the purpose of fiscal monitoring, observing the program, reviewing the information submitted in reports, documenting client outcomes and program impacts, and discussing any unforeseen problems or issues. This includes making all staff, documents, and files relevant to the Ending the HIV Epidemic program available upon request.
11. If quality indicators specify that the Subrecipient is not meeting the minimum service standards, as established by the City, the Subrecipient may be responsible for providing the City with a corrective action plan to resolve and satisfy any unmet standards.
12. Submit, with the partially executed agreement, a line item budget for each of the service areas included within this contract. This budget shall reflect the budget awarded for this grant period outlined in the contract. All invoices shall reflect, and not exceed, the approved budget.
13. Prior approval for modifications is required. If the Subrecipient or the City desires to modify the budget, such action must occur in writing and approved by the City and Ohio Department of Health. The Subrecipient request or response shall include a brief justification and the modified budget. The Subrecipient shall contact the City to initiate a modification request and submit revisions to Sean Hubert, Seanh@columbus.gov and Sherri Fahringer, SAFahringer@columbus.gov .
14. Develop and maintain, on file with the agency, written program policies and procedures, including client rights and responsibilities. Program policies and client rights and responsibilities should be explained to and signed by clients prior to receiving assistance for the first time. Copies of signed program policies and client rights and responsibilities should be offered/provided to the client and the original should be maintained in the client's file.
15. Participate in Ending the HIV Epidemic provider meetings, trainings, and planning activities related to quality management, program and fiscal management, site monitoring, overall programming and/or any technical assistance as required by HRSA and/or the City.
16. Provide a representative(s) to attend COHPA, Ryan White Part A Planning Body, meetings.
17. Participate and attend networking meetings and committee meetings as requested by the City.
18. Participate and engage administrative and programmatic leadership staff in conference calls and/or in-person meetings, as requested by the City, in a format defined by Columbus Public Health.

19. Work cooperatively with the City to develop a work plan, programmatic timelines, and service standards for Housing Services, Emergency Financial Assistance, and Medical Transportation, as applicable.
20. Subrecipient will be required to submit a work plan that delineates steps for implementing Housing and Emergency Financial Assistance services. This work plan will be used as a tool to actively manage the project by measuring progress, identifying necessary changes, and quantifying accomplishments. The work plan should directly relate to the service description provided under Housing Services and describe the activities/steps to be implemented in the first year of the grant award. The City may request Subrecipients to provide additional work plans for each year of funding. The following information illustrates the work plan documentation requirements:

The work plan should include:

- a. **Goals** should be broad statements of what the program seeks to accomplish, and for whom. The goals should be documented for the proposed year one.
 - b. **Objectives** should focus on the most critical organizational issues and outcomes that need to be addressed to achieve the stated goals. The objectives should be specific, measurable, achievable, relevant and time-specific.
 - c. **Activities or action steps** to achieve the stated objectives with start and completion dates.
 - d. **Staff responsible** for each action step. Include all aspects of planning, implementation, and evaluation, along with the role of key personnel involved in each activity.
21. Adhere to the Subrecipient's established system for grievances about the operation of the service program. Clients must be notified that unresolved grievances related to Ending the HIV Epidemic services can be directed for further assistance to 614.645.2273 (CARE). Complaints and grievances against the Subrecipient related to Ending the HIV Epidemic grant-supported services shall be properly recorded and communicated to the City upon request.

B. ENDING THE HIV EPIDEMIC

I. HOUSING SERVICES

Service Description

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

LSS Health Center shall:

1. Provide housing services to EHE-eligible clients in adherence with the approved budget requirements. Any household receiving housing services shall have a specific need documented.
2. Ensure that all clients referred for housing services and emergency financial assistance have been contacted within two business days of case assignment to schedule an intake appointment.

3. Before using EHE grant funds, attempt to exhaust all appropriate resources, including Section 8, PIPP, HEAP, HOPWA, and other community resources.
4. Provide short-term and/or emergency housing for EHE-eligible clients to support emergency, temporary or transitional housing to enable an individual to gain or maintain medical care. Housing may include rental assistance, hotel assistance, or shelter assistance.
 - a. Seek approval from Columbus Public Health for the provision of hotel assistance.
5. Develop an individualized housing plan for each client served and provide services to secure or assure ongoing stable housing after the provision of EHE services or subsidy.
6. Assist clients with obtaining goals outlined in the housing plans, including connecting with community resources, providing support with budgeting, income, and employment as it relates to housing, registering for PIPP, HEAP, food stamps, and other applicable cost-saving resources/benefits.
7. Maintain documentation in client records of units of service provided.
8. Verify that the bill (lease) is in the name of the enrolled client and that a copy of the bill (lease) with the client's name is present in the file before making payments for housing services.
9. Ensure documentation of the amount of assistance provided, third party to whom payment is sent, reason for denial of service (if applicable), and payment.
10. Assume responsibility for assuring the payment of rent or hotel assistance is paid on time. Late fees and other penalties incurred due to late payment by the Subrecipient are the responsibility of the Subrecipient without the use of EHE funds.
11. Document and maintain case notes that reflect all interactions with and/or on behalf of the client.
12. Participate in leadership calls and meetings as organized by Columbus Public Health.
13. When applicable, ensure that all housing services provided through this contract meet, at a minimum, the service standards and utilize standard network paperwork as adopted and implemented by the City. All housing services must be tracked in CAREWare.

