

Contract Agency _____

Social Services Division

Accounting Unit

Address _____

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

Portland, Oregon 97204

City _____ State _____

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

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 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.

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 #18217

This agreement is entered into between the City of Portland, Oregon, and Portland Action Committees Together, 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, 1983, which contract is known as Contract #18217. The contract shall now be amended by the addition of a budget in the amount not to exceed \$192,933 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 #18217 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	\$33,272
Case Management	Title III-B	\$40,198
Case Management	OPI	\$19,764
Discretionary Services	General Fund	\$80,406
Administration	General Fund	\$19,293
<u>Match \$9,927</u>	<u>TOTAL CITY SUPPORT</u>	<u>\$192,933</u>

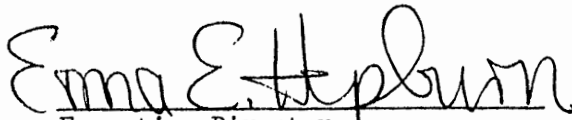
- (2) Objectives are amended under this agreement for the period July 1, 1980 through June 30, 1981, similar in form to Appendix I.
- (3) Terms and conditions are deleted, added, and modified as shown in Appendix I.
- (4) The total compensation for the period July 1, 1980 through June 30 1981 shall not exceed \$192,933; an advance shall be made to cover the cost of the Contractor's initial expenses for operation, not to exceed the sum of \$32,155 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 #18217, similar in form to Appendix I.

Dated this _____ day of _____, 1980

Approved as to Content

CONTRACTOR


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 \$29,507 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.

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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 (\$9,927) 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.

8

Terms and conditions to be added continued:

39. Required program reports shall be submitted by 3:00 PM of the 5th working day of each month. Reports shall be completed accurately in conformance with the guidelines and monitoring directions provided by the City. Program reports which are not received by the time specified shall result in delayed reimbursement.
40. Contractor shall submit to the City a final "Director's Narrative Report" within forty-five (45) days of the conclusion of the Project covered by this contract. The report should identify problems, corrective action taken, requests for technical assistance, any plans for seeking/securing other resources, and any concerns relative to the City's performance.
41. The Contractor must:
 - (1) provide each older person with a free and voluntary opportunity to contribute to the cost of the service;
 - (2) Protect the privacy of each older person with respect to his/her contribution;
 - (3) establish appropriate procedures to safeguard and account for all contributions; and
 - (4) use all contributions to expand the services of the Contractor under this section.

The Contractor further:

 - (5) may develop a suggested contribution schedule for services provided under this section. In developing a contribution schedule, the Contractor must consider the income ranges of older persons in the community, and the Contractor's other sources of income;
 - (6) must assure that no older person is denied a service because the older person will not or cannot contribute to the cost of the service; and
 - (7) must assure that contributions made by older persons are considered program income.
42. Contractor agrees to comply with Oregon Project Independence Administrative Rules for services funded under Oregon Project Independence and to utilize the established fee schedule and other policies and procedures established by the City for the implementation of Oregon Project Independence requirements.

Terms and conditions to be added continued:

GENERAL CONDITIONS:

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

COMPENSATION - METHOD OF PAYMENT:

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

TERMINATION:

