

AGREEMENT AMENDING CONTRACT #18159

This agreement is entered into between the City of Portland, Oregon, and Neighborhood House, Inc., Contractor.

The parties have previously executed a contract providing for district senior center services of information, referral, case management and support services for the elderly in Portland/Multnomah County for the period September 1, 1979 through June 30, 1981, which contract is known as Contract #18159. The contract shall now be amended by the addition of a budget in the amount not to exceed \$55,165 and the addition of new objectives, to continue district senior center services, during the period July 1, 1980 through June 30, 1981.

The parties, therefore, agree that Contract #18159 is amended as follows:

- (1) The budget is amended by the addition of funds as follows, to be expended during the period July 1, 1980 through June 30, 1981, similar in form to Appendix I.

<u>Service Components</u>	<u>Funding Source</u>	<u>Amount</u>
Information & Referral	Title III-B	\$15,388
Case Management	Title III-B	\$11,951
Case Management	OPI	\$ 5,041
Discretionary Services	General Fund	\$17,436
Administration	General Fund	\$5,349
<u>Match</u> \$6,687	TOTAL CITY SUPPORT	\$55,165

- (2) Objectives are amended under this agreement for the period July 1, 1980 through June 30, 1981, similar in form to Appendix I.
- (3) Terms and conditions are deleted, added, and modified as shown in Appendix I.
- (4) The total compensation for the period July 1, 1980 through June 30, 1981 shall not exceed \$55,165; an advance shall be made to cover the cost of the Contractor's initial expenses for operation, not to exceed the sum of \$9,194 upon receipt of a written request from the Contractor.
- (5) Required reporting forms as shown in Appendix I shall be utilized for reporting services provided under this contract.

(6) These changes are incorporated in Contract #18159, similar in form to Appendix I.

Dated this _____ day of _____, 1980

Approved as to Content

CONTRACTOR

Erma E. H. Burns

Executive Director
Human Resources Bureau

Title _____

Date _____

Approved as to Form

CITY OF PORTLAND

City Attorney

By _____
Commissioner-in-Charge

Date _____

By _____
Auditor

Date _____

MODIFIED TERMS AND CONDITIONS

AS OF

JULY 1, 1980

TERMS AND CONDITIONS

The following terms and conditions are omitted:

III. AGREED/CONTRACTOR:

1. Contractor shall have met all objectives stated in the project application (Refer to Exhibit "A") by June 30, 1980.
10. The Contractor shall develop and implement plans to comply with additional requirements relating to the operations of the Portland/Multnomah Area Agency on Aging Service System which may be established as part of approved federal regulations under Title III of the Older Americans Act of 1965, as amended, in accordance with a transition schedule which shall be established by the City within 30 days of receipt by the City of such additional requirements.
24. The Contractor agrees to work with the Area Agency on Aging in the development and implementation of a suggested contribution schedule for services provided under this contract by November 1, 1979.
25. The Contractor shall, beginning November 1, 1979, provide to each older person who receives a service provided through this contract (a) information about the cost of the service, and (b) an opportunity to contribute toward part or all of the cost of the service, in accordance with a suggested contribution schedule to be developed by the Area Agency on Aging by October 1, 1979. The Contractor shall further assure:
 - (a) that each older person is informed of his or her right to determine freely whatever or not to contribute and how much;
 - (b) that there shall be no pressure or appearance of pressure upon an older person to contribute;
 - (c) that the privacy of each older person with regard to contributions for services shall be protected.
26. The Contractor shall employ appropriate safeguards and procedures to account for all contributions from consumers for services provided and shall use all such contributions which are received to expand services for older persons, in accordance with policies and procedures to be established by the City by October 1, 1979.
30. The Contractor shall participate in an interagency coordinating committee established by the Area Agency on Aging for the purpose of assisting the Area Agency on Aging in fostering the development of a comprehensive and coordinated service delivery system as may be established as part of approved federal regulations under Title III of the Older Americans Act of 1965, as amended.

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Terms and conditions to be omitted continued:

IV. AGREED/CITY:

6. The City shall establish, in consultation with the Contractor, a transition schedule regarding compliance with the additional requirements which may be established as part of approved federal regulations under Title III of the Older Americans Act of 1965, as amended, within 30 days of receipt by the City of such additional requirements.
7. The City shall develop in consultation with the Contractor, a suggested contribution schedule for services provided through this contract by September 1, 1979.

GENERAL CONDITIONS

18. Upon termination of any employee performing services under the contract, only vacation time accrued during the period covered by the contract shall be an allowable reimbursement.

COMPENSATION - METHOD OF PAYMENT:

2. An advance shall be made to cover the cost of the Contractors initial expenses for operation, not to exceed the sum of \$7,100, upon receipt of a written request from the Contractor.

The following terms and conditions are modified to read as follows:

III. AGREED/CONTRACTOR:

14. The Contractor shall complete the client tracking system forms for all clients accepted for case management services, which includes the client information form, the needs assessment form and the client service form, to be submitted to the City by 3:00 PM on the 5th working day of each month.
17. The Contractor shall serve all eligible clients within their boundaries and shall not solicit clients outside those boundaries. If the client wishes to be served by a contractor from another district, the situation will be documented and a letter of agreement signed on the transfer of the client between the two contractors. A request for waiver shall be submitted prior to transfer.
19. The Contractor shall give preference in the delivery of services to older persons with the greatest economic or social need in accordance with priorities and definitions provided by the City. The methods for giving preference may not include use of a means test.
22. The Contractor shall, in the event resources are not available to provide a service, document the situation, inform the person of the problem and place the person on a waiting list, prioritizing clients relative to those in greatest need of said services. Documentation shall be submitted quarterly to the City.
32. Contractor shall submit to the City copies of all requests for Federal, state or local grants that affect the services provided under this contract prior to submitting the request to the funding source.

Terms and conditions to be modified continued:

33. The Contractor assures that Federal funds under this contract are not used to replace funds from non-Federal sources and agrees to continue or to initiate efforts to obtain support from private sources and other public organizations for services funded through this contract.

IV. AGREED/CITY

10. City shall process monthly reimbursement requests and contract amendments in a timely manner.

GENERAL CONDITIONS:

8. All items with a purchase price of one hundred dollars (\$100) or more hereunder shall be purchased in the name of the City. Such purchases shall be for cash and not include any credit terms, and shall be reported to the City within ten (10) days (refer to Exhibit C), tagged by the City, included in the City's Property Control, and shall be the property of the City. Contractor shall maintain an acceptable and current log of this property and property acquired under previous contracts with the City. All non-expendable items shall be returned to the City within ten (10) days after the contract has terminated.
9. Contractor shall also maintain a current and acceptable log of all non-consumable supplies purchased under this contract. Non-consumable means items with a minimum value of \$25.00 per item and a maximum value of \$99.99 per item purchased under this contract. All such items shall also be returned to the City within ten (10) days after the contract has terminated.
13. Contractor shall maintain for a minimum of three (3) years all fiscal and program reports, including statistical records, and shall provide these reports at times and in the form prescribed by the City. In the event of dissolution of the corporation within the specified time, said records shall be turned over to the City Auditor.
17. Compensatory time accrued by any employee performing services under this contract shall be taken within the budget period to be charged as a contract cost. Time not taken within this period shall become the sole risk and expense of the Contractor. This condition only applies if compensatory time is indicated in the Contractor's approved Personnel Policies and Procedures.

COMPENSATION - METHOD OF PAYMENT:

3. The additional amounts due after the initial advance shall be reimbursed upon receipt of the required ACCOUNTING REPORT FORMS (refer to Exhibit C), the original with appropriate documentation attached. All reimbursement documents shall be received by the fifteenth (15th) working day of each month. Reimbursements not received by the specified time shall be delayed and processed for payment the following month, or may result in termination of the contract. Payments shall also be held if the required program reports are not received by the specified time.

Terms and conditions to be modified continued:

4. All payments made pursuant to this contract are subject to post audit. The City shall perform spot audits at their discretion any time during the contract period. Contract costs disallowed by the City shall be the sole responsibility of the Contractor. If a contract cost is disallowed after reimbursement has occurred, the Contractor shall promptly repay the City.
7. Budget amendments shall not be accepted during the last quarter of the budget period (April 1 through June 30).
8. All final reimbursement documents shall be received within forty-five (45) days following the end of the budget period. Final reimbursement documents not received within the specified time period shall not be processed, and the expense shall be the sole responsibility of the Contractor.

TERMINATION:

1. This contract may be terminated by either party at any time by giving a thirty (30) day advance notice by certified mail for failure or refusal of the other to perform faithfully the contract according to its terms.

The following terms and conditions are added:

III. AGREED/CONTRACTOR

34. Contractor shall, by June 30, 1981, meet all goals and objectives stated in the "Project Narrative" (Exhibit A, hereby incorporated by reference).
35. Contractor shall ensure that no portion of this contract shall in any way discriminate against, deny benefits to, deny employment to, or exclude from participation any persons on the grounds of race, color, national origin, religion, age, sex, handicap, marital status, sexual preference, political affiliation or belief; and that it shall target these services to those most in need.
36. Contractor shall provide a minimum 10% cash match to discretionary services (\$2,532) as approved in the budget (refer to Exhibit B). Failure to meet this requirement shall result in a reduction of budget or termination of contract.
37. Contractor shall retain client records for a minimum of five years and shall make said documents available at all reasonable times to the City, or its duly authorized representative, for evaluation through inspection of the quality, appropriateness, and timeliness of services.
38. Contractor shall use the standardized forms provided by the City for reporting purposes (Exhibit C, hereby incorporated by reference). If additional forms are deemed necessary, said forms shall be developed through negotiation.

Terms and conditions to be added continued:

39. Required program reports shall be submitted by 3:00 PM of the 5th working day of each month. Reports shall be completed accurately in conformance with the guidelines and monitoring directions provided by the City. Program reports which are not received by the time specified shall result in delayed reimbursement.

40. Contractor shall submit to the City a final "Director's Narrative Report" within forty-five (45) days of the conclusion of the Project covered by this contract. The report should identify problems, corrective action taken, requests for technical assistance, any plans for seeking/securing other resources, and any concerns relative to the City's performance.

41. The Contractor must:

- (1) provide each older person with a free and voluntary opportunity to contribute to the cost of the service;
- (2) Protect the privacy of each older person with respect to his/her contribution;
- (3) establish appropriate procedures to safeguard and account for all contributions; and
- (4) use all contributions to expand the services of the Contractor under this section.

The Contractor further:

- (5) may develop a suggested contribution schedule for services provided under this section. In developing a contribution schedule, the Contractor must consider the income ranges of older persons in the community, and the Contractor's other sources of income;
- (6) must assure that no older person is denied a service because the older person will not or cannot contribute to the cost of the service; and
- (7) must assure that contributions made by older persons are considered program income.

42. Contractor agrees to comply with Oregon Project Independence Administrative Rules for services funded under Oregon Project Independence and to utilize the established fee schedule and other policies and procedures established by the City for the implementation of Oregon Project Independence requirements.

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Terms and conditions to be added continued:

GENERAL CONDITIONS:

19. Contractor shall provide proof of its timely payment of withholding taxes, unemployment taxes, and SAIF.
20. Upon termination (cash out) of any employee performing services under this contract, a maximum of two weeks accrued vacation time shall be an allowable reimbursement cost. Time in excess of the two weeks maximum shall be the sole responsibility of the Contractor.
21. It is expressly understood and agreed by both parties hereto that the City is contracting with the Contractor as an Independent Contractor and that the Contractor, as such, agrees to hold the City harmless and to indemnify it from and against any and all claims, demands, and causes of action of every kind and character which may be asserted by any third party arising out of, or in connection with, the services to be performed by the Contractor under this contract.

COMPENSATION - METHOD OF PAYMENT:

9. Advances shall be recovered against expenditures in accordance with an established schedule developed and distributed by the City.
10. The Contractor agrees that a request for modification which results in a reduction in the number or type of services may result in a reduction of funds available from the City under this contract.

TERMINATION:

3. Nothing in this contract shall be construed to limit the City's legal contract remedies including, but not limited to, the right to sue for damages or specific performance should the Contractor materially violate any of the terms of this contract.