II. EMERGENCY FINANCIAL ASSISTANCE

Service Description

Emergency Financial Assistance provides limited one-time or short-term payments to assist an EHE client with an urgent need for essential items or services necessary to improve health outcomes, including utilities. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

LSS Health Center shall:

14. Provide emergency financial assistance to EHE-eligible clients in adherence with the approved budget requirements. Any household receiving emergency financial assistance shall have a specific need documented.

15. Ensure that all clients referred for housing services and emergency financial assistance, have been contacted within two business days of case assignment to schedule an intake appointment.
16. Before using EHE grant funds, attempt to exhaust all appropriate resources, including Section 8, PIPP, HEAP, HOPWA, and other community resources.
17. Provide emergency financial assistance, the provision of limited one-time or short-term payments, to assist eligible clients with an emergent need to pay for essential utilities. The City may approve additional allowable emergent needs on a case-by-case basis that match the service description.
18. Develop an individualized housing plan for each client served and provide services to secure or assure ongoing stable housing after the provision of EHE services or subsidy.
19. Maintain documentation in client records of units of service provided.
20. Verify bill is in the name of the enrolled client and a copy of the bill with the client's name is present in file prior to making payments for emergency financial assistance.
21. Ensure documentation of amount of assistance provided, third party to whom payment is sent, reason for denial of service (if applicable), and payment.
22. Assume responsibility for assuring the payment of utilities and any other approved expenses under emergency financial assistance is paid on time. Late fees and other penalties incurred due to late payment by the Subrecipient are the responsibility of the Subrecipient without the use of EHE funds.
23. Document and maintain case notes that reflect all interactions with and/or on behalf of the client.
24. Participate in leadership calls and meetings as organized by Columbus Public Health.
25. When applicable, ensure that all emergency financial assistance services provided through this contract meet, at a minimum, the service standards and utilize standard network paperwork, as adopted and implemented by the City. All emergency financial assistance services must be tracked in CAREWare.

III. MEDICAL TRANSPORTATION

Service Description

Ending the HIV Epidemic (EHE) medical transportation includes travel between funded EHE program and Ryan White program providers for services as well as transportation assistance to government agencies or medical facilities required by any of the services' eligibility requirements, e.g., local job and family service agency for Medicaid assistance.

LSS Health Center shall:

26. Provide transportation in the form of bus passes, gas cards, or rideshare to EHE-eligible clients in adherence with the approved budget requirements.
 - a. This assistance is available to EHE-eligible clients when transportation funds or services cannot be accessed through other sources.
 - b. Reasonable efforts must be made to secure funds other than EHE funds whenever possible for transportation services for clients.
27. Adhere to the Ending the HIV Epidemic Transportation Policy.

28. When applicable, ensure that all medical transportation services and activities provided through this contract meet, at a minimum, the service standards, and utilize standard paperwork, as adopted and implemented by the City. All medical transportation services must be tracked in CAREWare.

Additional Requirements

The Subrecipient understands that this contract with Columbus Public Health utilizes Federal grant monies from the Center for Disease Control, HIV Prevention, C.F.D.A . 93.940, from the Ohio Department of Health Project# 02520012EE0323. As such, the Subrecipient agrees to comply with all Federal laws and regulations along with the appropriate requirements of the Federal Uniform Grant Guidance. The Subrecipient agrees to provide Columbus Public Health with the Subrecipient's Dun and Bradstreet Data Universal Numbering System (DUNS) Number. The DUNS number must be obtained before any payments are made to the Subrecipient.

During the term of this contract the Subrecipient agrees to allow Columbus Public Health to monitor effectively the Subrecipient's use of these Federal grant monies and to ensure that the Subrecipient's performance goals are being achieved. This monitoring may include special reporting, site visits, regular contact, or other means to provide reasonable assurance that the Subrecipient's administers the Federal award in compliance with laws, regulations, and provisions of the grant agreement and this contract.