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

149872

SE
80-81

MODIFIED PROJECT NARRATIVE
AS OF
JULY 1, 1980

PROJECT APPLICATION SHEET

CITY OF PORTLAND HUMAN RESOURCES BUREAU		APPLICATION FOR PROJECT FUND	
1. Short Title of Project: (Do not exceed one typed line) Southeast District Center 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		4. Contract Period From 7/1/79 to 6/30/83	
5. Budget Period From 7/1/80 to 6/30/81		6. City Support Requested \$ 192,933.	
7. Applicant Agency (Name, address & telephone) Portland Action Committee Together, Inc. 3534 SE Main St. Portland, Oregon 97214 (503) 233-8491		8. Project Director (Name, address & telephone) James McConnell, Director 233-8491 PACT 3534 SE Main St. Portland, Oregon 97214	
9. Financial Officer (Name, address & telephone) Carol Lentz, Accountant PACT, Inc. 233-8491 3534 SE Main Street Portland, Oregon 97214		10. Official Authorized to Bind Agency (Name, address & telephone) Kent Snyder Chairperson-Board of Directors (PACT) 3534 SE Main St. Portland, Oregon 97214 233-8491	
11. Project Summary: Summarize, in approximately 200 words, the project plan presented in application, briefly covering project goals, objectives, strategy, target population and administration.			

Project Goal: To maintain a comprehensive service system designed to sustain independent and dignified living by providing access to information, referral and supportive services for older persons living in Southeast Portland.

Objectives: Pact will provide effective leadership and administrative management of the Southeast Senior Service Center case planning and supportive counseling to 581 elderly (average case load 327 Level I (maintenance) and 110 Level II (intensive) appropriate responses to 7100 requests for information (simple and complex) documented referral (simple and complex) to 1547 elderly, outreach services to 72 elderly, para-legal advocacy to 34 elderly, escort services to 60 elderly, (2 escorts per month to an average monthly case load of 20). Preventive services to 200 elderly and 96 educational and recreational events with annual attendance of 450. Identify 10 Natural Caregivers, co-locate 3 service programs in Senior Center.

Strategy: Southeast Senior Service Center will serve as focal point in the community providing services in and through the Center. The Center will ensure reasonable access to information and Center related activities. Because the Center is located in the community, staff and volunteers can provide in-home services i.e. escort, preventive services.

Target Population: There are 24,585 persons over the age of 60 years residing in Service Area #4. Of these, 8,282 are 75 years or older; 4131 have incomes below poverty level and 6,170 live alone 358 are minority, 152 live in group facilities.

Administration: The project will be administered by PACT, Inc. (Portland Action Committees Together) through contract with the City of Portland. The program director for Aging shall be responsible for implementation and management of the contract programs.

3. Statement of Objectives and Productivity Indicators: (Set forth, in measurable, timebound 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 Southeast 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 7,100 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 1547 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 581 different individuals who meet the established needs criteria, with an average monthly caseload of 327 clients in Level I and 110 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 maintain access to needed services for elderly residents by providing an average of 2 escorts per month to 20 recipients with service to 60 different individuals who require accompaniment to ensure completed journeys during the period 7-1-80 thru 6-30-81.	# of unduplicated elderly individuals receiving escort services. # of escort services.
*Provision of information and referral services is to be in accordance with definitions and standards published May, 1978 by the National Alliance of Information and Referral Services (AIRS).	

3. Statement of objectives and productivity indicators: (Set forth, in measurable, time-bounded 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
6. To increase access to needed services for elderly residents by providing para-legal advocacy services** to 34 different individuals during the period 7/1/80-6/30/81.	# of unduplicated elderly individuals receiving para-legal advocacy.
7. To reduce isolation among the elderly residents by identifying 72 different low-income and/or minority individuals in need of services through outreach services during the period 7/1/80-6/30/81.	# of unduplicated elderly individuals identified as low-income and/or of minority heritage receiving outreach services.
8. To reduce risk of institutionalization of frail elderly by providing preventive services*** such as chore service, shopping, telephone reassurance and friendly visiting to 200 different elderly individuals with a monthly caseload of 100 dif. individuals during the period 7/1/80 thru 6/30/81.	# of unduplicated elderly individuals receiving preventive services. # of shopping services provided # of chore services provided # of friendly visiting services provided # of telephone reassurance services provided
9. To reduce social isolation and increase opportunities for social contact by providing 96 educational and recreational events with an annualized participation of 450 different elderly, during the period 7/1/80 thru 6/30/81.	# of education or recreation events. # of unduplicated elderly individuals participating in education or recreation events.
10. To raise \$9,927 from private resources by June 30, 1981.	# of dollars raised.
11. To increase community resources through identification and support of 10 Natural Caregiving Neighbors in S.E. Portland during the period 7/1/80 thru 6/30/81.	# of elderly serving programs identified and co-located and Senior Center site.
12. To increase the P.A.C.T. Senior Service Center role as a community focal point through identification of 3 elderly service programs and implementing co-location at the P.A.C.T. Senior Service Center site during the period 7/1/80 thru 6/30/81.	# of elderly serving programs identified and co-located and Senior Center site.
** Para-legal Advocacy: Legal information assistance and representation concerning social security, supplemental security income and medicare benefits, administrative and appeals processes provided by a community services advisor	
*** Preventive Services: Services which enable the older person to remain in their home as opposed to being institutionalized. Preventive services may include but not be limited to friendly visiting, telephone reassurance, chore service and shopping assistance.	