MODIFIED PROJECT NARRATIVE
AS OF
JULY 1, 1980

PROJECT APPLICATION SHEET

CITY OF PORTLAND HUMAN RESOURCES BUREAU		APPLICATION FOR PROJECT FUND	
1. Short Title of Project: (Do not exceed one typed line) Southwest District Center Services			
2. Type of Application (Check One) New Project <input type="checkbox"/> Continuing Project <input checked="" type="checkbox"/> Revision of Cent. Proj. <input type="checkbox"/>			
3. Responsible HRB Division Social Services Division		4. Contract Period From 9/1/79 to 6/30/81	
5. Budget Period From 7/1/80 to 6/30/81		6. City Support Requested \$ 55, 165	
7. Applicant Agency (Name, address & telephone) Neighborhood House, Inc. 029 SW Hamilton Street Portland, OR 97201 503-226-3251		8. Project Director (Name, address & telephone) Becky Wehrli 029 SW Hamilton Street Portland, OR 97201 503-226-3251	
9. Financial Officer (Name, address & telephone) Lucy Cozzetto 029 SW Hamilton Street Portland, OR 97201 503-226-3251		10. Official Authorized to Bind Agency (Name, address & telephone) Gary Rhoades, Chairman, Board of Directors Neighborhood House, Inc. 029 SW Hamilton Street Portland, OR 97201	

11. Project Summary: Summarize, in approximately 200 words, the project plan presented in application, briefly covering project goals, objectives, strategy, target population and administration.

The Senior Adult Program at Neighborhood House, Inc. is a contracted project of the Bureau of Human Resources Social Services Division. It is designed to serve Senior adults over the age of 60 in the Southwest Portland area. The purpose of the program is to provide: 1) supportive services to Southwest seniors who are isolated and of limited resources in order to assist them in maintaining independent living and 2) social/educational services to any Southwest senior to assist them in remaining active members of the community and in connecting them with resources and services available to them. Service delivery is based on a Neighborhood Development approach. Task force groups, community volunteers, natural neighbors, and the Southwest Advisory Committee on Aging are used to insure that community needs and desires are reflected in program planning and that supportive services are available to informal service providers.

Under the direction of the Executive Director the staff consists of a Program Director, two full time and one 3/4 time counselors, an Information and Referral Specialist, one volunteer coordinator (volunteer), practicum students and volunteers depending on job role, in counseling and supportive services, outreach, advocacy, community coordination, and program administration. The staff is involved in training sessions. The services provided by the program under AAA Contract include case planning for the elderly, outreach, responding to requests for information about services, making referrals for services providing friendly visiting, telephone reassurance.

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3. Statement of Objectives and Productivity Indicators: (Set forth, in measurable, timebounded statements the desired results of program operations. For each objective listed, state the productivity indicator, or unit of measurement, by which the objective can be evaluated).

Objectives:	Productivity Indicators:
1. Maintain effective management of services provided for the elderly in the SW Aging Service District through the accomplishment of activities listed in section 4 during the period 7/1/80 to 6/30/81.	# and dates of activities listed in section 4 accomplished.
2. Increase knowledge of services and resources for elderly residents by providing information (simple)* and information (complex)* services in response to 1,811 requests for information and assistance during the period 7/1/80 to 6/30/81.	# of information (simple) services provided. # of information (complex) services provided.
3. Increase access to needed services among elderly residents through the provision of referral (simple)* and referral (complex)* services in response to 395 the requests for assistance during 7/1/80 to 6/30/81.	# of referral (simple) services provided. # of referral (complex) services provided.
4. Maintain access to needed services for elderly residents by providing case management for 147 different individuals who meet the established needs criteria, with an average monthly caseload of 83 clients in Level I and 28 clients in Level II during the period 7/1/80 to 6/30/81.	# of different persons with a case plan. # of different persons with overdue reassessments. # of persons served on Level I. # of persons served on Level II.
*Provision of information and referral services is to be in accordance with definitions and standards published May, 1978 by the National Alliance of Information and Referral Services (AIRS).	

3. Statement of Objectives and Productivity Indicators: (Set forth, in measurable, timebounded statements the desired results of program operations. For each objective listed, state the productivity indicator, or unit of measurement, by which the objective can be evaluated.

Objectives:	Productivity
5. Reduce isolation of elderly residents from services and social contact by providing the following support services to case management and other clients during the period 7/1/80 through 6/30/81:	
a. Medical & Special Transportation 60 different people (average 1 time for 10 people/month.)	a. # of unduplicated rides # of unduplicated elderly receiving transportation
b. Escort 56 different people (average of 1 escorts for 10 people/month.)	b. # of unduplicated elderly receiving escort services.
c. Friendly Visiting 42 different people (average of 4 visits to 10 people/month.)	c. # of unduplicated elderly receiving friendly visits. # of visits
d. Telephone Reassurance 20 different people (average daily calls to 6 people/month.)	d. # of unduplicated elderly receiving telephone reassurance # of calls
e. Education/Recreation 200 different people (average 3 events/month)	e. # of unduplicated elderly participating in recreation/education events. # of events

Objective # 1 : (Restate Objective Here)
To maintain effective management of services provided for elderly in the Southwest services district through the accomplishment of the activities listed in section 4 during the period 7/1/80 through 6/30/81

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
1-1	Provide personnel direction, supervision, and training through individual and/or group staff meetings. Personnel Required: Program Director 50%	Ongoing	Staff hired	Project Director
1-2	Maintain individual job descriptions and work programs for all assigned personnel (paid and volunteer.)	Ongoing	Job descriptions maintained	" "
1-3	Develop and implement upon approval by Aging Services a training plan to be provided by your agency for assigned personnel (paid and volunteer).	Aug. 1, 1980	Training plan submitted	" "
1-4	Attend such Area Agency on Aging Contractor meetings and training sessions as required.	Ongoing	Attendance recorded by AAA	" "

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-4

Objective # 1 : (Restate Objective Here)

To maintain effective management of services provided for the elderly in the Southwest service district through the accomplishment of the activities listed in section 4 during the period 7/1/80 through 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
1-5	Process all Agency accounts paid out and accounts receivable, and maintain records of all budgetary transactions in accordance with General Condition VII, Nos. 1 through 9.	Ongoing	Agency Accounts processed	Bookkeeper
1-6	Maintain property records on all City inventory in accordance with general condition V, I. C., 7., 8.	Ongoing	Records maintained	Bookkeeper
1-7	Submit required program reports and invoices in the proper form and manner in accordance with all related special and general condition as required.	Ongoing	Reports and invoices submitted	Project Director
1-8	Maintain staff support to an Advisory Committee.	Ongoing	Staff support provided	Project Director

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-5

Objective # 2 : (Restate Objective Here)

Increase knowledge of services and resources for elderly residents by providing information (simple)* and information (complex)* services in response to 1,811 requests for information and assistance during the period 7/1/80 to 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
2-1	Maintain personnel to provide an information service Personnel Required: I&R Specialist 50%, Program Director 10%	Ongoing	Personnel hired and assigned to duties	I&R Specialist
2-2	Provide staff direction/supervision, develop job descriptions, and work programs, develop a training program and evaluate staff as prescribed in objective #1 for information personnel (paid and volunteer)	Ongoing	Weekly staff meetings held, job descriptions and work programs, completed, training plans completed, evaluations completed.	Project Director
2-3	Maintain, in conjunction with Tri-County Community Council Resource File, an up-to-date file of services and resources available to older adults.	Monthly	Files updated	I&R Specialist
2-4	Provide a communication center whereby individuals may inquire about and receive information on services and resources available to older adults.	Ongoing	Requests received and responses given	I&R Specialist
2-5	Provide written materials to community agencies and individuals informing them of services available to older adults.	Ongoing	Community agencies and individuals knowledgeable of services	I&R Specialist
2-6	Provide reports and maintain records on information services to project administration	Monthly	Reports filed with project administrator.	I&R Specialist
2-7	Monitor information service to ensure contract compliance and quality	Monthly	Reports reviewed and submitted to HRB	Project Director

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-6

Objective # 3 : (Restate Objective Here)

Increase access to needed services among elderly residents through the provision of referral (simple)* and referral (complex)* services in response to 395 requests for assistance during 7/1/80 to 6/30/81.

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
3-1	Provide personnel to provide referral service. Personnel Required: Project Director 10%, I&R Specialist 50%	Ongoing	Personnel hired and assigned duties.	I&R Specialist
3-2	Provide staff direction/supervision, develop job descriptions and work programs, develop a training program, and evaluate staff as prescribed in objective #1 for assigned referral personnel. (paid and Volunteer).	Ongoing	Weekly staff meeting held, job descriptions and work programs completed, training plan completed, evaluations completed	Project Director
3-3	Accept referrals from agencies, individuals, and other agency staff for older adults in need of referral services.	Ongoing	Referrals accepted and recorded.	I&R Specialist
3-4	Implement the referrals services by making appropriate referrals to service providing agencies, including advocacy and follow-up to ensure delivery.	Ongoing	Referrals made and recorded	I&R Specialist
3-5	Provide reports and maintain records on referral services to project administration.	Monthly	Reports filed with projects administrator	I&R Specialist
3-6	Monitor referral service to ensure contract compliance and quality service	Monthly	Reports reviewed and submitted to HRB	Project Director

A-7

Objective # 4 : (Restate Objective Here)

To maintain access to needed services for elderly residents by providing case planning and case management service to 147 different individuals (monthly 83 level I and 28 level II) who meet the established needs criteria during the period 7/1/80 through 6/30/81.

4. Statement of Activities/Time/line/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
4-1	Maintain personnel to provide case planning and case management services. Personnel Required: Project Director	Ongoing	Personnel assigned duties Counseling Supervisor 100%, Field Counselor 40%	Counseling supervisor and Counselors
4-2	Provide personnel direction/supervision, and work programs for all assigned personnel.	Ongoing	Weekly staff meetings held, for all assigned personnel work programs reviewed and updated	Project Director, Counseling Supervisor
4-3	Accept referrals from agencies for older persons in need of case planning and case management.	Ongoing	Referrals received and recorded.	Counseling Supervisor and Counselors
4-4	Perform a needs assessment and develop a case plan according to AAA standards for all limited access clients.	Ongoing	Needs assessments completed and recorded and case plans developed, maintained and on file for each limited access client.	" "

8-V
A-8

Objective # 4 : (Restate Objective Here)

To maintain access to needed services for elderly residents by providing case planning and case management services to 147 different individuals who meet the established needs criteria during the period 7/1/80 through 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
4-5	Conduct weekly case planning and case management staffing sessions to ensure service quality with review of case planners and/or case managers progress on case plans for clients assigned.	Weekly	Staffing and review sessions held.	Counseling Supervisor
4-6	Responsible case manager will do regular follow-up consultation to ensure quality of service delivery.	Ongoing	Case plan up-dated and reviewed, with follow-up consultation recorded.	Counseling Supervisor and Counselors
4-7	Perform a needs re-assessment on each client every 3 months (Level II) or 6 months (Level I)	Ongoing	Client's reassessment completed and submitted to HRB.	" "
4-8	Complete client information, needs assessment, and client service forms on clients as required.	Ongoing	Necessary forms completed and submitted to HRB.	" "
4-9	Monitor case planning and case management activities to ensure contract compliance and quality of service.	Monthly	Reports reviewed and submitted to HRB.	Project Director and Counseling Supervisor

4. Statement of Activities/Timeline/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-9

Objective # 4 : (Restate Objective Here)

To maintain access to needed services for elderly residents by providing case planning and case management services to 147 different individuals who meet the established needs criteria during the period 7/1/80 through 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
4-10	Implement case plans by making appropriate referrals to service providing agencies, including advocacy, monitoring, follow-up and interagency consultations to ensure delivery.	Ongoing	Case plans implemented services and referrals recorded.	Counseling Supervisor and Counselors
4-11	Request waivers for all applications not conforming to AAA guidelines for case management.	Ongoing	Waivers completed and submitted to HRB.	Counseling Supervisor

4. Statement of Activities/Timeline/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-10

Objective # 5: (Restate Objective Here): To reduce isolation of elderly residents from services and social contact through the provision of the following support services: transportation to 60 people, escort to 56 people; friendly visiting to 42 people; telephone reassurance to 20 people; Recreation/Education to 200 people during the period through 7/1/80 to 6/30/81.

