

BUDGET JUSTIFICATION
MATERIALS AND SERVICES

DATE June 12, 1980

PROJECT NO. _____

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

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
420	Local Travel 1,224 miles x .18 per mile. 125 gallons x 1.17 per gallon	220 146	366
440	Space Rental 33.55 per month x 12 months	403	403
570	Telephone Services 17.17 per month x 12 months	207	207

BUDGET JUSTIFICATION
MATERIALS AND SERVICES

DATE June 12, 1980

PROJECT NO. _____

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

General Fund/Discretionary Services

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
420	Local Travel 2,720 miles x .18 per mile 919 gallons x 1.17 per gallon	490 1,075	1,565
440	Space Rental 70.95 per month x 12 months	851	851
570	Telephone Services One Bell-Boy pager: 16.50 per month x 12 months 5 line/8 instruments: 42 per month x 12 months	198 504	702

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 12, 1980

PROJECT NO. _____

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

Title III-B/Administration

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
590 8.	Other Services -- Internal Indirect costs	4862	4862

BUDGET JUSTIFICATION
MATERIALS AND SERVICES

DATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE North Portland Rotary, Inc/Peninsula Project ABLE

Total City Support

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
420	Local Travel 6,800 miles x .18 mile 1,338 gallons x 1.17 per gallon	1,224 1,565	2,789
570	Telephone Services One Bell-Boy Pager: 16.50 per month x 12 months 5 line/8 instruments: 202.00 per month x 12 months	198 2,424	2,622
590	Other Services -- Internal Indirect Costs	4,862	4,862

BUDGET JUSTIFICATION
MATERIALS AND SERVICES

DATE May 12, 1980

PROJECT NO. _____

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

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
220	Utilities costs \$178 month x 12 months	2136	2136
240	Repair and Maintenance Auto repairs	500	500
310	Office supplies Miscellaneous	100	100
320	Operating supplies routine supplies for Peninsula Senior Center, \$100 month x 12 months	1200	1200

BUDGET JUSTIFICATION
MATERIALS AND SERVICES

DATE June 12, 1980

PROJECT NO. _____

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

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
220	Utilities Cost 178 per month x 12 months	2,136	2,136
240	Repair and Maintenance Auto Repairs	500	500
310	Office Supplies Miscellaneous	100	100
320	Operating Supplies Peninsula Senior Center 100.00 per month x 12 months	1,200	1,200
420	Local Travel 6,800 miles x .18 per mile 1,338 gallons x 1.17 per mile	1,224 1,565	, 2,789
440	Space Rental 215.00 per month x 12 months	2,580	2,580
570	Telephone Services One Bell-Boy pager: 16.50 per month x 12 months 5 line/8 instruments: 202.00 per month x 12 months	198 2,424	2,622
590	Other Services -- Internal Indirect Costs	4,862	4,862

EXHIBIT C
REQUIRED REPORTING FORMS
AND
PROCEDURES

OPEN ACCESS SERVICES for the MONTH of _____
(North District Center)

NO
80-81

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. Crisis Counseling

1. Number of clients counseled	_____	_____
2. Number of 1/2 hrs. of counseling	_____	_____
3. Number of new clients	_____	_____

B. Special Transportation

1. Number of I&R rides provided	_____	_____
2. Number of I&R Clients	_____	_____
3. Number of New I&R Clients	_____	_____
4. Number of rides to Crisis Counseling Client	_____	_____
5. Number of Crisis Counseling Rides	_____	_____
6. Number of New Crisis Counseling Clients	_____	_____

C. Ed/Rec Events

<u>Event (topic)</u>	<u>Date(s)</u>	<u>Total Attn.</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Number of Events this Month _____ YTD _____

Completed or Reviewed By _____

City of Portland-Human Resource Bureau
Aging Services Division/Client Tracking System

ACTION CODE

CLIENT INFORMATION FORM

Completed by _____

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

Intake/Transaction DATE

Mo.	Day	Yr
3		8

CASE NUMBER

CLIENT NAME

(*)

9	14
---	----

15	26
----	----

27	35	M.I.
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ADDRESS

PHONE NUMBER

(*)CENSUS TRACT

37 (P.O. Box or Street Address)	52
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53	59
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60	64
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(*)CLIENT STATUS

(*)Agency with PRIMARY RESPONSIBILITY

Caseworker CODE

O.P.I. STATUS

REFERRAL SOURCE

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

66	67
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- 1. New
- 2. Reopen
- 3. Discontinue(d)

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

(*)BIRTHDATE

(*)SEX

(*)ETHNIC GROUP

(*)MARITAL STATUS

(*)INCOME SOURCE(S)

(*)MONTHLY INCOME

Mo.	Day	Yr.
71		76

- 1. Male
- 2. Female

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

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

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

84	86
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(*)NO. ON INCOME

87

HOUSING TYPE

(*)HOUSEHOLD COMP.