Objective # 1: (Restate Objective Here)

Maintain effective management of services provided for the elderly in the Southeast Aging Service District through the accomplishment of activities listed in section 4 during FY80/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
<u>Staff Needed to Achieve Objective</u>				
	Program Director 15%			
	Secretary 100%			
	Janitor 37.5%			
1-1	Attend Area Agency Contractors meeting and training sessions	Monthly	Attendance recorded by HRB	Program Director
1-2	Submit required reports in timely manner.	Monthly	Program reports will be submitted to HRB monthly.	Program Director Secretary
1-3	Submit required reports and invoices in the proper form and manner.	Monthly	Fiscal reports submitted to HRB	Program Director Accountant
1-4	Maintain an advisory committee.	Monthly	Monthly meeting held minutes on file.	Program Director Secretary
1-5	Maintain property control records on city inventory.	Quarterly	Inventory file updated.	Program Director Secretary
1-6	Maintain clerical support for service staff.	ongoing	Needed clerical tasks performed	Secretary
1-7	Maintain counseling, I&R, and recreational areas in a safe and clean condition	Ongoing	Space is safe and clean	Janitor

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

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 7100 requests for information and assistance during FY80/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
Staff Needed to Achieve Objective				
	Program Director 5%			
	I&R Coordinator 33%			
	I&R Specialist 33%			
	2 Counselor I 2.5%			
	Counselor 2.5%			
	5 FTE Volunteer			
2-1	Maintain personnel to provide an information service.	Ongoing	Personnel hired and assigned duties.	Program Director
2-2	Provide staff direction on supervision develop job descriptions and work programs develop a training program and evaluate personnel (paid and volunteer)	Ongoing	Weekly staff meetings held. Job descriptions and work programs completed. Training plan completed. Evaluations completed.	Program Director I & R Coordinator I & R Specialist Counselor/Volunteer
2-3	Maintain in conjunction with the Tri-County Community Council resource file an up-to-date file of services and resources available to older adults.	Monthly	File Updated	I & R Specialist I & R Coordinator
2-4	Provide a readily identifiable and accessible communications center whereby individuals or a walk-in basis may inquire about and receive information in services and resources available to older adults.	Ongoing	Office clearly marked. Requests Requests received. Responses given.	I & R Specialist I & R Coordinator Volunteer
2-5	Provide point of telephone contact where individuals can request and receive information about services available.	Ongoing	Phone accessible and operational. Requests received, responses given.	I & R Specialist I & R Coordinator Volunteer