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned																								
5-1	Maintain personnel to provide transportation service. Personnel Required: Project Director 10%, Field Counselor 60%, Field Counselor 75%	Ongoing	Personnel hired and assigned duties.	Field Counselors, Students and Volunteers																								
	Maintain personnel to provide escort service.	Ongoing	" "	" "																								
	Maintain personnel to provide a friendly visitation service	Ongoing	" "	" "																								
	Maintain personnel to provide a telephone reassurance service.	Ongoing	" "	" "																								
	Maintain personnel to provide education or recreation events.	Ongoing	" "	" "																								
<p style="text-align: center;">VOLUNTEERS</p> <table border="1"> <thead> <tr> <th></th> <th># people</th> <th>hrs./mo.</th> </tr> </thead> <tbody> <tr> <td>trans.</td> <td>5</td> <td>4</td> </tr> <tr> <td>escort</td> <td>1</td> <td>12</td> </tr> <tr> <td></td> <td>3</td> <td>2</td> </tr> <tr> <td>friendly v.</td> <td>4</td> <td>4</td> </tr> <tr> <td>tel. res.</td> <td>6</td> <td>3</td> </tr> <tr> <td>educa-tion</td> <td>3</td> <td>4</td> </tr> <tr> <td></td> <td>10</td> <td>2</td> </tr> </tbody> </table>						# people	hrs./mo.	trans.	5	4	escort	1	12		3	2	friendly v.	4	4	tel. res.	6	3	educa-tion	3	4		10	2
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II-A

Objective # 5 : (Restate Objective Here) : To reduce isolation of elderly residents from services and social contact through the provision of the following support services: transportation to 60 people, escort to 56 people; friendly visiting to 42 people; telephone reassurance to 20 people; Recreation/Education to 200 people; during the period through 7/1/80 - 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
5-2	Provide staff direction/supervision, develop job descriptions and work programs, develop a training program and evaluate staff as prescribed in objective #1 for assigned transportation escort, friendly visiting, telephone reassurance, and recreation/education personnel (paid and volunteer).	Ongoing	Weekly staff meetings held, job descriptions, work programs completed.	Project Director and Volunteer Coordinator
5-3	Accept referrals from agencies, individuals, case counselors, and other agency staff for older adults in need of transportation, escort, friendly visitation, telephone reassurance, and recreation/education.	Ongoing	Referrals received and recorded.	I&R Specialist
5-4	Develop ongoing communication with community agencies and individuals to inform them of educational and recreational services.	Ongoing	Community agencies and individuals knowledgeable of services.	Project Director and students

Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-12

Objective # 5 : (Restate Objective Here): To reduce isolation of elderly residents from services and social contact through the provision of the following support services: transportation to 60 people, escort to 56 people; friendly visiting to 42 people; telephone reassurance to 20 people; Recreation/Education to 200 people; during the period through 7/1/80 to 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
5-5	Provide reports and maintain records on transportation, escort, friendly visiting, and telephone reassurance services to project administration.	Monthly	Reports filed with project administrator.	Volunteer Coordinator and I&R Specialist
5-6	Assign personnel to implement schedule of educational or recreational events.	Ongoing	Personnel assigned, events held.	Project Director
5-7	Monitor escort, transportation, friendly visitation, telephone reassurance, and recreation/education service to ensure contract compliance and quality of service.	Monthly	Reports reviewed and submitted to HRB.	Project Director

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-13

Neighborhood House, Inc.

6. Service Area, Target Population and Eligibility Criteria for Services: (Describe the service area to be covered by this project and the target population for each service to be provided. Explain how each target population will be identified. State the eligibility criteria to be utilized for each service provided and the method for appeal or exception).

Service Area: Neighborhood House, Inc. will provide services to elderly residents in Southwest Portland in the following census tracts: 58, 59, 60.01, 60.02, 61, 62, 63, 64, 65.02, 66.01, 66.02, 67.01, 67.02, 68.01, 68.02. Individuals residing outside the area can be served only with the express approval of the Area Agency on Aging Contract Unit (see waiver procedures) and with the knowledge and approval of the contractor for the service area in which the individual resides.

Target Population: Elderly persons, 60 years of age or older, are the general target population for services provided for any elderly resident of the service area. Case management and limited access supporting services are provided for a restricted target population. This population includes low-income persons, age 60 and older, who have age related or age intensified physical and/or mental impairments which make premature or inappropriate institutionalization more likely. Limited access services include case management, transportation, home-maker and housekeeper.

Eligibility Criteria: Information and referral services are provided to residents of Multnomah County who are age 60 and older without eligibility limitations. Eligibility for case management and other limited access services is established through a needs assessment performed by a trained staff person which determines: 1) that the individual is in need of case management (and other provided services) to sustain independent living; 2) that the individual is not eligible for those services from another agency legally responsible for their provision; 3) that the individual does not have friends or relatives able and willing to provide the services for him/her; 4) that, if net income levels exceed 125% of poverty guidelines plus a 10% inflation factor (\$390/month for single persons and \$516/month for couples), fees will be arranged for in accordance with the established schedule. In exceptional circumstances and with express approval (see waiver request procedures) of the Area Agency on Aging Contracts Unit, limited access services may be provided to individuals who do not meet all of the aging criteria.

7. Organization: (Briefly describe the staffing pattern, selection procedures and administrative procedures.)

The Senior Adult Program at Neighborhood House, Inc. operates on a team approach. The Project Director is responsible for working with the Advisory Committee program development and the implementation, community coordination, the volunteer program. The Project Director will also be responsible for supervising the counseling staff which includes on counseling supervisor, one and one 3/4 time counselor, the information and referral specialist of the program and for supervising the practicum students. The agency's executive director serves as the programs representative in city-wide coordination efforts. The staff is involved in monthly in-house training sessions as well as training programs sponsored by the representatives from the staff, the Advisory Board, and occasionally from the HRB Aging Program. The executive director of the agency has final authority in all hiring. The program operates from 9:00 a.m. to 5:00 p.m. on weekdays. The agency is closed on New Year's Eve, New Year's Day, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Christmas Eve and Christmas Day.

9. Community Participation: (Describe the citizen involvement in planning this project and the methods and expectations for community involvement in the project's operation. Describe the functions of the Advisory Council as they relate to this project.)

The Southwest Advisory Committee on Aging for the Senior program function is to recommend policy and programs. Budgets for the United Way are prepared by first meeting with consumer groups, the Program Committee, the Finance Committee and finally with the Board of Directors for approval. Plans for utilization of volunteers in the Senior adult program are under the direction of the Project Director. Volunteers are interviewed for their interest and skills. They are then trained and placed in the appropriate area, i.e. Friendly Visiting, Escort, Telephone Re-assurance, are given continual support and recognition. Volunteers are recruited by program staff and Project Director to serve the Senior Adult Center Task Force, a group working to ensure the development of a center in the Southwest. Volunteers also participate in legislative Advocacy Task Force - for promoting legislation for the benefit of Seniors. Neighborhood House, Inc. has an aggressive recruitment and placement program for undergraduate and graduate students needing quality placements to enhance their professional and academic growth.

EXHIBIT B
BUDGETS AND ATTACHMENTS

28
12
FISCAL SECTION

1. Budget Summary

a. Funding Recap: (List all sources of funding by amount and source.)

<u>City Support Requested</u>	<u>Amount</u>
Information and Referral - Title III-B	\$15,389
Case Management Title III-B	11,951
Case Management - OPI	5,041
Discretionary Services - General Funds	17,436
Administration - General Funds	5,349
Subtotal	\$55,165
Required Cash Match	6,687
Program Income	
Subtotal	61,852
<u>Other Project Support</u>	
Contributions/Foundations/Grants/United Way	18,383
Volunteers	10,000
TOTAL	90,235

b. Funding Statement: (Briefly describe the duration of funding from each source listed above.)

Re-applying for AAA FY 80/81
United Way funding FY 80/81

2. Statement of Certification

The information provided herein is, to the best of my knowledge, certifiable and correct.

Authorized Signature _____ Date 5/13/80

APPROPRIATION UNIT
LINE ITEM WORKSHEET

Code	Object Title	Title III-B Information and Referral	Title III-B Case Management	OPI Case Management	General Fund Discretionary	General Fund Administration
110	Full-Time Employees	9,388	10,787	4,453	7,469	4,819
120	Part-Time Employees				7,830	
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits	1,088	1,164	512	1,683	530
190	Less-Labor Turnover					
100	Total Personal Services	10,976	11,951	4,965	16,982	5,349
210	Professional Services					
220	Utilities					
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies	600				
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities--External					
410	Education	200				
420	Local Travel	2,012		76	454	
430	Out-of-Town Travel					
440	Space Rental					
450	Interest					
460	Refunds					
470	Retirement System Payments					
490	Miscellaneous	400				
510	Fleet Services					
520	Printing Services	250				
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance					
570	Telephone Services	950				
580	Intra-Fund Services					
590	Other Services--Internal					
200- 500	Total Materials & Services	4,412	-0-	76	454	-0-
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	15,388	11,951	5,041	17,436	5,349

Southwest Services District
 Neighborhood House, Inc.
 FY 80/81

NH
 80-81

**APPROPRIATION UNIT
 LINE ITEM WORKSHEET**

Code	Object Title	Total City Support	Required Cash Match	Total Contract (City)	Other Resources	Total Project all Resources
110	Full-Time Employees	37,416	6,024	43,440		43,440
120	Part-Time Employees	7,830		7,830	9,300	17,130
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits	4,977	663	5,640	1,023	6,663
190	Less-Labor Turnover					
100	Total Personal Services	50,223	6,687	56,910	10,323	67,233
210	Professional Services				10,000	10,000
220	Utilities				1,200	1,200
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies	600		600	360	960
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education	200		200		200
420	Local Travel	2,542		2,542	2,500	5,042
430	Out-of-Town Travel					
440	Space Rental				4,000	4,000
450	Interest					
460	Refunds					
470	Retirement System Payments					
490	Miscellaneous	400		400		400
510	Fleet Services					
520	Printing Services	250		250		250
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance					
570	Telephone Services	950		950		950
580	Intra-Fund Services					
590	Other Services-Internal					
200-500	Total Materials & Services	4,942	-0-	4,942	18,060	23,002
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	55,165	6,687	61,852	28,383	90,235

BUDGET JUSTIFICATION
MATERIALS AND SERVICES

DATE May 12, 1980

PROJECT NO. _____

PROJECT TITLE Neighborhood House, Inc./Southwest Services District
Information and Referral

To extent possible, use format indicated below.
Information and Referral

Title III - B

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
310	Office Supplies \$50/month No single item to exceed \$99.99	\$ 600	\$ 600
410	Education 4 conferences \$50/each	200	200
420	Local Travel 9581 miles @ 21¢	2,012	2,012
490	Miscellaneous (Postage) \$33.34/month	400	400
520	Printing Services \$20.83/month	250	250
570	Telephone Services \$79.17/month	950	950

BUDGET JUSTIFICATION
MATERIALS AND SERVICES

DATE May 12, 1980

PROJECT NO. _____

PROJECT TITLE Neighborhood House, Inc. / Southwest Services District

To extent possible, use format indicated below.