(*)SIGNIFICANT OTHERS

(*)AVAILABLE HELP

(*)SELF CARE-LIMITATIONS

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

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

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

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

- 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

(*)PHYSICAL HEALTH PROB.

(*)MENTAL HEALTH STATUS

HEALTH INSURANCE

HEALTH CARE PROVIDER

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

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

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

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

- 1. None
- 2. Private Physician
- 3. Outpatient clinic
- 4. U. of O.
- 5. Other

TRANSPORTATION

DATE CLOSED

REASON FOR CLOSURE

WAIVER REVIEW DATE

- Usual
- (*)Special
- 1. None
- 2. Gen. pass.
- 3. AAA
- 4. Other Sponsor
- 5. Private provider
- 6. Friend/Rel.
- 7. Special
- 8. Center
- 9. Other

Mo.	Day	Yr.
109		114

- 1. No Need
- 2. Seek on own
- 3. Other Agency
- 4. Cannot provide

- 5. Institutionalized
- 6. Moved
- 7. Died
- 8. Ineligible
- 9. Other

- 1. OPI Income
- 2. Income
- 3. Ago
- 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

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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)

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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: _____

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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:
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TYPE OF SERVICE PROVIDED

Info/simple:	Info/complex:	Other:
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SOURCE OF CONTACT

Self:	Spouse:	Friend/Relative:	Agency:	Other:
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Disposition of Request

Subject of Request	Information Only	Center Service	Other Agency	Unable to Help	TOTAL
Using Location					
Repair/Maint					
Yard Work					
Social Friendly V./TR					
Ed/Rec					
Vol Act.					
Info/SU Emergency					
Income Maint					
Case Mngt					
Tran. Special Trans					
Escort					
In-Home Live-in					
Housekeeper					
Homemaker					
Prot/L Protective Serv					
Legal Assist.					
Nut. Meal Prep/mow					
Shopping Asst.					
Health Medical Care					
Dental					
Other					
TOTAL					

Contract Agency _____

Social Services Division
Accounting Unit

Address _____

522 SW Fifth Ave., 8th Fl. Yeon Bldg.

City _____ State _____

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.

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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 MODIFICATIONS

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.

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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).

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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)

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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 #18565

This agreement is entered into between the City of Portland, Oregon and the Multnomah County Community Action Agency, 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, 1982, which contract is known as Contract #18565. The contract shall now be amended by the addition of a budget in the amount not to exceed \$157,022 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 #18565 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	\$28,209
Case Management	Title III-B	\$32,392
Case Management	OPI	\$15,927
Discretionary Services	General Fund	\$64,792
Administration	Title III-B	\$15,702
<u>Match \$7,999</u>	TOTAL CITY SUPPORT	\$157,022

- (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 \$157,022; no advance shall be made to cover the Contractor's initial expenses for operation.
- (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 #18565, similar in form to Appendix I.

Dated this _____ day of _____, 1980

Approved as to Content

CONTRACTOR

Emma E. Hylburn

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 -0- 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 (\$7,999) 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.

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) East County 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		4. Contract Period From 9-1-79 to 6-30-82	
5. Budget Period From 7-1-80 to 6-30-81		6. City Support Requested \$ 157,022	
7. Applicant Agency (Name, address & telephone) Multnomah County Community Action Agency (MCCAA) 4420 S. E. 64th Avenue Portland, OR 97206 (503) 777-4761		8. Project Director (Name, address & telephone) Deputy Director Multnomah County Community Action Agency (MCCAA) 4420 S. E. 64th Avenue Portland, OR 97206 (503) 777-4761	
9. Financial Officer (Name, address & telephone) Roy Bodine, Fiscal Officer Multnomah County Community Action Agency 4420 S.E. 64th Avenue Portland, OR 97206 (503) 777-4761		10. Official Authorized to Bind Agency (Name, address & telephone) Mary Lou Jacobs, Executive Director Multnomah County Community Action Agency (MCCAA) 4420 S. E. 64th Avenue Portland, OR 97206 (503) 777-4761	
11. Project Summary: Summarize, in approximately 200 words, the project plan presented in application, briefly covering project goals, objectives, strategy, target population and administration.			