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

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 7100 requests for information and assistance during FY80/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
2-6	The Information & Referral Specialist will respond to telephone, in person and correspondence requests by an older person, agency, or interest individual with accurate information pertinent to the request. In the case of simple referral so background information will be ascertained. In the case of complex information background information will be obtained but no assessment or follow-up made. In both cases the information & Referral Specialist will encourage re-contact by the inquirer of initial information proved incorrect or inappropriate.	Ongoing	Trained Information and Referral Specialist on duty 9 hours per day 8:30-5:30. Information requests received. Accurate responses given. Information tally sheets marked for each request.	I & R Specialist I & R Coordinator Counselor
2-7	Provide written materials to community agencies and individuals informing them of services and resources available to older adults.	Ongoing	Community agencies and individuals knowledgeable of services.	I & R Specialist I & R Coordinator Counselor
2-8	Develop and maintain communications network among social service agencies in Southeast Portland providing services in insure delivery of up-to-date accurate information.	Quarterly	Regular brown bag information sharing meetings held.	I & R Coordinator Program Director
2-9	Provide newsletter containing information about services resources quality of life special events and activities.	Monthly	Newsletters published and mailed.	I & R Coordinator Program Director Volunteer

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

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 7100 requests for information and assistance during FY80/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
2-10	Develop community education presentation presentation covering program services and procedures.	Sept 30	Community Education presentation completed.	I & R Coordinator Program Director
2-11	Schedule community education presentations for Neighborhood organizations civic and service clubs.		Monthly presentation scheduled personnel assigned.	Program Director
2-12	Maintain record of clients identified through community education program.		Records maintained.	I & R Coordinator Program Director
2-13	Provide reports and maintain records or informational services to project administrator.	Monthly	Reports filed with project administration.	All Staff
2-14	Monitor information services to insure contract compliance and quality of service.	Monthly	Reports reviewed and submitted to HRB	Program Director I & R Coordinator

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 for elderly residents by providing 1547 simple and complex referral services with documented follow-up during FY80-81

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
<u>Staff Needed to Achieve Objective</u>				
	Program Director 5%			
	I&R Coordinator 57%			
	I&R Specialist 67%			
	2 Counselor I 2.5%			
	Counselor 2.5%			
	.5FTE Volunteer			
3-1	Provide personnel to provide a referral service.	Ongoing	Personnel hired & assigned duties.	Program Director
3-2	Provide staff direction supervision develop job descriptions and work programs develop a training program and evaluate staff as prescribed in objective #1 for assigned referral personnel.	Ongoing	Weekly staff meetings held, job descriptions and work programs completed. Training plan completed. Evaluations completed.	Program Director I & R Coordinator I & R Specialist
3-3	Accept referrals from agencies, individuals and other staff for older adults in need of referral services.	Ongoing	Referrals accepted and recorded.	I & R Coordinator I & R Specialist Counselor
3-4	Information and Referral Specialist will conduct an assessment on each referral to determine the extent and type of need.	Ongoing	Cases reviewed and screened.	I & R Coordinator I & R Specialist Counselor
3-5	As needed, referrals of a legal nature will be screened by a trained community service advisor to determine the need for legal information, advocacy referral or scheduling and follow-up with the volunteer attorney or Community Service Advisor for appropriate legal and advocacy services.	Ongoing	Cases reviewed and screened.	I & R Coordinator

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)

To increase access to needed services for elderly residents by providing 1547 simple and complex referral services with documented follow-up during FY 80-81

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

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
3-6	Information and Referral Specialist will identify resources available and make determination of appropriate resources. On a simple referral Specialist will direct inquiries to one or more appropriate resources.	Ongoing	Resources selected and recorded. Simple referral made.	I & R Coordinator I & R Specialist Counselor
3-7	On a complex referral. Information and Referral Specialist will make contact with resource agency to assess current availability of resource and make appropriate referral.	Ongoing	Contact made and recorded.	I & R Coordinator I & R Specialist Counselor
3-8	Provide client with contact and advocate on their behalf when necessary.	Ongoing	Contact made and recorded.	I & R Coordinator I & R Specialist Counselor
3-9	Develop and maintain informed network of provided agencies to facilitate referral of the elderly population by establishing interagency relationships.	Monthly & Ongoing	In-person contacts made with provider agencies. Regular monthly brown bag meetings held.	I & R Coordinator I & R Specialist Counselor
3-10	Make follow-up contact with client or organization to whom referral has been made to ensure delivery of service.	Ongoing	Follow-up made and recorded.	I & R Coordinator I & R Specialist Counselor
3-11	The Information and Referral Specialist will provide assistance in locating or utilizing these or other services if follow-up indicates need.	Ongoing	Necessary assistance provided	I & R Coordinator I & R Specialist Counselor