OPI

Case Management

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
420	Local Travel 362 miles @ 21¢	\$76	\$76

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE May 12, 1980

PROJECT NO. _____

PROJECT TITLE Neighborhood House, Inc/ Southwest Services DistrictTo extent possible, use format indicated below.
Discretionary

General Funds

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
420	Local Travel 2162 miles @ 21¢	\$454	\$454

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE May 12, 1980

PROJECT NO. _____

PROJECT TITLE Neighborhood House, Inc. / Southwest Services DistrictTo extent possible, use format indicated below.
Total - City Support

Total City Support / Contract Amt.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
310	Office Supplies \$50/month No single item to exceed \$99.99	\$ 600	\$ 600
410	Education 4 conferences \$50/each	200	200
420	Local Travel 12,105 miles @ 21¢	2,542	2,542
490	Miscellaneous (Postage) \$33.34/month	400	400
520	Printing Services \$20.83/month	250	250
570	Telephone Services \$79.17/month	950	950

EXHIBIT C
REQUIRED REPORTING FORMS
AND
PROCEDURES

I. Information and Referral

	<u>this month</u>	<u>YTD</u>
A. Number of simple information requests	_____	_____
B. Number of complex information requests	_____	_____
C. Number of simple referrals	_____	_____
D. Number of complex referrals	_____	_____

II. Discretionary Services

A. Med/Special Transportation

1. Number of rides	_____	_____
2. Number of People Transported	_____	_____
3. Number of New People Transported	_____	_____

B. Escorts (in support of referrals)

1. Number of escorts provided	_____	_____
2. Number of individuals escorted	_____	_____
3. Number of new individuals escorted	_____	_____

C. Friendly Visits

1. Number of visits made	_____	_____
2. Number of people visited	_____	_____
3. Number of new people visited	_____	_____

D. Telephone Reassurance

1. Number of calls completed	_____	_____
2. Number of people called	_____	_____
3. Number of new people called	_____	_____

E. Ed/Rec Events

<u>Event (topic)</u>	<u>Date</u>	<u>Total Attn.</u>	<u>First Time Attn.</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Number of events this month _____ YTD _____

Signature _____

ACTION CODE

- | | |
|---|---|
| 1 | 2 |
|---|---|
- 1. New
 - 2. Correct/Update
 - 4. Last name change

CLIENT INFORMATION FORM

Completed by _____

Intake/Transaction DATE

Mo.	Day	Yr
3		8

CASE NUMBER

9	14
---	----

CLIENT NAME

15	26	27	35	M.I.
Last		First		

ADDRESS

37	52
----	----

(P.O. Box or Street Address)

PHONE NUMBER

53	59
----	----

(*)CENSUS TRACT

60	64
----	----

(*)CLIENT STATUS

- | |
|----|
| 65 |
|----|
- 1. Level I
 - 2. Level II
 - 3. Close(d)
 - 4. Nutrition Only

(*)Agency with PRIMARY RESPONSIBILITY

66	67
----	----

Caseworker CODE

68

O.P.I. STATUS

- | |
|----|
| 69 |
|----|
- 1. New
 - 2. Reopen
 - 3. Discontinue(d)

REFERRAL SOURCE

- | |
|----|
| 70 |
|----|
- 1. Self
 - 2. Spouse
 - 3. Friend/Rel.
 - 4. Nutrition Site
 - 5. Church
 - 6. Agency
 - 7. Health Care Provider
 - 8. Other

(*)BIRTHDATE

Mo.	Day	Yr.
71		76

(*)SEX

- | |
|----|
| 77 |
|----|
- 1. Male
 - 2. Female

(*)ETHNIC GROUP

- | |
|----|
| 78 |
|----|
- 1. White
 - 2. Black
 - 3. Amer. Indian
 - 4. Spanish Amer.
 - 5. Oriental
 - 6. Other

(*)MARITAL STATUS

- | |
|----|
| 79 |
|----|
- 1. Married
 - 2. Widowed
 - 3. Separated
 - 4. Divorced
 - 5. Never Marr.

(*)INCOME SOURCE(S)

- | | |
|----|----|
| 80 | 83 |
|----|----|
- 1. Earnings
 - 2. Property
 - 3. Savings
 - 4. Soc. Sec.
 - 5. Welfare
 - 6. Pension
 - 7. V.A.
 - 8. SSI
 - 9. Other

(*)MONTHLY INCOME

84	86
----	----

(*)NO. ON INCOME

87

HOUSING TYPE

- | |
|----|
| 88 |
|----|
- 1. Owned
 - 2. Rented
 - 3. Sub. Rent
 - 4. Room & Board
 - 5. Shared Costs
 - 6. Free
 - 7. Institution

(*)HOUSEHOLD COMP.

- | |
|----|
| 89 |
|----|
- 1. Alone
 - 2. w/spouse
 - 3. w/relative
 - 4. w/non-relative
 - 5. B&R/Hotel
 - 6. Retirement Home
 - 7. Nursing Home
 - 8. Other

(*)SIGNIFICANT OTHERS

- | | |
|----|----|
| 90 | 91 |
|----|----|
- 1. None
 - 2. Children
 - 3. Other Relative
 - 4. Friend
 - 5. Other

(*)AVAILABLE HELP

- | | |
|----|----|
| 92 | 93 |
|----|----|
- 1. None
 - 2. Daily
 - 3. Weekly
 - 4. Bi-Monthly
 - 5. Monthly
 - 6. Emergency only

(*)SELF CARE-LIMITATIONS

- | | |
|----|----|
| 94 | 96 |
|----|----|
- Cannot do w/o help
 - 1. Any personal care
 - 2. Use of toilet
 - 3. Feeding Self
 - 4. Dress/grooming
 - 5. Meals/light housework
 - 6. Basic marketing
 - 7. Routine Finances
 - 8. No Limitations

(*)MOBILITY LIMITATIONS

- | |
|----|
| 97 |
|----|
- 1. None
 - 2. Tires easily
 - 3. Ambulatory w/dif.
 - 4. Housebound
 - 5. Bedridden
 - 6. Wheelchair

(*)PHYSICAL HEALTH PROB.

- | | |
|----|----|
| 98 | 99 |
|----|----|
- 1. None
 - 2. Minor/sporadic
 - 3. Minor/Perm.
 - 4. Severe/short-term
 - 5. Severe/long-term
 - 6. Life threatening

(*)MENTAL HEALTH STATUS

- | | |
|-----|-----|
| 100 | 101 |
|-----|-----|
- 1. Alert
 - 2. Rarely Confused
 - 3. Occasionally Confused
 - 4. Frequently Confused
 - 5. Disoriented
 - 6. Appears depressed
 - 7. Appears overly anxious
 - 8. Seriously Impaired Memory

HEALTH INSURANCE

- | | |
|-----|-----|
| 102 | 104 |
|-----|-----|
- 1. None
 - 2. Medicare A
 - 3. Medicare A & B
 - 4. Medicaid
 - 5. SS Disability
 - 6. Veterans
 - 7. Project Health
 - 8. Private Insurance
 - 9. Other _____

HEALTH CARE PROVIDER

- | |
|-----|
| 105 |
|-----|
- 1. None
 - 2. Private Physician
 - 3. Outpatient clinic
 - 4. U. of O.
 - 5. Other _____
- I.D. # _____

TRANSPORTATION

- | | |
|-------|------------|
| Usual | (*)Spncial |
| 107 | 108 |
- 1. None
 - 2. Walk
 - 3. Own car
 - 4. Taxi
 - 5. Bus
 - 6. Friend/Rel.
 - 7. Spncial
 - 8. Center
 - 9. Other _____
 - 1. None
 - 2. Con. pass.
 - 3. AAA
 - 4. Other Sponsor
 - 5. Private provider

DATE CLOSED

Mo.	Day	Yr.
109		114

REASON FOR CLOSURE

- | |
|-----|
| 115 |
|-----|
- 1. No Need
 - 2. Seek on own
 - 3. Other Agency
 - 4. Cannot provide
 - 5. Institutionalized
 - 6. Moved
 - 7. Died
 - 8. Ineligible
 - 9. Other _____

WAIVER REVIEW DATE

Mo.	Yr.
116	120

- 1. OPI Income
- 2. Income
- 3. Age
- 4. Agency
- 5. Living Arrangements
- 6. Other
- 7. Elig. w/out waiver

CODES: Client ServicesHousing

- 11 - Housing location
- 12 - Moving assistance
- 13 - Subsidized housing
- 14 - Major home repair
- 15 - Minor home repair (construction)
- 16 - Minor home repair (maintenance)
- 17 - Yard work
- 18 - Winterization
- 19 - Home security

Social Contact

- 21 - Friendly visiting
- 22 - Telephone reassurance
- 23 - Volunteer opportunities
- 24 - Education
- 25 - Recreation
- 26 - Escorted Group Activity

Information/Service Utilization

- 31 - Information
- 32 - Outreach
- 33 -
- 34 - Pre-retirement counseling
- 35 - Discretionary Service Units
- 36 - Escort
- 37 - Advocacy
- 38 - Scheduling
- 39 - Personal business

Income

- 41 - Emergency assistance
- 42 - Assistance in applying for government financial programs
- 43 - Adjustment of government benefits
- 44 - Financial assistance (other)
- 45 - Employment
- 46 - Subsidized employment
- 47 - Discounts/rebates

Transportation

- 51 - Transpo for housing
- 52 - Transpo for social contact
- 53 - Transpo for information/service utilization
- 54 - Transpo for income
- 55 - Transpo for congregate dining
- 56 - Transpo for shopping
- 57 - Transpo for protective/legal
- 58 - Transpo for work/school
- 59 - Transpo for health

In-home Assistance

- 61 - Housekeeper
- 62 - Housekeeper (MFS Only)
- 63 - Homemaker
- 64 - Homemaker Level I (MFS only)
- 65 - Homemaker Level II (MFS only)
- 66 - Home health care
- 67 - Personal care assistance

Protective/Legal

- 71 - Legal assistance
- 72 - Legal education
- 73 - Arrangement of guardianship/conservatorship
- 74 - Arrangement for protective living
- 75 - Money management
- 76 - Supportive counseling
- 77 - Nursing home placement
- 78 - Crisis Counseling
- 79 - Hours (PS only)

Nutrition

- 81 - Home delivered meals
- 82 - Congregate meals
- 83 - Nutrition counseling/education
- 84 - Food buying
- 85 - Shopping assistance (food)
- 86 - Food growing
- 87 - Meal preparation

Health

- 91 - Health screening
- 92 - Health education (diabetic clinic, etc.)
- 93 - Medical equipment
- 94 - Physical/occupational therapy
- 95 - Mental health services
- 96 - Detoxification
- 97 - Dental care
- 98 - Physician/out-patient care
- 99 - In-patient care, (hospital, etc.)
- 01 - Podiatry care
- 02 - Eye care
- 03 - Adult day care
- 04 - Hearing and speech

AREA AGENCY ON AGING
CLIENT REPRESENTATIVE
RECEIPT

PART A

Describe task to be performed/items to be purchased/bill to be paid:

Store or place of business:

Amount of funds:

Check \$ _____

Cash \$ _____

Agreed, the above is correct information

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

(Agency's Copy)

AREA AGENCY ON AGING
CLIENT REPRESENTATIVE
RECEIPT

PART A

Describe task to be performed/items to be purchased/bill to be paid:

Store or place of business:

Amount of funds:

Check \$ _____

Cash \$ _____

Agreed, the above is correct information

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

(Client's Copy)

PART B

Describe items purchased, or bill paid:

Store or place of business:

Amount of funds returned to client:

\$ _____

Agreed the above is correct information.

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

PART B

Describe items purchased, or bill paid:

Store or place of business:

Amount of funds returned to client:

\$ _____

Agreed the above is correct information.

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

INFORMATION TALLY SHEET

AAA 211 (Revised 6/79)

Completed by: _____

Month _____

TYPE OF CONTACT

Phone:	Walk-in:	Other:	Total:
--------	----------	--------	--------

TYPE OF SERVICE PROVIDED

Info/simple:	Info/complex:	Other:
--------------	---------------	--------

SOURCE OF CONTACT

Self:	Spouse:	Friend/Relative:	Agency:	Other:
-------	---------	------------------	---------	--------

Disposition of Request

Subject of Request	Information Only	Center Service	Other Agency	Unable to Help	TOTAL
Location					
Repair/Maint					
Yard Work					
Friendly V./TR					
Ed/Rec					
Vol Act.					
Emergency					
Income Maint					
Case Mngt					
Special Trans					
Escort					
Live-in					
Housekeeper					
Homemaker					
Protective Serv					
Legal Assist.					
Meal Prep/mow					
Shopping Asst.					
Medical Care					
ental					
Other					
TOTAL					

REQUEST FOR WAIVER

1. _____
Name of Agency requesting waiver

2. Type of request New
 Review

3. Criteria to be waived

Income	<input type="checkbox"/> OPI Guidelines
	<input type="checkbox"/> AAA Guidelines
<input type="checkbox"/> Age	<input type="checkbox"/> Living Arrangement
<input type="checkbox"/> Other Agency	<input type="checkbox"/> Other _____ Specify

4. _____
Name of Client

5. _____
CTS Case Number

6. Briefly describe the situation.
(Attach a copy of the latest 101 & 102)

7. Resources Investigated

Services Requested

Outcome

_____	_____
_____	_____
_____	_____

8. _____ Date _____

Signature of Counselor Date

9. _____ Date _____

Signature of Signature Date

DO NOT WRITE BELOW THIS LINE

10. Request is: Approved AAA OPI

Temporarily Approved AAA OPI _____ Date _____

Denied AAA OPI

11. Comments:

Signature of Reviewer Date

Contract Agency _____
 Address _____
 City _____ State _____

Social Services Division
 Accounting Unit
 522 SW Fifth Ave., 8th Fl. Yeon Bldg.
 Portland, Oregon 97204
 Phone: 248-4752

Contract # _____ Contract Period: From _____ To _____

Funding Source _____ Service Category _____

Advance Received _____ Reimbursement Request for _____ month & year

CODE	OBJECT TITLE	CURRENT PERIOD REQUEST	YEAR TO DATE REQUEST	CURRENT BUDGET	BALANCE
110	Full-Time Employees				
120	Part-Time Employees				
170	Benefits				
100	Total Personnel Services				
210	Professional Services				
220	Utilities				
230	Equipment Rental				
240	Repair and Maintenance				
260	Miscellaneous Services				
310	Office Supplies				
320	Operating Supplies				
330	Repair and Maint. Supplies				
340	Minor Equipment and Tools				
380	Other Commodities-External				
410	Education				
420	Local Travel				
430	Out-of-Town Travel				
440	Space Rental				
490	Miscellaneous				
520	Printing Services				
550	Data Processing Services				
560	Insurance				
570	Telephone Services				
590	Other Services-Internal				
	Others, Specify Below				
200	Total Materials & Services				
500					
620	Buildings				
630	Improvements				
640	Furniture & Equipment				
600					
	TOTAL				

ATTACH TO THIS INVOICE:
 1. Supporting documentation for all costs or expenditures grouped by expenditure object category. (Attach adding machine tape to each group of supporting documents.)
 INVOICE & SUPPORTING DOCUMENTS ARE TO BE SUBMITTED TO THE CITY NO LATER THAN THE FIFTEENTH WORKING DAY FOLLOWING MONTH END.