GOAL: For the period 7-1-80 to 6-30-81, MCCAAs will continue under the comprehensive aging plan to insure reasonably convenient access to information and referral services and social contact opportunities for older persons in East County and will provide supportive services within the community to maintain independent living situations for physically and/or mentally impaired elderly individuals by providing services such as those listed below.

OBJECTIVES: Response to 3,855 requests for information; 986 referral services; case management, 325 persons; friendly visiting, two per month for 168 persons; telephone reassurance, two per month for 168 persons; 1,080 educational/recreational events.

MCCAA Aging Services has two senior service centers, one in Gresham and one in the Errol Heights neighborhood. The services will be delivered as follows: (1) the Program Coordinator will participate in, coordinate with, and/or supervise all activities; (2) three human services technicians will provide case management and some discretionary services; (3) two human services technician will provide information and referral services (4) the senior center coordinators will provide discretionary activities and some information services (simple); and (5) volunteers will be recruited throughout the year to provide additional services to elderly persons.

Our target population is identical to AAA's. All limited access clients are 60 years or older and have an income of \$390 per month or less for one person and \$516 per month or less for two persons. Administration of the contract will be provided by MCCAAs regular administration system.

East

3. Statement of Objectives and Productivity Indicators: (Set forth, in measurable, time-bound 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 East 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 3,855 requests for information and 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 986 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 325 different individuals who meet the established needs criteria, with an average monthly caseload of 129 clients in Level I and 66 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.
5. To 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 of 7-1-80 to 6-30-81-- Friendly Visiting: 2 friendly visits per month to 168 persons, average of 56 different people per month; (see next page) *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).	# of persons served # of events

5. (continued)

Telephone Reassurance: 2 telephone reassurance calls per week to
168 different people per month; Recreational or Educational:
1080 events.

Objective # 1 : (Restate Objective Here)

To maintain effective management of services provided for the elderly in the East service district through the accomplishment of the activities listed in Section 4 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 and training through individual meetings. Personnel Required: Dep. Director	Ongoing	Staff hired.	Deputy Director
1-2	Develop and maintain individual job descriptions and work programs for all assigned personnel.	36% 7-20-80	Job descriptions developed.	Deputy Director
1-3	Attend Area Agency on Aging contractor meetings and training sessions as required.	Ongoing	Attendance at meetings/sessions.	Deputy Director
1-4	Process all agency accounts paid out and accounts receivable, and maintain records of all budgetary transactions in accordance with General Condition VII, numbers 1 through 9.	Ongoing	Agency accounts processed.	Deputy Director
1-5	Maintain property records on all City inventory in accordance with General Condition V, l.c., 7, 8.	Ongoing	Records maintained.	Deputy Director
1-6	Submit required program reports and invoices in the proper form and manner in accordance with all related special and general conditions as required.	Ongoing	Reports and invoices submitted to HRB.	Deputy Director
1-7	Maintain staff support to an advisory committee.	Ongoing	Staff support provided.	Deputy Director
1-8	Provide direction and support for fund-raising activities.	Ongoing		Deputy Director

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

A-4

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 3855 requests for information 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: HST 50% of 1.5,	Ongoing	Personnel hired and assigned duties. Program Coord. 16%.	Program Coord.
2-2	Provide staff direction/supervision, develop work programs, provide training as necessary and evaluate staff as prescribed in Objective #1 for information personnel.	Ongoing	Weekly staff meetings held. Work programs developed. Evaluations completed.	Program Coord.
2-3	Maintain, in conjunction with the Tri-County Community Council's Resource File, an up-to-date file of services and resources available to older adults.	Monthly	Files updated.	Program Coord.
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.	HST
2-5	Provide written material to community agencies and individuals informing them of services and resources available to older adults.	Ongoing	Community agencies and individuals knowledgeable of services.	Program Coord.
2-6	Provide reports and maintain records on information services.	Monthly	Reports filed.	Program Coord.
2-7	Monitor information service to insure contract compliance and quality of service.	Monthly	Reports received and submitted to HRB.	Program Coord.