Columbus Public Health is required to ensure that subrecipients comply with the audit requirements of the Federal Uniform Grant Guidance. The Subrecipient agrees to assist Columbus Public Health in this effort by providing any needed information as requested and by complying with the audit requirements of the Federal Uniform Grant Guidance.

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery



Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

Auditor of State - Unresolved Findings for Recovery Certified Search

(614) 466-4514
(800) 282-0370

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Lutheran Social Services**
Date: **5/14/2024 5:26:16 PM**

This search produced the following list of **2** possible matches:

Name/Organization	Address
Focus Solutions	8075 Reading Road
Urban Strategies & Solutions	850 Lincoln Avenue

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes an organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awarded a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.



LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO

Unique Entity ID VRGHLDF2AKN8	CAGE / NCAGE 38PT0	Purpose of Registration Federal Assistance Awards Only
Registration Status Active Registration	Expiration Date Oct 25, 2024	
Physical Address 1105 Schrock RD STE 100 Columbus, Ohio 43229-1165 United States	Mailing Address 1105 Schrock RD STE 100 Columbus, Ohio 43229 United States	

Business Information

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District Ohio 03	State / Country of Incorporation Ohio / United States	URL (blank)

Registration Dates

Activation Date Oct 30, 2023	Submission Date Oct 26, 2023	Initial Registration Date Apr 13, 2005
----------------------------------------	----------------------------------------	--------------------------------------------------

Entity Dates

Entity Start Date Dec 3, 1914	Fiscal Year End Close Date Jun 30
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Immediate Owner

CAGE (blank)	Legal Business Name (blank)
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Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
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Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure Corporate Entity (Tax Exempt)	Entity Type Business or Organization	Organization Factors (blank)
----------------------------------------------------------	------------------------------------------------	----------------------------------------

Profit Structure

Non-Profit Organization

Socio-Economic Types

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments
No

Debt Subject To Offset
No

EFT Indicator
0000

CAGE Code
38PT0

Points of Contact**Electronic Business**

♀
Rachel Lustig, CEO

**1105 Schrock RD
STE 100
Columbus, Ohio 43229
United States**

Phil Helser

500 W. Wilson Bridge RD
Worthington, Ohio 43085
United States

Government Business

♀
Phil Helser, CFO

**1105 Schrock RD
STE 100
Columbus, Ohio 43229
United States**

Phil Helser

500 W. Wilson Bridge RD
Worthington, Ohio 43085
United States

Service Classifications**NAICS Codes**

Primary

NAICS Codes

NAICS Title

Disaster Response

This entity does not appear in the disaster response registry.



Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
00081749

Period Specified Below
07/01/2023 to 07/01/2024

LUTHERAN SOCIAL SERVICES OF CENTRAL OH
622 CENTER ST.
ASHLAND OH 44805



www.bwc.ohio.gov
Issued by: BWC

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



Bureau of Workers' Compensation

You must post this language with the Certificate of Ohio Workers' Compensation.



**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus OH 43215-2256

Governor **Mike DeWine**
Administrator/CEO **John Logue**

www.bwc.ohio.gov
1-800-644-6292

04/21/2023
Date Mailed

#BWNFVSQ

LUTHERAN SOCIAL SERVICES OF CENTRAL OH
622 CENTER ST.
ASHLAND OH 44805

IMPORTANT DOCUMENT: REMOVE AND POST



BWCAR0421A12599030300



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/6/2023

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 have ADDITIONAL INSURED provisions or 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 Hylant - Columbus 565 Metro Place South, Ste 450 Dublin OH 43017	CONTACT NAME: Sharee Godley PHONE (A/C. No. Ext): 614-932-1200 FAX (A/C. No): 614-932-1299 E-MAIL ADDRESS: Sharee.Godley@hylant.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : ProSelect Insurance Company	
NAIC #	
10638	
INSURED Lutheran Social Services of Central Ohio DBA Health Center at Faith Mission 1105 Schrock Rd. Suite 100 Columbus OH 43229	LUTHSOC-04
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES**CERTIFICATE NUMBER:** 394460032**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			002OH000015330	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			002OH000015330	7/1/2023	7/1/2024	Per Claim \$1,000,000 Aggregate \$3,000,000

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

Corporate policy is a claims-made form. Retroactive date: 04/07/2016

Certificate holder is an additional insured.

CERTIFICATE HOLDER**CANCELLATION**

The City of Columbus
 240 Parsons Ave.
 Columbus, OH 43215

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

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