I certify that the information pertaining to this request is true and complete to the best of my knowledge

Signed _____ Date Signed _____

Title _____ Phone _____

CITY OF PORTLAND/HUMAN RESOURCES BUREAU
SOCIAL SERVICES DIVISION
CONTRACT REIMBURSEMENT PROCEDURES

1. Reports are due monthly on the fifteenth (15th) working day following the end of the month. Reimbursement request shall be mailed directly to the Accounting Unit:

Human Resources Bureau
 Social Services Division
 Accounting Unit
 522 S.W. Fifth Ave., 8th Floor
 Yeon Building
 Portland, Oregon 97204

2. Reports not received by the deadline shall not be processed until the next month. This will result in a delay in payment.
3. City forms must be used. If additional forms are needed, please contact the Accounting Unit (248-4752).
4. Materials to be submitted each month are as follows:
- a) A separate Reimbursement Request Form for each funding source and each service category requiring City reimbursement as included in the approved contract budget.
 - e.g. -- I & R -- III-B
 - Admin. -- OPI
 - Admin. -- General Fund
 - Meals -- III-C-1
 - General Fund
 - Other
 - b) A Reimbursement Request Form for Required Match, as included in the approved budget.
 - c) A Reimbursement Form showing Project Income/Contributions collected.
 - d) A Reimbursement Form showing total City reimbursement.
 - e) Supporting documentation showing proof of payment (attached to respective Reimbursement Request Forms). This may include:

copies of checks
 copies of bills
 payroll register
 etc.

5. Supporting documentation is to be attached to each request form, including the Required Match (copies of documentation are not necessary for the Total City Reimbursement).

For each request form, documentation is to be grouped by line item. (Attach adding machine tape to each group of supporting documents.)

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Please Note: For purposes of fiscal reporting, Match included in the contract requires the same documentation as City Support requested.

6. If a piece of documentation is applicable to more than one funding source (or match), write on the supporting documentation how much is to be applied to each funding source/service category.
7. The "indirect cost" line item may be used to cover any costs incurred in support of the services included in the contract. Documentation/proof of payment must be submitted for each reimbursement requested.
8. Grant or Agency policy requires that expenditures be reported in dollars and cents. DO NOT ROUND TO THE NEAREST DOLLAR!
9. Reimbursement requests must be typed or written in ink.
10. Reimbursement Request Forms must be signed in ink by an authorized person designated by the Agency. Each agency must submit to the City the names of all persons authorized to sign these reports. The Agency is responsible for notifying the City in writing of any changes in authorized signatures.
11. The reimbursement request must be made against the current authorized contract. Each agency is responsible for notifying appropriate personnel of budget changes.
12. Incomplete or incorrect Reimbursement Request Forms will be returned to the Contractor for completion or correction.
13. Match expenditures will be analyzed quarterly as part of the monitoring procedures. Corrective action plans will be developed if necessary to assure contract compliance.

Corrective action may include: withholding of funds, suspension, or termination of the contract.

If match is not produced in accordance with the approved contract by the third (3rd) quarter of the budget year, the City will reduce its contribution to maintain the established ratio of shared costs. (For AAA District Centers, this ratio is a minimum of 90/10 City/Agency share for Discretionary Services. For other contracts, the level of required match has been negotiated.)

14. Upon receipt of completed reimbursement forms, the Accounting Unit staff reviews the request for accuracy and compliance with the approved budget, prepares payment authorization, and submits the reimbursement package to the Program staff.
15. Program Staff reviews the package and signs off, if request complies with regard to appropriate service delivery. Reimbursement request will be held until Program reports are received.
16. Principal Accountant reviews the package, approves payment, and forwards the package to Accounts Payable at City Hall.

17. Accounts Payable reviews the package, approves payment, and processes the package for the computer to fill out the warrant (check). Computer runs are made every Tuesday and Thursday evenings.
18. Checks are returned to Accounts Payable for verification of computer run.
19. The computer run is forwarded to the Auditor's Office for auditing and release (mailing) of the warrant.
20. Total estimated turnaround time is two weeks from the time a completed package leaves the Human Resources Bureau. HRB staff can usually complete its work within two days, if the requests are complete and correct, and program reports have been received.
21. In the event of an emergency or other unusual circumstances, as approved by the Principal Accountant, a manual warrant may be issued within 72 hours. A manual warrant process will not be utilized on a regular basis.

We hope that these procedures will clarify what is expected of Agency staff in the filling out and processing of these documents. If you have any questions or need further information, please feel free to call the Accounting Unit or Social Services Contract Management staff at 248-4752.

PORTLAND HUMAN RESOURCES BUREAU
SOCIAL SERVICES DIVISION

PROCEDURES FOR CONTRACT MODIFICIATIONS

WHY?

Contract modifications are required in the following situations:

- change in total contract amount (increase or decrease)
- changes in staff salaries
- changes in staff positions to be supported through the contract
- changes in line item budget
- changes in number or type of services to be provided
- other substantial changes

HOW?

Contracts may be modified in 3 ways:

- ordinance-authorized by City Council
- contract change order-approval by Social Services Manager , Human Resources Bureau Executive Director, and Commissioner-in-Charge
- initial-by both parties

<u>Type of Change</u>	<u>Modification Procedure</u>
Total funds increase/decrease	Ordinance
Total same line item changes	Change Order
Staff salary	Change Order
Staff position	Change Order
Service Objectives	Change Order
General/special conditions	Ordinance/change order
Other substantial changes	Ordinance/change order
Clerical errors	Initial by both parties

PROCEDURE:

A. Initiated by City:

1. The City shall inform the Contractor in writing what and why changes are required, what information (if any) is needed from the Contractor to make such changes and what modification procedures will be utilized.

- 60
2. City staff shall be responsible for obtaining necessary materials from the Contractor or shall prepare revised materials (to include revised contract or project applications pages) and amendment form, as necessary.
 3. Contractor shall review material and indicate approval formally or informally.
 4. If an Ordinance is required:
 - City staff shall prepare and file Ordinance
 - City shall notify Contractor of action on Ordinance
 - If authorized by City Council, Contractor shall sign three (3) copies of amendment (if not already signed) and return to designated City office
 - City staff shall obtain necessary City signatures
 - Amendment goes into effect when both parties have signed and the changes are documented in the City Auditor's Office
 - Fully signed copy shall be returned to the Contractor
 5. If change order procedure is utilized:
 - City staff shall prepare change order
 - Program Staff, Accountant, Division Manager, HRB Executive Director, and Commissioner-in-Charge shall review and indicate approval
 - Contractor shall sign Amendment and return to City
 - Amendment goes into effect when City and Contractor signatures are obtained

B. Initiated by Contractor:

1. Contractor shall submit a letter to the Unit Director requesting modification. This letter should contain the following information:
 - a. Specific changes desired (e.g. increase printing by \$500, decrease local travel by \$200 and decrease office supplies by \$300).
 - b. Reason or need for changes (e.g. the newsletter mailing list has doubled so more copies are printed; counselors are carpooling in an effort to save gasoline).
 - c. Statement regarding how these changes will affect the provision of services (e.g. line item changes are more consistent with actual spending patterns and services will continue to be delivered as specified in the contract).

- 61.
2. The Contractor shall prepare revised project application pages as follows:

a. BUDGET CHANGES

(1) Budget Worksheet

The budget worksheet must include the following columns for each funding source to be modified:

current
+ or -
revised

If the contract includes a funding source which is not to be modified, a column must be included for this current breakdown.

If the contract includes more than one funding source, the budget worksheet must also include columns for the following:

current total
total + or - (omit if only 1 funding
revised total source changes)

The budget worksheet must include the name of the contract agency and the contract number in the upper left hand corner.

The budget worksheet must include the date of the revision in the lower right hand corner (this date should correspond with the date of the letter requesting the modification).

(SEE SAMPLE)

(2) Budget Justification Sheets

A full set of original budget justification sheets must be submitted, showing the total justification as revised. It is not necessary to show + or - on the justification sheets.

The budget justification forms should be consistent with the budget worksheet columns for the revised funding for each source and for the revised total.

Even if a budget justification sheet does not change, a new original must be prepared (e.g. pink sheet, typed original) to meet the contract requirements of the City Auditor's office.

Each budget justification sheet must be completed in full:

DATE - date of revision request (put this new date even if no changes were made on a particular page.

PROJECT NUMBER - contract number assigned by the City.

PROJECT TITLE - name of agency and service (if there are multiple contracts with the Human Resources Bureau e.g. PACT Senior Service Center).

(3) Miscellaneous Comments on Budget Changes

All changes shown on the budget worksheet or the budget justification pages should be addressed in the letter requesting the modification.

A modification is not required for any line item changes in materials and services in which that line will not be over-expended by 5% of the line item or \$1,000, whichever is less. Formal modification is not required for lines which will be underexpended.

e.g., if line 420 in the contract is \$1,000 and if there is an expected overspending of \$48, a contract modification is not required because \$48 is less than 5% of \$1,000.

If this \$48 will come from line 310 office supplies, no change is required because you will simply underspend line 310 by \$48.

Any changes in staff positions (increase in salary, change in % of time or number of months on project) requires a modification. A modification is not necessary if an individual is being paid at a lower rate of pay for a given position.

If an authorized position is to be filled by a different person, please notify the City accountant to assist in speedy processing of your invoices. A contract modification is not required.

b. SERVICE CHANGES

- (1) **OBJECTIVES** - (Project Narratives, Section 3)
A revised objective section should be submitted showing the revised number or type of services to be provided or the revised period in which services will be provided.

(The need for these changes and the impact should be discussed in the letter requesting the modification).

- (2) **ACTIVITIES** - (Project Narrative, Section 4)

Revised activities pages must be submitted only if changes are made. These activity pages will be used as a basis for monitoring the provision of services, so they should reflect current practices and procedures.

c. OTHER PROGRAM OR MANAGEMENT CHANGES

Other program or management changes will be handled on a case by case basis. Consult the City Staff responsible for contract development for specific requirements.

3. Contractor shall submit letter and revised pages as described above to Human Resources Bureau Unit Director.
4. Social Service Unit staff shall review the request for completeness and impact and shall make a determination about which modification procedure shall be utilized.
 - a. If Unit Staff supports the requested change and if an Ordinance is required, City Staff shall prepare the contract amendment prepare the ordinance and complete the regular Human Resources Bureau ordinance review process. If authorized by City Council, the Contractor shall sign 3 official copies and return to the City for City signatures and processing. A signed copy will be returned to the Contractor.
 - b. If unit staff supports the request and if a change order is to be used, City staff shall prepare the change order.

The contract change order along with the letter of request and modified pages shall be submitted for review and approval to our Accountant, Manager of Social Services, Human Resources Bureau Executive Director and the Commissioner-in-Charge.

If approved, the original change order shall be filed in the City Auditor's Office. Copies shall be provided to the Contractor, the Fiscal Unit and the responsible Program Unit.

The Contract change order becomes effective when all City signatures have been obtained.

- c. If Unit Staff does not support the request, the Contractor shall be notified. The request may be denied or additional information or documentation may be requested.

SCHEDULE OF MODIFICATIONS

Contract modifications will be accepted within 30 days of receipt of completed quarterly progress reports or at other times as directed or approved by the responsible Program Unit.