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

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 986 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	Maintain personnel to provide a referral service. Personnel Required: HST 50% of 1.5,	Ongoing	Personnel hired and assigned duties. Program Coordinator 16%	Program Coord.
3-2	Provide staff direction/supervision, develop work programs, provide training as necessary and evaluate staff as prescribed in Objective #1 for referral personnel.	Ongoing	Weekly staff meetings held. Work programs developed. Evaluations completed.	Program Coord.
3-3	Accept referrals from other agencies and individuals.	Ongoing	Referrals accepted and recorded.	HST
3-4	Implement the referral service by making appropriate referrals to service providing agencies, including advocacy and follow-up to insure delivery.	Ongoing	Referrals made and recorded.	HST
3-5	Provide reports and maintain records on referral services.	Monthly	Reports filed.	HST
3-6	Monitor referral service to insure contract compliance.	Monthly	Reports reviewed and submitted to HRB.	Program Coord.

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

A-6

Objective # 4 : (Restate Objective Here)

Maintain access to needed services for elderly residents by providing case management for 325 different individuals who meet the established needs criteria, with an average monthly caseload of 129 clients in Level I and 66 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 management services. Personnel Required: 3 HST 100%, Program Coord.	Ongoing	Personnel hired and assigned duties. 32%	Program Coord.
4-2	Provide personnel direction/supervision, develop work programs and evaluate staff for case management personnel.	Ongoing	Weekly staff meetings held. Work programs developed.	Program Coord.
4-3	Accept referrals from agencies, individuals and other agency staff for older persons in need of case management services.	Ongoing	Referrals received and recorded.	HST
4-4	Perform a needs assessment and develop a case plan according to AAA standards for limited access clients.	Ongoing	Needs assessment completed and recorded. Case plans developed, maintained and on file for each limited access client.	HST
4-5	Implement case plans by making appropriate referrals to service providing agencies, including advocacy, follow-up, and inter-agency consultations to insure service delivery.	Ongoing	Case plans implemented, services and referrals recorded.	HST
4-6	Request waivers for all applications not conforming to AAA guidelines for case management.	Ongoing	Waivers completed and submitted to HRB.	Program Coord.
4-7	Conduct weekly case management staffing sessions to insure service quality with reviews of case managers' progress on case plans for clients assigned.	Weekly	Staffing and review sessions held	Program Coord.

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

Objective # 4 : (Restate Objective Here)

Maintain access to needed services for elderly residents by providing case management for 325 different individuals who meet the established needs criteria, with an average monthly caseload of 129 clients in Level I and 66 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 case manager will do regular follow-up consultation to insure quality of service delivery.	Ongoing	Case plan updated and reviewed with follow-up consultation recorded.	HST
4-9	Perform a needs reassessment on each client every 3 months or as required.	Ongoing	Client's reassessment completed and submitted to HRB.	HST
4-10	Complete client information needs assessment, and client service forms as required.	Ongoing	Necessary forms completed and submitted to HRB.	HST
4-11	Monitor case management activities to insure contract compliance and quality of service.	Monthly	Reports reviewed and submitted to HRB.	Program Coord.

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

A-8

Objective # 5 : (Restate Objective Here)

To 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 of 7-1-80 to 6-30-81—Friendly Visiting: 2 friendly visits per month to 168 persons, average of 56 different people per month; Telephone Reassurance: 2 telephone reassurance calls per week to 168 different people per month; Recreational or Educational: 1080 events.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
5-1	Maintain personnel to provide direct services. Personnel Required: 2 Senior Center HST I 100%, HST II 100%.	Ongoing	Personnel assigned duties.	Program Coord.
5-2	Provide personnel direction/supervision, develop work programs and evaluate staff as prescribed in Objective #1.	Ongoing	Staff meetings held. Work programs developed. Staff evaluated.	Senior Ctr Coord. Program Coord.
5-3	Accept referrals from other agencies and individuals.	Ongoing	Referrals received and recorded.	Program Coord.
5-4	Develop a schedule of direct services including date, time, location, and assign personnel to implement services.	Monthly and up-dated as required	Schedule completed, Personnel assigned, Direct service provided and recorded.	Program Coord. Senior Ctr. Coord.
5-5	Provide reports and maintain records on direct services.	Monthly	Reports filed.	Office Asst.
5-6	Monitor services to insure contract compliance and quality of service.	Monthly	Reports reviewed and submitted to HRB.	Program Coord.
5-7	Provide direction and support for fund-raising activities.	Ongoing		Senior Ctr: Coord.