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Objective # 3: (Restate Objective Here)

To increase access to needed services for elderly residents by providing 1,547 simple and complex referral services with documented follow-up during FY 80-81

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

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
3-12	Resource files will be updated on the basis of information acquired during follow-up activities.	Ongoing	Resource file updated.	I & R Coordinator I & R Specialist Counselor
3-13	Provide reports and maintain records on referral services to project administration.	Monthly	Reports filed with project administration.	All Staff
3-14	Monitor referral service to ensure contract compliance and quality of service.	Monthly	Reports reviewed & submitted to HRB	Program Director I & R Coordinator

Objective # 4 : (Restate Objective Here)

Maintain access to needed services for elderly residents by providing case management for 581 different individuals who meet the established needs criteria with an average monthly caseload of 327 clients in Level I and 110 clients in Level II during FY80/81

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
4-1	Maintain personnel to provide case planning and case management services. The personnel will be Program Director 25% Counselor II 90%, 2 Counselor I 90%, Counselor 90%. .25FTE Practicum Student	Ongoing	Personnel assigned duties	Program Director
4-2	Provide personnel direction/supervision and work programs for all assigned personnel.	Ongoing	Weekly staff meetings held for all assigned personnel work programs developed, reviewed and updated. Needs assess	Program Director Counselor II
4-3	Accept referrals from agencies individuals and other agency staff for older persons in need of case planning and case management services.	Ongoing	Referrals received and recorded.	Counselor II
4-4	Perform a needs assessment and develop a case plan according to AAA standards for all limited access client. Assign each client to Maintenance (level I) or Intervention (Level II) case management services according to initial needs assessment.	Ongoing	Needs assessments completed and recorded and case plans developed maintained and on file for each limited access client.	Counselors Practicum Student
4-5	Implement case plans for Maintenance (Level I) by making appropriate referrals to service providing agencies by arranging on-going maintenance service by developing linkage with providers of on-going services for purpose of receiving information if reassessment of case or modification of services is required to insure services delivery	Ongoing	Case plans implemented services recorded. Linkage with service providers implemented.	Counselor Practicum Student

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

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Objective # 4 : (Restate Objective Here)

Maintain access to needed services for elderly residents by providing case management for 581 different individuals who meet the established needs criteria with an average monthly caseload of 327 clients in Level I and 110 clients in Level II during 80/81

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
4-6	Implement case plans for intervention (Level II) by making appropriate referrals to service providing agencies, including advocacy, follow-up, and inter-agency consultations to ensure service delivery.	Ongoing	Case plans implemented services and referrals recorded.	Counselors Practicum Student
4-7	Request waivers for all applications not conforming to AAA guidelines for case planning and case management.	Ongoing	Waivers completed and submitted to HRB	Counselor II
4-8	Conduct weekly case planning & case management staffing sessions to ensure service quality with review of case planners and/or case managers progress on case plans for clients assigned.	Weekly	Staffing and review sessions held	Program Director All Staff
4-9	Responsible case manager will do regular follow-up consultation to ensure quality of service delivery.	Ongoing	Case plan updated and reviewed with follow-up consultation recorded.	Counselors
4-10	Perform a needs assessment on each Maintenance (Level I) client every 6 months or as required.			Counselors
4-11	Perform a needs reassessment on each Intervention (Level II) client every 3 months or as required.	Ongoing	Client's reassessment completed and submitted to HRB	Counselors

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 581 different individuals who meet the established needs criteria with an average monthly caseload of 327 clients in Level I and 110 clients in Level II during 80/81