AGREEMENT AMENDING CONTRACT #18166

This agreement is entered into between the City of Portland, Oregon, and North Portland Rotary, Inc., Contractor.

The parties have previously executed a contract providing for district senior center services of information, referral, case management and support services for the elderly in Portland/Multnomah County for the period September 1, 1979 through June 30, 1981, which contract is known as Contract #18166. The contract shall now be amended by the addition of a budget in the amount not to exceed \$81,328 and the addition of new objectives, to continue district senior center services, during the period July 1, 1980 through June 30, 1981.

The parties, therefore, agree that Contract #18166 is amended as follows:

- (1) The budget is amended by the addition of funds as follows, to be expended during the period July 1, 1980 through June 30, 1981, similar in form to Appendix I.

<u>Service Components</u>	<u>Funding Source</u>	<u>Amount</u>
Information & Referral	Title III-B	\$16,834
Case Management	Title III-B	\$18,580
Case Management	OPI	\$ 7,837
Discretionary Services	General Funds	\$29,944
Administration	Title III-B	\$ 8,133
<u>Match</u> \$3,936	TOTAL CITY SUPPORT	\$81,328

- (2) Objectives are amended under this agreement for the period July 1, 1980 through June 30, 1981, similar in form to Appendix I.
- (3) Terms and conditions are deleted, added, and modified as shown in Appendix I.
- (4) The total compensation for the period July 1, 1980 through June 30, 1981 shall not exceed \$81,328 ; an advance shall be made to cover the cost of the Contractor's initial expenses for operation, not to exceed the sum of \$13,555, upon receipt of a written request from the Contractor.
- (5) Required reporting forms as shown in Appendix I shall be utilized for reporting services provided under this contract.

(6) These changes are incorporated in Contract #18166, similar in form to Appendix I.

Dated this _____ day of _____, 1980

Approved as to Content

CONTRACTOR

Erma E. Hyburn

Executive Director
Human Resources Bureau

Title _____

Date _____

Approved as to Form

CITY OF PORTLAND

City Attorney

By _____
Commissioner-in-Charge

Date _____

By _____
Auditor

Date _____

MODIFIED TERMS AND CONDITIONS

AS OF

JULY 1, 1980

TERMS AND CONDITIONS

The following terms and conditions are omitted:

III. AGREED/CONTRACTOR:

1. Contractor shall have met all objectives stated in the project application (Refer to Exhibit "A") by June 30, 1980.
10. The Contractor shall develop and implement plans to comply with additional requirements relating to the operations of the Portland/Multnomah Area Agency on Aging Service System which may be established as part of approved federal regulations under Title III of the Older Americans Act of 1965, as amended, in accordance with a transition schedule which shall be established by the City within 30 days of receipt by the City of such additional requirements.
24. The Contractor agrees to work with the Area Agency on Aging in the development and implementation of a suggested contribution schedule for services provided under this contract by November 1, 1979.
25. The Contractor shall, beginning November 1, 1979, provide to each older person who receives a service provided through this contract (a) information about the cost of the service, and (b) an opportunity to contribute toward part or all of the cost of the service, in accordance with a suggested contribution schedule to be developed by the Area Agency on Aging by October 1, 1979. The Contractor shall further assure:
 - (a) that each older person is informed of his or her right to determine freely whatever or not to contribute and how much;
 - (b) that there shall be no pressure or appearance of pressure upon an older person to contribute;
 - (c) that the privacy of each older person with regard to contributions for services shall be protected.
26. The Contractor shall employ appropriate safeguards and procedures to account for all contributions from consumers for services provided and shall use all such contributions which are received to expand services for older persons, in accordance with policies and procedures to be established by the City by October 1, 1979.
30. The Contractor shall participate in an interagency coordinating committee established by the Area Agency on Aging for the purpose of assisting the Area Agency on Aging in fostering the development of a comprehensive and coordinated service delivery system as may be established as part of approved federal regulations under Title III of the Older Americans Act of 1965, as amended.

Terms and conditions to be omitted continued:

IV. AGREED/CITY:

6. The City shall establish, in consultation with the Contractor, a transition schedule regarding compliance with the additional requirements which may be established as part of approved federal regulations under Title III of the Older Americans Act of 1965, as amended, within 30 days of receipt by the City of such additional requirements.
7. The City shall develop in consultation with the Contractor, a suggested contribution schedule for services provided through this contract by September 1, 1979.

GENERAL CONDITIONS

18. Upon termination of any employee performing services under the contract, only vacation time accrued during the period covered by the contract shall be an allowable reimbursement.

COMPENSATION - METHOD OF PAYMENT:

2. An advance shall be made to cover the cost of the Contractors initial expenses for operation, not to exceed the sum of \$12,504 upon receipt of a written request from the Contractor.

The following terms and conditions are modified to read as follows:

III. AGREED/CONTRACTOR:

14. The Contractor shall complete the client tracking system forms for all clients accepted for case management services, which includes the client information form, the needs assessment form and the client service form, to be submitted to the City by 3:00 PM on the 5th working day of each month.
17. The Contractor shall serve all eligible clients within their boundaries and shall not solicit clients outside those boundaries. If the client wishes to be served by a contractor from another district, the situation will be documented and a letter of agreement signed on the transfer of the client between the two contractors. A request for waiver shall be submitted prior to transfer.
19. The Contractor shall give preference in the delivery of services to older persons with the greatest economic or social need in accordance with priorities and definitions provided by the City. The methods for giving preference may not include use of a means test.
22. The Contractor shall, in the event resources are not available to provide a service, document the situation, inform the person of the problem and place the person on a waiting list, prioritizing clients relative to those in greatest need of said services. Documentation shall be submitted quarterly to the City.
32. Contractor shall submit to the City copies of all requests for Federal, state or local grants that affect the services provided under this contract prior to submitting the request to the funding source.

6

Terms and conditions to be modified continued:

33. The Contractor assures that Federal funds under this contract are not used to replace funds from non-Federal sources and agrees to continue or to initiate efforts to obtain support from private sources and other public organizations for services funded through this contract.

IV. AGREED/CITY

10. City shall process monthly reimbursement requests and contract amendments in a timely manner.

GENERAL CONDITIONS:

8. All items with a purchase price of one hundred dollars (\$100) or more hereunder shall be purchased in the name of the City. Such purchases shall be for cash and not include any credit terms, and shall be reported to the City within ten (10) days (refer to Exhibit C), tagged by the City, included in the City's Property Control, and shall be the property of the City. Contractor shall maintain an acceptable and current log of this property and property acquired under previous contracts with the City. All non-expendable items shall be returned to the City within ten (10) days after the contract has terminated.
9. Contractor shall also maintain a current and acceptable log of all non-consumable supplies purchased under this contract. Non-consumable means items with a minimum value of \$25.00 per item and a maximum value of \$99.99 per item purchased under this contract. All such items shall also be returned to the City within ten (10) days after the contract has terminated.
13. Contractor shall maintain for a minimum of three (3) years all fiscal and program reports, including statistical records, and shall provide these reports at times and in the form prescribed by the City. In the event of dissolution of the corporation within the specified time, said records shall be turned over to the City Auditor.
17. Compensatory time accrued by any employee performing services under this contract shall be taken within the budget period to be charged as a contract cost. Time not taken within this period shall become the sole risk and expense of the Contractor. This condition only applies if compensatory time is indicated in the Contractor's approved Personnel Policies and Procedures.

COMPENSATION - METHOD OF PAYMENT:

3. The additional amounts due after the initial advance shall be reimbursed upon receipt of the required ACCOUNTING REPORT FORMS (refer to Exhibit C), the original with appropriate documentation attached. All reimbursement documents shall be received by the fifteenth (15th) working day of each month. Reimbursements not received by the specified time shall be delayed and processed for payment the following month, or may result in termination of the contract. Payments shall also be held if the required program reports are not received by the specified time.

Terms and conditions to be modified continued:

4. All payments made pursuant to this contract are subject to post audit. The City shall perform spot audits at their discretion any time during the contract period. Contract costs disallowed by the City shall be the sole responsibility of the Contractor. If a contract cost is disallowed after reimbursement has occurred, the Contractor shall promptly repay the City.
7. Budget amendments shall not be accepted during the last quarter of the budget period (April 1 through June 30).
8. All final reimbursement documents shall be received within forty-five (45) days following the end of the budget period. Final reimbursement documents not received within the specified time period shall not be processed, and the expense shall be the sole responsibility of the Contractor.

TERMINATION:

1. This contract may be terminated by either party at any time by giving a thirty (30) day advance notice by certified mail for failure or refusal of the other to perform faithfully the contract according to its terms.

The following terms and conditions are added:

III. AGREED/CONTRACTOR

34. Contractor shall, by June 30, 1981, meet all goals and objectives stated in the "Project Narrative" (Exhibit A, hereby incorporated by reference).
35. Contractor shall ensure that no portion of this contract shall in any way discriminate against, deny benefits to, deny employment to, or exclude from participation any persons on the grounds of race, color, national origin, religion, age, sex, handicap, marital status, sexual preference, political affiliation or belief; and that it shall target these services to those most in need.
36. Contractor shall provide a minimum 10% cash match to discretionary services (\$3,936) as approved in the budget (refer to Exhibit B). Failure to meet this requirement shall result in a reduction of budget or termination of contract.
37. Contractor shall retain client records for a minimum of five years and shall make said documents available at all reasonable times to the City, or its duly authorized representative, for evaluation through inspection of the quality, appropriateness, and timeliness of services.
38. Contractor shall use the standardized forms provided by the City for reporting purposes (Exhibit C, hereby incorporated by reference). If additional forms are deemed necessary, said forms shall be developed through negotiation.

Terms and conditions to be added continued:

39. Required program reports shall be submitted by 3:00 PM of the 5th working day of each month. Reports shall be completed accurately in conformance with the guidelines and monitoring directions provided by the City. Program reports which are not received by the time specified shall result in delayed reimbursement.
 40. Contractor shall submit to the City a final "Director's Narrative Report" within forty-five (45) days of the conclusion of the Project covered by this contract. The report should identify problems, corrective action taken, requests for technical assistance, any plans for seeking/securing other resources, and any concerns relative to the City's performance.
 41. The Contractor must:
 - (1) provide each older person with a free and voluntary opportunity to contribute to the cost of the service;
 - (2) Protect the privacy of each older person with respect to his/her contribution;
 - (3) establish appropriate procedures to safeguard and account for all contributions; and
 - (4) use all contributions to expand the services of the Contractor under this section.
- The Contractor further:
- (5) may develop a suggested contribution schedule for services provided under this section. In developing a contribution schedule, the Contractor must consider the income ranges of older persons in the community, and the Contractor's other sources of income;
 - (6) must assure that no older person is denied a service because the older person will not or cannot contribute to the cost of the service; and
 - (7) must assure that contributions made by older persons are considered program income.
42. Contractor agrees to comply with Oregon Project Independence Administrative Rules for services funded under Oregon Project Independence and to utilize the established fee schedule and other policies and procedures established by the City for the implementation of Oregon Project Independence requirements.

Terms and conditions to be added continued:

GENERAL CONDITIONS:

19. Contractor shall provide proof of its timely payment of withholding taxes, unemployment taxes, and SAIF.
20. Upon termination (cash out) of any employee performing services under this contract, a maximum of two weeks accrued vacation time shall be an allowable reimbursement cost. Time in excess of the two weeks maximum shall be the sole responsibility of the Contractor.
21. It is expressly understood and agreed by both parties hereto that the City is contracting with the Contractor as an Independent Contractor and that the Contractor, as such, agrees to hold the City harmless and to indemnify it from and against any and all claims, demands, and causes of action of every kind and character which may be asserted by any third party arising out of, or in connection with, the services to be performed by the Contractor under this contract.

COMPENSATION - METHOD OF PAYMENT:

9. Advances shall be recovered against expenditures in accordance with an established schedule developed and distributed by the City.
10. The Contractor agrees that a request for modification which results in a reduction in the number or type of services may result in a reduction of funds available from the City under this contract.

TERMINATION:

3. Nothing in this contract shall be construed to limit the City's legal contract remedies including, but not limited to, the right to sue for damages or specific performance should the Contractor materially violate any of the terms of this contract.