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

6-A

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: MCCA Aging Services will provide services to elderly residents in East Multnomah County in the following census tracts: 4.01, 4.02, 5.01, 5.02, 6.01, 6.02, 7.02, 8.02, 73, 79, 80.01, 80.02, 81, 82.01, 82.02, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92.01, 92.02, 93, 94, 95, 96.01, 96.02, 97.01, 97.02, 98.01, 98.02, 99, 100, 101, 102, 103, 104.01, 104.02, 105. 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

APPROPRIATION UNIT
LINE ITEM WORKSHEET

Code	Object Title	Information and Referral Title III-B	Case Management Title III-B	Case Management OPI	Discretionary Services General Fund	Administration Title III-R
110	Full-Time Employees	16,296	22,914	11,286	40,844	7,742
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay	1,304	1,833	903	3,266	619
170	Benefits	3,607	5,156	2,539	8,679	1,639
190	Less-Labor Turnover					
100	Total Personal Services	21,207	29,903	14,728	52,789	10,000
210	Professional Services				1,760	1,900
220	Utilities					
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies	200	100		400	
320	Operating Supplies	60	30			
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education	250	375		924	
420	Local Travel	1,625	1,565		2,121	
430	Out-of-Town Travel					
440	Space Rental	3,306			1,198	3,802
450	Interest					
460	Refunds					
470	Retirement System Payments					
490	Miscellaneous	427	212		600	
510	Fleet Services					
520	Printing Services	294	146		1,100	
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance					
570	Telephone Services	840	61	1,199	3,900	
580	Intra-Fund Services					
590	Other Services-Internal					
200-500	Total Materials & Services	7,002	2,489	1,199	12,003	5,702
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
00	Other					
	TOTAL	28,209	32,392	15,927	64,792	15,702

APPROPRIATION UNIT
LINE ITEM WORKSHEET

Code	Object Title	Total City Support	Required Match	Total Contract Amount	Other Resources	Total Project
110	Full-Time Employees	99082		99,082	9,884	108,966
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay	7,925		7,925	790	8,715
170	Benefits	21,620		21,620	1,717	23,337
190	Less-Labor Turnover					
100	Total Personal Services	128,627	-0-	128,627	12,391	141,018
210	Professional Services	3,660		3,660		3,660
220	Utilities					
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies	700		700		700
320	Operating Supplies	90	3,500	3,590		3,590
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education	1,549		1,549		1,549
420	Local Travel	5,311	390	5,701	3,310	9,011
430	Out-of-Town Travel					
440	Space Rental	8,306	1,039	9,345		9,345
450	Interest					
460	Refunds					
470	Retirement System Payments					
490	Miscellaneous	1,239	1,420	2,659		2,659
510	Fleet Services					
520	Printing Services	1,540	900	2,440		2,440
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance					
570	Telephone Services	6,000	750	6,750		6,750
580	Intra-Fund Services					
590	Other Services-Internal					
200-500	Total Materials & Services	28,395	7,999	36,394	3,310	39,704
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	157,022	7,999	165,021	15,701	180,722

CONTRACT JUSTIFICATION BUDGET

PERSONNEL

CONTRACT NO. _____

DATE June 12, 1980

CONTRACT TITLE East County Service District

AGENCY Multnomah County Community Action Agency

FUNDING SOURCE General Fund/Discretionary Services

(A) No. of Persons	(B) Position or Title	(C) Hourly Salary Rate (Full-Time)	(D)% of Time on Contract	(E) Maximum Monthly Charge to Contract	(F) No. of Hours on Contract	(G) Cost (AxCx Dx F)
1	Program Coordinator	7.23 hr	36	125.80	752	1,957
1	Program Coordinator	7.52 hr	36	130.85	1,336	3,617
1	Senior Center Coordinator	7.83 hr	50	681.21	1,258	4,925
1	Senior Center Coordinator	8.21 hr	50	714.27	830	3,407
1	Senior Center Coordinator	7.06 hr	50	614.22	1,827	6,449
1	Senior Center Coordinator	7.23 hr	50	629.00	261	945
1	Office Asst. I	4.33 hr	100	753.42	2,088	9,041
1	Office Asst. II	5.03 hr	100	875.25	2,088	10,503
	8% contingency for cost of living raise					3,266
SUB-TOTAL, PERSONNEL					44,110	
20	* % FRINGE BENEFITS				8,679	
TOTAL, PERSONNEL					52,789	