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
4-12	Complete client information, needs assessment, and client service forms on clients as required.	Ongoing	Necessary forms completed and submitted to HRB	Counselors
4-13	Monitor case planning and case management activities to ensure contract compliance and quality of service.	Monthly	Reports reviewed and submitted to HRB.	Program Director Counselor II

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

Objective # 5: (Restate Objective Here)

To maintain access to needed services for elderly residents by providing an average of 2 escorts per month to 20 recipients with service to 60 different individuals who require accompaniment to ensure completed journeys during FY80/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
<u>Staff Needed to Achieve Objective:</u>				
	Program Director Aging 5%			
	I&R Coordinator 10%			
	1 Aide @ 100%			
5-1	Maintain personnel to provide an escort service	Ongoing	Personnel hired and assigned duties.	Program Director
5-2	Provide staff direction/supervision develop job descriptions and work programs develop a training program and evaluate assigned escort personnel (paid and volunteer)	Ongoing	Weekly staff meetings held. Job descriptions and work programs completed. Training plan completed. Evaluations completed.	Program Director I & R Coordinator Aide
5-3	Accept referrals from case counselors for the escort service.	Ongoing	Referrals received and recorded.	I & R Coordinator Aide
5-4	Develop a schedule or roster of those needing escort services to include date, time destination and special requirements, and assign personnel (paid and volunteer) to implement the service.	Monthly	Roster completed. Personnel assigned. Escort completed and recorded.	I & R Coordinator Aide
5-5	Provide reports and maintain records on escort services to project administrator	Monthly	Reports filed with Administrator.	I & R Coordinator Aide
5-6	Escort meets client at client's home: assists and accompanies to destination.	As required	Safe arrival at destination.	I & R Coordinator Aide
5-7	If appropriate, escort waits with client at destination and returns with client to home.	As required	Escort completed and recorded.	I & R Coordinator Aide

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

Objective # 5 : (Restate Objective Here)

To maintain access to needed services for elderly residents by providing an average of 2 escorts per month to 20 recipients with service to 60 different individuals who require accompaniment to ensure journeys during FY 1980 - 1981

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
5-8	I&R Coordinator will complete appropriate reporting and recording forms.	Ongoing	Appropriate reporting and recording forms completed.	I & R Coordinator Aide

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

Objective # 6 : (Restate Objective Here)

To increase access to needed services for elderly residents by providing para-legal advocacy services to 34 different individuals during FY80/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
<u>Staff needed to Achieve Objective</u>				
	Program Director 2% Counselor II 10%			
6-1	Maintaining personnel to provide para-legal information and service in the public benefits area and for consumer advocacy.	Ongoing	Personnel assigned duties.	Program Director Counselor II
6-2	Provide staff direction supervision develop job description and work programs develop a training program and evaluate personnel (paid and volunteer).	Ongoing	Weekly staff meetings held. Job descriptions and work programs completed. Training plan completed. Evaluations completed.	Program Director Counselor II
6-3	Develop training plan for para-legal to improve and refine para-legal skills and knowledge.	Sept 30	Training plan completed.	Program Director Counselor II
6-4	Para-legal will accept referrals from agencies individuals and other agency staff for older persons in need of information or para-legal assistance in the public benefits area or with consumer problems.	Ongoing	Referrals received & recorded.	Counselor II
6-5	Interview client. Evaluate case give information and/or plan assistance in resolving case, including advocacy, representing client before agencies and/or hearings.	Intake form & file needs assess. Outline steps to solve case.	Client interview plan developed	Counselor II

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

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Objective # 6: (Restate Objective Here)