149872

NO
80-81

MODIFIED PROJECT NARRATIVE
AS OF
JULY 1, 1980

PROJECT APPLICATION SHEET

CITY OF PORTLAND HUMAN RESOURCES BUREAU	APPLICATION FOR PROJECT FUND
1. Short Title of Project: (Do not exceed one typed line) North Area District Senior Services	
2. Type of Application (Check One) New Project <input type="checkbox"/> Continuing Project <input checked="" type="checkbox"/> Revision of Cont. Proj. <input type="checkbox"/>	
3. Responsible HRB Division Social Services - Aging	4. Contract Period From 9/1/79 to 6/30/81
5. Budget Period From 7/1/80 to 6/30/81	6. City Support Requested \$ 81, 328
7. Applicant Agency (Name, address & telephone) North Portland Rotary, Inc. Peninsula Project ABLE 7640 North Jersey Portland, Or. 97203 286-8228	8. Project Director (Name, address & telephone) Sheila Driscoll, Senior Services Director Peninsula Project ABLE 7640 North Jersey Portland, Oregon 97203 286-8228
9. Financial Officer (Name, address & telephone) Eric Lieberg, Treasurer The Oregon Bank 7410 N. Chicago Portland, Or. 97203 222-7828	10. Official Authorized to Bind Agency (Name, address & telephone) Dave Elliott, President Portland General Electric 121 SW Salmon Portland, Or. 97204 226-8333

11. Project Summary: Summarize, in approximately 200 words, the project plan presented in application, briefly covering project goals, objectives, strategy, target population and administration.

Peninsula Project ABLE, to prevent unnecessary institutionalization, will provide the following services for North Portland senior citizens during the period July 1, 1980 through June 30, 1981: case monitoring and case planning to 180 unduplicated persons; crisis counseling to 140 unduplicated persons; 2,816 requests for information services; 613 requests for information that requires referral services; special transportation services to support 100 open access referrals and 150 closed access referrals for a total of 500 rides; and 200 recreational/educational events to be attended by elderly residents receiving open or closed access services. The target population will be those individuals meeting the established Area Agency on Aging target population criteria. The North Portland Rotary, with the advice received from the Seniors North Committee, will administer Peninsula Project ABLE. The Senior Services Director will be responsible for the day-to-day coordination of the Project. The two full-time and one 60% time counselors, one full-time information and referral specialist, one 17% time driver/escort, and one 50% time recreational leader will provide the direct services stated. Peninsula Project ABLE, Seniors North Committee, and North Portland Rotary will continue to effectively inform and involve community organizations and community agencies about senior citizen problems to promote solutions to these problems. Peninsula Project ABLE will coordinate its project activities with other major programs or projects affecting senior citizens so that maximum utilization can be achieved to the benefit of North Portland Senior Citizens.

North

12.
4
3. Statement of Objectives and Productivity Indicators: (Set forth, in measurable, timebounded statements the desired results of program operations. For each objective listed, state the productivity indicator, or unit of measurement, by which the objective can be evaluated.)

Objectives:	Productivity Indicators:
1. Maintain effective management of services provided for the elderly in the North Aging Service District through the accomplishment of activities listed in section 4 during the period 7/1/80-6/30/81.	# and dates of activities listed in section 4 accomplished.
2. Increase knowledge of services and resources for elderly residents by providing information (simple)* and information (complex)* services in response to 2,816 requests for assistance during the period 7/1/80-6/30/81.	# of information (simple) services provided # of information (complex) services provided.
3. Increase access to needed services among elderly residents through the provision of referral (simple)* and referral (complex)* services in response to 613 requests for assistance during the period 7/1/80-6/30/81.	# of referral (simple) services provided. # of referral (complex) services provided.
4. Maintain access to needed services for elderly residents by providing case management for 230 different individuals who meet the established needs criteria, with an average monthly caseload of 130 clients in Level I and 43 clients in Level II during the period 7/1/80-6/30/81.	# of different persons with a case plan # of different persons with overdue reassessments. # of persons served in Level I. # of persons served in Level II.
<p>*Provision of information and referral services is to be in accordance with definitions and standards published May, 1978 by the National Alliance of Information and Referral Services (AIRS) .</p>	

North

FY 80-81; 5/12/80

3. Statement of Objectives and Productivity Indicators: (Set forth, in measurable, timebounded statements the desired results of program operations. For each objective listed, state the productivity indicator, or unit of measurement, by which the objective can be evaluated.)

Objectives:	Productivity Indicators:
<p>5. To maintain access to needed services for elderly residents by providing crisis counseling to different individuals who need the established needs criteria; with an average monthly caseload of 70 clients who will receive an average of 2.7 hours of service for an average monthly total of 192 hours of service for the period 7/1/80 - 6/30/81.</p>	<p># of different individuals # of hours per client # of hours per month</p>
<p>6. To provide access to services by providing 500 special transportation rides to 100 information and referral and 150 case management and crisis counseling clients to elderly residents who would be unable to obtain necessary services without special transportation for the period 7/1/80-6/30/81</p>	<p># of rides provided in support of service referrals.</p>
<p>7. To reduce social isolation and increase knowledge of services by providing 200 recreational and educational events for elderly residents for the period 7/1/80-6/30/81.</p>	<p># of events held # of participants</p>

Objective # 1 : (Restate Objective Here)

Maintain effective management of services provided for the elderly in the North Aging Service District through the accomplishment of activities listed during the period 7-1-80 to 6-30-81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
1-1	Provide personnel direction/supervision through individual and/or group staff meetings. The personnel will be the senior services director, 20% time.	Weekly	Staff meetings held	Senior Services Director
1-2	Update individual job descriptions for all assigned personnel (paid and volunteer) related to the agency's contract.	July 20	Updated completed	Senior Services Dir. Rotary/ABLE Comm.
1-3	Develop training program for assigned personnel (paid and volunteer) related to skills needed to accomplish the job descriptions and work programs.	Oct, 80	Training plan updated	Senior Serv. Dir. Rotary/ABLE Comm.
1-4	Evaluate the job performance of assigned personnel (paid and volunteer) based on job descriptions and work programs.	6-30 for 3rd year (+), 12-31 for 1st and 2nd year.	Evaluations completed	Senior Serv. Dir.
1-5	Attend AAA Contractors meetings and training sessions.	As required.	Attendance recorded	Senior Serv. Dir.
1-6	Provide program review for quality control, adherence to policy and contractual compliance.	Monthly	Monthly reports	Senior Serv. Dir.
1-7	Process all agency accounts paid out and accounts receivable, and maintain records of all budgetary transactions with General Condition VII, Nos. 1 through 9.	Ongoing	Agency accounts processed	Senior Serv. Dir. Rotary Treasurer Cunocar Accounting
1-8	Maintain property records on all City inventory in accordance with General Conditions V, 1.c., 7., 8.	Ongoing	Records maintained	Cunocar Accounting

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-4

Objective # 1 : (Restate Objective Here)

Maintain effective management of services provided for the elderly in the North Ar Aging Service District through the accomplishment of activities listed during the period 7-1-80 to 6-30-81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
1-9	Submit required program reports and invoices in the proper form and manner in accordance with all related General Conditions as required.	Ongoing	Report and invoices submitted.	Senior Serv. Dir.
1-10	Maintain staff support to the Seniors North Advisory Committee.	Ongoing	Staff support provided	Senior Serv. Dir.
1-11	Monitor contracted monies and services to insure contract compliance and quality of services.	Quarterly	Quarterly meetings held	Senior Serv. Dir. Rotary Board of Directors

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-5

Objective # 2 : (Restate Objective Here)

Increase knowledge of services and resources available for elderly residents by providing information(simple) and information(complex) services in response to 2,816 requests for information and assistance during the period 7-1-80 to 6-30-81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
2-1	Maintain personnel to provide an information service. The personnel will be one I&R Specialist, 50% time. Director 10% time.	Ongoing	Personnel assigned	Senior Services Dir I&R Specialist
2-2	Provide staff direction, supervision, update job descriptions and work programs, develop a training program and evaluate staff as required in Objective 1.	Ongoing	Weekly staff meetings, job descriptions and work programs updated, evaluations completed.	Senior Services Dir Rotary/ABLE Comm
2-3	Maintain in conjunction with Tri-County Community Council a resource file of services and resources.	Ongoing	Files updated	I&R Specialist
2-4	Provide a communication center whereby individuals may inquire about and receive information on services and resources available to older persons.	Ongoing	Requests received and responses given.	I&R Specialist
2-5	Provide written material to community agencies and individuals informing them of services and resources available to older persons within budget limitations.	Ongoing	Community agencies and individuals given written materials.	I&R Specialist

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-6

Objective # 3 : (Restate Objective Here)

Increase access to needed services among elderly residents of North Portland through the provision of referral (simple) and referral (complex) services in response to 613 requests for assistance during the period 7-1-80 to 6-30-81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
3-1	Provide personnel to provide a referral service. The personnel will be one I&R Specialist, 50% time. Director, 10% time.	Ongoing	Personnel assigned.	Senior Services Dir. I&R Specialist
3-2	Provide staff direction, supervision, update job descriptions and work program, develop training plan and evaluate staff as prescribed in Objective 1.	Ongoing	Weekly staff meetings, job descriptions and work program updated, evaluations completed.	Senior Services Dir. Rotary/ABLE Comm.
3-3	Accept referrals from agencies individuals and other agency staff for older adults within the North service area in need of referral services.	Ongoing	Referrals accepted and recorded.	I&R Specialist
3-4	Implement the referral service by making appropriate referrals to service providing agencies, including advocacy and follow-up to insure delivery of service.	Ongoing	Referrals made and recorded	I&R Specialist
3-5	Provide reports and maintain records on referral services to Project Director.	Monthly	Reports filed with Project Director.	I&R Specialist
3-6	Monitor referral services to insure contract compliance and quality of service.	Monthly	Reports reviewed and submitted to HRB.	Senior Services Dir.

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-7

Objective # 4 : (Restate Objective Here)

Maintain access to needed services for elderly residents by providing case management for 230 different individuals who meet the established needs criteria, with an average monthly caseload of 130 clients in Level 1 and 43 clients in Level II during the period 7-1-80 to 6-30-81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
4-1	Maintain personnel to provide case planning and case management services. The personnel will be 2 counselors, 60% time, one counselor 30% time, and the director 30% time.	Ongoing	Personnel assigned.	Senior Serv. Dir. Counselors
4-2	Provide personnel direction supervision, job descriptions and work programs updated and evaluate staff as prescribed in Objective 1.	Ongoing	Weekly staff meetings, job descriptions and work program updated, and evaluations completed.	Senior Serv. Dir. Rotaty/ABLE Comm.
4-3	Accept referrals from agencies individuals, and other agency staff for older persons in need of case planning and case management services.	Ongoing	Needs assessments completed and recorded and case plans developed, maintained and on file for each limited access clients.	Counselors
4-4	Implement case plans by making appropriate referrals to service providing agencies, including advocacy, follow-up, and inter-agency consultations to ensure service delivery.	Ongoing	Case plans implemented, services and referrals recorded.	Counselors
4-5	Request waivers for all clients needing case planning/case management services but do not conform to AAA guidelines.	Ongoing	Waivers completed and submitted to HRB.	Counselors
4-6	Conduct weekly case planning and case management staffing sessions to ensure service quality; review case plans to update if necessary.	Weekly	Staffing and review sessions held.	Senior Service Dir. Counselors
4-7	Responsible counselors will do regular follow-up consultation to ensure quality of service delivery.	Ongoing	Case plan updated and follow-up consultation recorded.	Counselors

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-8

NO
80-81

149872

Objective # 4 : (Restate Objective Here)

Maintain access to needed services for elderly residents by providing case management for 230 different individuals who meet the established needs criteria, with an average monthly caseload of 130 clients in Level I and 43 clients in Level II during the period 7-1-80 to 6-30-81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
4-8	Responsible counselors will schedule support services needed to implement case plans.	Ongoing	Reassessments completed and submitted.	Counselors
4-9	Needs assessments will be completed on limited access clients every 3 mons. for Level II and every 6 mons. for Level I as required.	Ongoing	Reassessments completed and submitted.	Counselors
4-10	Monitor case planning and case management activities to ensure contract compliance and quality of service.	Monthly	Reports reviewed and submitted.	Senior Serv. Dir.