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

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE East County Service District/MCCAAGeneral Fund/Discretionary Services
To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
210	Professional Services Janitorial Services for Errol Heights Senior Center	1,760	1,760
310	Office Supplies Consumable office supplies	400	400
410	Education Registration fees, travel, and per diem for program staff to attend Aging conferences	924	924
420	Local Travel Use of personal automobiles on Agency business; 20¢ per mile plus \$25 per month per automobile	2,121	2,121
440	Space Rental Janitorial Services and utilities for Gresham Senior Center	1,198	1,198
490	Miscellaneous Postage for mailing Senior Center correspondence	600	600
520	Printing Services Printing services, use of copy machine for Senior Center correspondence	1,100	1,100
570	Telephone Services Program telephones * long-distance chg	3,900	3,900

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 11, 1980

PROJECT NO. _____

PROJECT TITLE East County Service District / MCCA

Case Management

Title III-B

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
310	Office Supplies Pens, paper products, office materials for program	100	100
320	Operating Supplies Supplies for program volunteer recognitions	30	30
410	Education Registration fees for program staff to attend aging conferences and seminars	375	375
420	Local Travel Use of personal automobiles on agency business, 20¢ per mile plus \$25 per auto per month per union contract	1,565	1,565
490	Miscellaneous Postage Subscriptions for aging newsletters and publications	146 66	212
520	Printing Services Printing and use of copy machine	146	146
570	Telephone Services Program telephones plus long distance charges	61	61

BUDGET JUSTIFICATION
MATERIALS AND SERVICES

DATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE East County Service District/MCCAA

OPI/Case Management
To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
570	Telephone Services Program Telephones plus long-distance charges	1,199	1,199

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 11, 1980

PROJECT NO. _____

PROJECT TITLE East County Service District / MCCA

Information and Referral

Title III-B

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
310	Office Supplies Pens, pencils, paper products for program.	200	200
320	Operating Supplies Supplies for program volunteer recognition	60	60
410	Education Registration fees for staff to attend aging seminars and conferences	250	250
420	Local Travel Use of personal automobiles on agency business, 20¢ per mile plus \$25 per auto per month per union contract	1,625	1,625
440	Space Rental Janitorial service, utilities, maintenance for program building space	3,306	3,306
490	Miscellaneous Postage Subscriptions for Older American Reports, newsletters, NSCLC Washington Weekly	294 133	427
520	Printing Services Printing and use of copy machine	294	294
570	Telephone Services Program telephones plus long distance charges	840	840

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE East County Service District/MCCAATitle III-B/Administration
To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
210	Professional Services Independent audit by CPA firm	1,900	1,900
440	Space Rental Janitorial Services, maintenance and utilities for aging program's share of Gresham Senior Center	3,802	3,802

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE East County Service District / MCCA

Total City Support

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
210	Professional Services Errol Heights janitorial Services Independent audit by CPA firm	1,760 1,900	3,660
310	Office Supplies Consumable Program supplies	700	700
320	Operating Supplies Supplies for volunteer recognition	90	90
410	Education Registration fees for Program staff attendance at Aging seminars	1,549	1,549
420	Local Travel Use of personal automobiles on Program business	5,311	5,311
440	Space Rental Janitorial Services, utilities, and maintenance costs for Gresham Senior Center	8,306	8,306
490	Miscellaneous Postage Subscriptions for Aging newsletters and federal publications	1,040 199	1,239
520	Printing Services Printing services and use of copy machine	1,540	1,540
570	Telephone Services Program telephone & long-distance chg	6,000	6,000

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE East County Service District/MCCAARequired cash match
To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
320	Operating Supplies Arts & crafts supplies for Program participants at Gresham and Errol Heights Senior Centers	3,500	3,500
420	Local Travel Transportation costs for Program volunteers to and from Senior Centers	390	390
440	Space Rental Balance of janitorial services, utilities, and maintenance at Gresham Senior Center	1,039	1,039
490	Miscellaneous Postage to mail Senior Newsletters to Center participants	1,420	1,420
510	Fleet Services Printing costs to produce Senior Newsletters	900	900
570	Telephone Services Telephone and long-distance charges for telephones assigned to Senior Travel Service	750	750