To increase access to needed services for elderly residents by providing para-legal advocacy services to 34 different individuals.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
6-6	Initiate steps to solve case by assisting with correct paperwork, advocacy, referrals, follow-up timely procedures and representing client with agencies and before hearings.	Ongoing	Implement planned procedures. Record referrals and other services.	Counselor II
6-7	Request waivers for all applications not conforming to AAA guidelines.	Ongoing	Waivers completed & submitted.	Counselor II
6-8	Para-legal will do regular consultation and follow-up to ensure quality & time of service delivery.	Ongoing	Plan updated & reviewed with consultation & follow-up recorded.	Counselor II
6-9	Para-legal will perform needs reassess every 3 months or as required.	Ongoing	Reassess Completed	Counselor II
6-10	Para-legal will complete inform & needs assess & client service forms as required.	Ongoing	Necessary forms completed and submitted.	Counselor II

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

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Objective # 7 : (Restate Objective Here)

To reduce isolation among the elderly residents by providing 72 different low-income and/or minority individuals in need of services through outreach services during FY80/81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
<u>Staff Needed to Achieve Objectives:</u>				
	2 Counselor I 5% 1 Counselor 5% 1 Program Director 2%			
7-1	Maintain personnel to provide outreach service.	Ongoing	Personnel hired and assigned duties.	Program Director
7-2	Provide staff direction/supervision develop job descriptions and work programs develop a training program and evaluate outreach personnel (paid & volunteer)	Ongoing	Weekly staff meetings held. Job descriptions and work programs completed. Work programs completed. Training plan completed. Evaluation completed.	Program Director
7-3	Develop a plan for canvassing the agency's district to seek out older adults who may be in need of service.	Sept. 15	Plan completed.	Program Director
7-4	Develop a schedule or roster of those needing an outreach visit to include date, time, destination and special requirements and assign personnel (paid and volunteer) to implement the service. Material on Center services given resident.	Monthly and up-dated as required.	Roster completed. Personnel assigned. Outreach completed and recorded.	Program Director Counselors
7-5	Counselor will make contact with socially isolated elderly and does a needs prescreening.	Ongoing	Service request filed with Supervising Counselor for disposition	Program Director Counselors
7-6	Provide reports and maintain records on Outreach services to project administration.	Monthly	Reports filed with Project Administrator.	Program Director Counselors

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

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

Objective # 7 : (Restate Objective Here)

To reduce isolation among the elderly residents by providing 72 different low-income and/or minority individuals in need of services through out reach services during FY 1980-81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
7-7	Monitor outreach service to insure contract compliance and quality of service.	Monthly	Reports reviewed and submitted to HRB.	Program Director

Objective # 8 : (Restate Objective Here)

To reduce risk of institutionalization of frail elderly by providing preventive services including chore service, shopping assistance, telephone reassurance, friendly visiting to 200 different elderly individuals with a monthly case load of 100 different individuals during FY 1980-81.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
8-1	Maintain paid and volunteer staff to provide preventive services to include: Program Director 15% Service Coordinator 90%, Aide 100% 1.6FTE Volunteers, 2 Aide 50%, 1 Aide 25%	Ongoing	Staff hired.	Program Director
8-2	Provide staff direction/supervision, develop job descriptions and work programs, develop a training program and evaluate staff assigned preventive service staff.	Ongoing	Job descriptions work programs, training program developed, staff evaluated as per PACT personnel policies.	Program Director Service Coordinator
8-3	Develop and maintain a volunteer recruitment, training, and placement program.	Ongoing	Volunteers recruited in sufficient numbers to meet program objectives.	Service Coordinator
8-4	Accept referrals from agencies individuals and other agency staff for older adults in need of preventive services.	Ongoing	Referrals received and recorded.	Service Coordinator
8-5	Develop a schedule or roster of those needing preventive services to include specific services required, frequency, date, special requirements other information needed to provide the requested service and assigned personnel (paid and volunteer) to implement the service.	Monthly	Roster completed personnel assigned.	Service Coordinator

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

Objective # 8 : (Restate Objective Here)