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

Objective # 5 : (Restate Objective Here)

To maintain access to needed services for elderly residents by providing crisis counseling services to 140 different individuals who meet the established needs criteria, with an average caseload of 70 clients who will receive an average of 2.7 hours of service for an average monthly total of 192 hours of service for the period 7/1/80 through 6/30/81

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
5-1	Maintain personnel to provide crisis counseling services. The personnel will be 2 counselors, 40% time, and one counselor, 30% time. The Sen. Ser. Director's time will be 20%.	Ongoing	Personnel assigned.	Sen.Ser.Dir Counselors
5-2	Provide personnel direction, supervision, job descriptions and work programs updated and evaluate staff as prescribed in Objective #1.	Ongoing	Weekly staff meetings, job descriptions and work program updated, and evaluations completed.	Sen.Ser.Dir Rotary/ABLE Counselors
5-3	Accept referrals from agencies individuals, and other agency staff for older persons in need of crisis counseling.	Ongoing	Records completed and recorded and maintained on file for each limited access client.	Counselors
5-4	Implement crisis counseling by immediately contacting client and making appropriate referrals to service providing agencies, including advocacy, follow-up, and interagency consultations to ensure service delivery.	Ongoing	Contact implemented, services and referrals recorded.	Counselors
5-5	Responsible counselors will do regular follow-up contacts to insure quality of services and delivery of services	Ongoing	Follow-up contacts recorded and delivered services recorded.	Counselors
5-6	Conduct weekly crisis counseling staffing sessions to insure service quality; review cases to update if necessary.	Ongoing	Staffing and review sessions held.	Sen.Ser.Dir Counselors
5-7	Responsible counselors will schedule support services needed to relieve crisis situation.	Ongoing	Services scheduled.	Counselors

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

01-V

Objective # 5 : (Restate Objective Here)

To maintain access to needed services for elderly residents by providing crisis counseling services to 140 different individuals who meet the established needs criteria, with an average caseload of 70 clients who will receive an average of 2.7 hours of service for an average monthly total of 192 hours of service for the period 7/1/80-6/30/81

No.	Activity	Date	Measure of Activity Completion	Staff Assigned
5-8	Monitor crisis counseling activities to insure contract compliance and quality of services.	Ongoing	Reports reviewed and submitted.	Sen.Ser.Dir.

4
Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

Objective # 6 : (Restate Objective Here)

To increase access to services by providing 500 rides to 100 information and referral and 150 case management and crisis counseling clients who would be unable to obtain necessary services without special transportation for the period 7/1/80 - 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
6-1	Maintain personnel to provide special transportation services. The personnel will be one driver/escort, 48.2% time. Sen.Ser.Director, 5% time.	Ongoing	Personnel hired.	Sen.Ser.Dir Driver/escort
6-2	Provide supervision of paid and volunteer staff.	Ongoing	Job descriptions, training, performance objectives, and evaluations completed.	Sen,Ser.Dir Rotary/ABLE Com.
6-3	Develop a list of clients needing special transportation.	Ongoing	Lists completed.	Infor/Refer Counselors
6-4	Provide special transportation services to clients listed for services.	Ongoing	Scheduled services delivered.	Driver
6-5	Report needed auto repairs and maintenance to Project Director.	Ongoing	Reports received.	Driver
6-6	Provide reports and maintain records on special transportation services to Project Director.	Monthly	Reports completed and sub-	Driver
6-7	Monitor special transportation services to insure contract compliance and quality of service.	Ongoing	Client scheduling and appropriateness reviewed.	Sen.Ser.Dir

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-12

Objective # 7 : (Restate Objective Here)
 To reduce social isolation and increase knowledge of services by providing 200 recreational and educational events for elderly residents for the period 7/1/80 - 6/30/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
7-1	Maintain personnel to provide recreational and educational events. The personnel will be one recreational leader, 50% time. Sen.Ser. Director, 5% time.	Ongoing	Personnel assigned duties.	Sen.Ser.Dir. Recreation Leader
7-2	Provide personnel direction supervision, and work programs for assigned personnel.	Ongoing	Staff meetings held, work programs developed, reviewed, and updated.	Sen.Ser.Dir. Recreation Leader
7-3	Develop ongoing communications with community agencies and individuals to inform them of recreational and educational events.	Ongoing	Community service agencies and individuals knowledgeable about services.	Community Agencies Recreation Leader
7-4	Develop a schedule of recreational and educational events to include dates, times, locations, and subjects.	July 20	Schedule submitted.	Seniors No. Recreation Leader
7-5	Assign personnel to implement schedule of recreational and educational events.	Monthly	Personnel assigned and events held.	Recreation Leader Volunteers
7-6	Monitor recreational and educational events to insure contract compliance and quality of service.	Monthly	Reports reviewed and submitted.	Sen.Ser.Dir.

4. Statement of Activities/Timelines/Staff Assigned for Each Objective: (List as many activities as necessary to outline the work product.)

A-13

- 27
7
6. Service Area, Target Population and Eligibility Criteria for Services:
(Describe the service area to be covered by this project and the target population for each service to be provided. Explain how each target population will be identified. State the eligibility criteria to be utilized for each service provided and the method for appeal or exception.)

Service Area: The Peninsula Project ABLE will provide services to elderly residents in North Portland in the following census tracts: 35.01, 35.02, 37.01, 38.01, 38.02, 38.03, 39.01, 39.02, 40.01, 40.02, 41.01, 41.02, 42, 44, 72. Individuals residing outside the area can be served only with the express approval of the Area Agency on Aging Contract Unit (see waiver procedures) and with the knowledge and approval of the contractor for the service area in which the individual resides.

Target Population: Elderly persons, 60 years of age or older, are the general target population for services provided for any elderly resident of the service area. Case management and limited access supporting services are provided for a restricted target population. This population includes low-income persons; age 60 and older, who have age related or age intensified physical and/or mental impairments which make premature or inappropriate institutionalization more likely. Limited access services include case management, transportation, homemaker and housekeeper.

Eligibility Criteria: Information and referral services are provided to residents of Multnomah County who are age 60 and older without eligibility limitations. Eligibility for case management and other limited access services is established through a needs assessment performed by a trained staff person which determines: 1) that the individual is in need of case management (and other provided services) to sustain independent living; 2) that the individual is not eligible for those services from another agency legally responsible for their provision; 3) that the individual does not have friends or relatives able and willing to provide the services for him/her; 4) that, if net income levels exceed 125% of poverty guidelines plus a 10% inflation factor (\$390/month for single persons and \$516/month for couples), fees will be arranged for in accordance with the established schedule. In exceptional circumstances and with express approval (see waiver request procedures) of the Area Agency on Aging Contracts Unit, limited access services may be provided to individuals who do not meet all of the aging criteria.

EXHIBIT B
BUDGETS AND ATTACHMENTS

26
12

FISCAL SECTION

North - ABLE

NO
80-81

1. Budget Summary

a. Funding Recap: (List all sources of funding by amount and source.)

<u>City Support Requested</u>	<u>Amount</u>
<u>Information and Referral - Title III-B</u>	<u>\$16,834</u>
<u>Case Management - Title III-B</u>	<u>18,580</u>
<u>Case Management - OPI</u>	<u>7,837</u>
<u>Discretionary Services - General Fund</u>	<u>29,944</u>
<u>Administration - Title III-B</u>	<u>8,133</u>
Subtotal	<u>\$81,328</u>
Required Cash Match	<u>3,936</u>
Program Income	<u></u>
Subtotal	<u>\$85,264</u>
<u>Other Project Support</u>	<u></u>
<u></u>	<u>-0-</u>
<u></u>	<u></u>
<u></u>	<u></u>
TOTAL	<u>\$85,264</u>

b. Funding Statement: (Briefly describe the duration of funding from each source listed above.)

2. Statement of Certification

The information provided herein is, to the best of my knowledge, certifiable and correct.

Authorized Signature _____ Date _____

APPROPRIATION UNIT
 LINE ITEM WORKSHEET

Code	Object Title	Title III-B Information and Referral	Case Management Title III-B	Case Management OPI	Discretionary Services General Fund	Administration Title III-B
110	Full-Time Employees	13,230	14,342	6,146	23,048	2,852
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits	1,984	1,961	715	3,778	419
190	Less-Labor Turnover					
100	Total Personal Services	15,214	16,303	6,861	26,826	3,271
210	Professional Services					
220	Utilities					
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies					
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education					
420	Local Travel		857	366	1,565	
430	Out-of-Town Travel					
440	Space Rental	387	939	403	851	
450	Interest					
460	Refunds					
470	Retirement System Payments					
490	Miscellaneous					
510	Fleet Services					
520	Printing Services					
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance					
570	Telephone Services	1,233	481	207	702	
580	Intra-Fund Services					
590	Other Services-Internal					4,862
200- 500	Total Materials & Services	1,620	2,277	976	3,118	4,862
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	16,834	18,580	7,837	29,944	8,133

APPROPRIATION UNIT
 LINE ITEM WORKSHEET

Code	Object Title	Total City Support	Match	Total Project
110	Full-Time Employees	59,618		59,618
120	Part-Time Employees			
130	Federal Program Enrollees			
140	Overtime			
160	Premium Pay			
170	Benefits	8,857		8,857
190	Less-Labor Turnover			
100	Total Personal Services	68,475		68,475
210	Professional Services			
220	Utilities		2,136	2,136
230	Equipment Rental			
240	Repair & Maintenance		500	500
260	Miscellaneous Services			
310	Office Supplies		100	100
320	Operating Supplies		1,200	1,200
330	Repair & Maint. Supplies			
340	Minor Equipment & Tools			
350	Clothing & Uniforms			
380	Other Commodities-External			
410	Education			
420	Local Travel	2,789		2,789
430	Out-of-Town Travel			
440	Space Rental	2,580		2,580
450	Interest			
460	Refunds			
470	Retirement System Payments			
490	Miscellaneous			
510	Fleet Services			
520	Printing Services			
530	Distribution Services			
540	Electronic Services			
550	Data Processing Services			
560	Insurance			
570	Telephone Services	2,622		2,622
580	Intra-Fund Services			
590	Other Services-Internal	4,862		4,862
200-500	Total Materials & Services	12,853	3,936	16,789
610	Land			
620	Buildings			
630	Improvements			
640	Furniture & Equipment			
600	Total Capital Outlay			
700	Other			
	TOTAL	81,328	3,936	85,264

CONTRACT JUSTIFICATION BUDGET

PERSONNEL

CONTRACT NO. _____

DATE June 12, 1980

CONTRACT TITLE North Area District Senior Services

AGENCY North Portland Rotary, Inc./Peninsula Project ABLE

FUNDING SOURCE Title III-B/Information & Referral

(A) No. of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-Time)	(D)% of Time on Contract	(E) Maximum Monthly Charge to Contract	(F) No. of Months on Contract	(G) Cost (AxCxDxF)
1	I & R	864.78/4.97	100	864.75	12	10,377
1	Senior Services Director	1,188.42/6.83	20	237.67	12	2,853
SUB-TOTAL, PERSONNEL					13,230	
15 * % FRINGE BENEFITS					1,984	
TOTAL, PERSONNEL					15,214.00	

*Indicates fringe benefits as a percentage of "Sub-total, Personnel"

CONTRACT JUSTIFICATION BUDGET

PERSONNEL

CONTRACT NO. _____

DATE June 12, 1980

CONTRACT TITLE Noth Area District Senior Services

AGENCY North Portland Rotary, Inc./Peninsula Project ABLE

FUNDING SOURCE OPI/Case Management

(A) No. of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-Time)	(D)% of Time on Contract	(E) Maximum Monthly Charge to Contract	(F) No. of Months on Contract	(G) Cost (AxCx Dx F)
1	Counselor	918.72/5.28	18	165.33	12	1,984
1	Counselor	918.72/5.28	9	82.67	12	992
1	Counselor	873.48/5.02	18	157.25	12	1,887
1	Senior Services Director	1,188.42/6.83	9	106.92	12	1,283
SUB-TOTAL, PERSONNEL					6,146	
12			* % FRINGE BENEFITS		715	
TOTAL, PERSONNEL					6,861	

*Indicates fringe benefits as a percentage of "Sub-total, Personnel"

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE North Portland Rotary, Inc./Peninsula Project ABLE

Information & Referral

Title III-B

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
440	Space Rental \$32.25/Month x 12 months	387	387
570	Telephone Services 5 lines/8 instruments 102.75 month x 12 months	1,233	1,233

BUDGET JUSTIFICATION
MATERIALS AND SERVICES

DATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE North Portland Rotary, Inc./Peninsula Project ABLE

Title III-B/Case Management

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
420	Local Travel 2,856 miles x .18 per mile 293 gallons x 1.17 per gallon	514 343	857
440	Space Rental 78.25 per month x 12 months	939	939
570	Telephone Services 40.08 x 12 months	481	481