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE East County Services District/MCCAA

Total Contract Amount

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
210	Professional Services Errol Heights janitorial service Independent audit by CPA firm	1,760 1,900	3,660
310	Office Supplies Consumable Program supplies	700	700
320	Operating Supplies Supplies for volunteer recognition Arts & Crafts supplies for Senior Center participants	90 3,500	3,590
410	Education Registration fees for staff attendance at Aging Seminars	1,549	1,549
420	Local Travel Use of personal automobiles on Program business Program volunteers transportation cost	5,311 390	5,701
440	Space Rental Gresham Senior Center space costs	9,345	9,345
490	Miscellaneous Postage Subscriptions	2,460 199	2,659
520	Printing Services Printing Services and use of copy machine	2,440	2,440
570	Telephone Services Telephone and long-distance charges	6,750	6,750

EXHIBIT C
REQUIRED REPORTING FORMS
AND
PROCEDURES

OPEN ACCESS SERVICES for the MONTH of _____
(East District Center)

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. Friendly Visits

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

B. Telephone Reassurance

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

C. Ed/Rec Events

Event (topic)	Date(s)	Attendance
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Number of events this month _____ Number of events YTD _____

Completed or Reviewed By _____

CITY OF PORTLAND - HUMAN RESOURCES BUREAU
AGING SERVICES DIVISION/CLIENT TRACKING SYSTEM

AAA 102.05

Needs Assessment Form

Completed by: _____

Instructions: 1. Complete each starred (*) Item 2. Complete other items as Appropriate

(*) <u>Action Code</u>	(*) <u>Case Number</u>	(*) <u>Assessment Date</u>
<input type="checkbox"/> 1. New <input checked="" type="checkbox"/> 2. Reassessment	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(*) <u>Client Name - Last</u>	<u>First</u>	<u>M.I.</u>	(*) <u>Primary Responsibility</u>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
27 28	29 30
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
31 32	33 34
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
35 36	37 38
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
39 40	41 42
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
43 44	45 46
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
47 48	49 50

00 - No Need

- | | | | |
|---|--|---|--|
| <u>Housing</u>
11 - Housing
12 - Home Repair
13 - Yard Maintenance
14 - Belongings Moved
15 - Weather Proofing
16 - Home Security | <u>Income</u>
41 - Employment
42 - Financial Assistance
43 - Money Management
44 - Clothing
45 - Food | <u>In-Home Assistance</u>
61 - Light Chore Services
62 - Home Health Care
63 - Meal Prep./Delivery
64 - Personal Care
65 - Heavy Housework | <u>Nutrition</u>
81 - Adequate Food Intake
82 - Food Purchase |
| <u>Social Contact</u>
21 - Regular Personal Contact
22 - Meaningful Activity
23 - Regular Reassurance
24 - Opportunities for Social Involvement | <u>Transportation</u>
51 - for Housing
52 - for Social Contact
53 - for Information
54 - for Income
55 - for Congregate Dining
56 - for Shopping
57 - for Protective/Legal
58 - for Nutrition
59 - for Health | <u>Protective/Legal</u>
71 - Protective Living Situation
72 - Legal Assistance
73 - Crisis Counseling
74 - Personal Security
75 - Counseling | <u>Health</u>
91 - Medical Screening
92 - Medical Care
93 - Medical Equipment
94 - Drug/Alcohol Treatment
95 - Mental/Emotional Treatment
97 - Dental Care |
| <u>Information/Service Utilization</u>
31 - Information
32 - Assist in Solving Individual Problems
33 - Assistance in Shopping | | | |

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
using Location					
Repair/Maint					
Yard Work					
Social Friendly V./TR					
Ed/Rec					
Vol Act.					
Info/SU Emergency					
Income Maint					
Case Mngt					
Tran. Special Trans					
Escort					
In-Home Live-in					
Housekeeper					
Homemaker					
Prct/L Protective Serv					
Legal Assst.					
Nut. Meal Prep/mow					
Shopping Asst.					
Health Medical Care					
Dental					
Other					
TOTAL					

REQUEST FOR WAIVER

1. _____
Name of Agency requesting waiver

2. Type of request
 New
 Review

3. Criteria to be waived
Income OPI Guidelines
 AAA Guidelines
 Age Living Arrangement
 Other Agency 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. _____
Signature of Counselor Date

9. _____
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 _____

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

Address _____

City _____ State _____

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

149872

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.)

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	Change Order
Other substantial changes	Ordinance/change order
Clerical errors	Ordinance/change order
	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.

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).

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 #18160

This agreement is entered into between the City of Portland, Oregon, and Northwest Pilot Project, 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, 1982, which contract is known as Contract #18160. The contract shall now be amended by the addition of a budget in the amount not to exceed \$53,804 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 #18160 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	\$15,176
Case Management	Title III-B	\$11,435
Case Management	OPI	\$ 4,895
Discretionary Services	General Fund	\$19,960
Administration	Title III-B	\$ 1,868
Administration	General Fund	\$ 470
<u>Match \$3,910</u>	TOTAL CITY SUPPORT	\$53,804

- (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 \$53,804; an advance shall be made to cover the cost of the Contractor's initial expenses for operation, not to exceed the sum of \$8,967; 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 #18160, similar in form to Appendix I.

Dated this _____ day of _____, 1980

Approved as to Content

CONTRACTOR

Erma E. Haplorn

Executive Director
Human Resources Bureau

Title _____

Date _____

Approved as to Form

CITY OF PORTLAND

City Attorney

By _____
Commissioner-in-Charge

Date _____

By _____
Auditor

Date _____

EXHIBIT A-4

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80-81

APPENDIX 1

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 \$8,310, 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 (\$2,459) 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.

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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) DOWNTOWN AGING 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 Division Aging Services		4. Contract Period From 9-1-79 to 6-30-82	
5. Budget Period From July 1, 1980 to June 30, 1981		6. City Support Requested \$ 53,804	
7. Applicant Agency (Name, address & telephone) Northwest Pilot Project 110 Northwest Third Avenue Portland OR 97209 227-5605		8. Project Director (Name, address & telephone) Peter H. Paulson Northwest Pilot Project 110 Northwest Third Avenue Portland, OR 97209 227-5605	
9. Financial Officer (Name, address & telephone) Linda Schuld Paulson 110 Northwest Third Avenue Portland, Oregon 97209 227-5605		10. Official Authorized to Bind Agency (Name, address & telephone) Peter H. Paulson, Executive Director 110 Northwest Third Avenue Portland, Oregon OR 97209 227-5605	
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 Downtown Aging Services, a component of Northwest Pilot Project, Inc., will provide access to supportive service for independent living to adults age 60 and over who suffer from physical or mental impairment in downtown aging service. The objectives for reaching this goal include information and referral, case management and friendly visiting.

The Executive Director will administer these services and assign to the Information and Referral Specialist the information and referral service and coordination of the transportation. Volunteers serving as office receptionist will be trained by the Information and Referral Specialist to provide simple information and record transportation requests. The staff for case management will be the Social Work Supervisor, and two field counselors. Two community visitors, funded by the Northwest Pilot Project, will provide friendly visiting. Volunteers will be recruited and trained under the supervision of the Executive Director of the Northwest Pilot Project to make friendly visits, particularly to those in Level 1 of Case Management.

The Executive Director of the Project will serve as consultant to the staff of the Downtown Aging Services as well as provide training in gerontology.

Services and financial reports to the Aging Division of the Human Resources Bureau will be the responsibility shared by the Social Work Supervisor, Information and Referral Specialist, Secretary and Bookkeeper, under the supervision and responsibility of the Executive Director.

- 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 Downtown Aging Services 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 of elderly residents by providing information (simple)* and information (complex)* services in response to 1,759 requests for information and 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 383 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 142 different individuals who meet the established needs criteria, with an average monthly caseload of 79 clients in Level I and 19 clients in Level II during the period 7/1/80-6/30/81.	# of different persons with a case plan # of persons served in Level I # of persons served in Level II
5. Provide access to needed services through crisis counseling for 90 different elderly residents with short-term needs.	# of persons with a short-time case plan for crisis # of half-hours of services provided
6. Reduce social isolation and provide a continuity in relationship with 30 different individuals in Level I of Case Management by providing an average of four friendly visits per month during the period 7/1/80-6/30/81.	# of unduplicated elderly individuals receiving friendly visits # of friendly visits provided
*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)	