To reduce risk of institutionalization of frail elderly by providing preventive services including shore service, shopping assistance telephone reassurance, friendly visiting to 200 different elderly individuals with a monthly case load of 100 different individuals during Fiscal Year 1980-1981.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
8-6	Volunteer staff will perform telephone reassurance services implementing emergency procedure defined by case manager and client.	Ongoing	Services completed and recorded. Emergency procedure implemented as needed.	Service Coordinator Volunteer
8-7	Aide (s) will go to homes of elderly providing basic companionship shopping service and simple house hold or minor home maintenance chores.	Ongoing	Services completed and recorded.	Aides Volunteers
8-8	Aide (s) will inform appropriate case manager of changes in clients situation requiring intensive casework of revision of case plan.	Ongoing	Appropriate case manager informed of changes in client situation	Aides Volunteers
8-9	Provide reports and maintain records of preventive services to program administration.	Monthly	Reports filed with program administrator.	Aides Volunteers
8-10	Monitor preventive services to insure contract compliance.	Monthly	Services monitored by program administrator.	Program Director Service Coordinator
8-11	Service Coordinator, aides and volunteers will complete appropriate reporting and recording forms.	Ongoing	Appropriate reporting and recording forms completed.	Service Coordinator Aides Volunteers

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

Objective # 9: (Restate Objective Here)

To reduce social isolation and increase knowledge about services among elderly residents by providing 96 educational or recreational events with an annualized participation of 450 different elderly during FY1980-1981.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
9-1	Maintain personnel to provide education or recreation events. The personnel will be Program Director 1% Service Coordinator 10%	Ongoing	Personnel assigned duties.	Program Director Service Coordinator
9-2	Provide personnel direction/ongoing supervision, and and work programs for all assigned personnel.	Ongoing	Staff meetings held for all assigned personnel work programs developed reviewed and updated.	Program Director Service Coordinator
9-3	Develop ongoing communication with community agencies and individuals to inform them of educational and recreational services.	Ongoing	Community agencies and individuals knowledgeable.	Service Coordinator
9-4	Develop a schedule of educational or recreational events to include dates, times, locations and subjects.	Sept 20	Schedule submitted to HRB	Service Coordinator
9-5	Assign personnel to implement schedule of education and/or recreational events.	Ongoing	Personnel assigned events held.	Service Coordinator
9-6	Monitor educational or recreational events to ensure contract compliance and quality of service.	Monthly	Reports reviewed and submitted to HRB	Program Director Service Coordinator

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

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Objective # 10 : (Restate Objective Here)

To raise \$9,927.00 from private resources by June 30, 1981.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
<u>Staff Needed to Achieve Objectives</u>				
	Program Director 15%			
10-1	Maintain personnel to plan & implement fund raising activities.	Ongoing	Personnel hired & assigned duties.	Program Director
10-2	Plan, organize, schedule & implement four special fund raising projects i.e., bake sale, rummage sale, spaghetti dinner, in conjunction with S.E. Seniors, Inc.	Quarterly	Special projects held	Program Director
10-3	Develop and send a direct mail fund raising letter to a list of private individuals and businesses as compiled by agency staff and board members.	Ongoing	Letter developed and mailed	Program Director
10-4	Develop, organize and implement a fundraising drive to identify five hundred one dollar a month donors.	Ongoing	Five hundred donors identified. contributions recorded.	Program Director
10-5	Develop organizing and implements fundraising booth at the 1980 Neighborfair	July 13th	Fundraising booth operated during 1980 Neighborfair	Program Director
10-6	Maintain records of fundraising activities and conduct all related fiscal matters with acceptable accounting practice	Ongoing	Records maintained	Program Director

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

Objective # 11 : (Restate Objective Here)

To increase community resources through identification and support of 10 natural caregiving neighbors in S.E. Portland during Fiscal Year 1980-1981.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
<u>Staff Needed to Achieve Objectives</u>				
	Program Director 5%			
	3 Vista Volunteers 100%			
11-1	Develop training program for Vista volunteers and program staff a Natural Neighbors networking	Sept 1	Training Plan completed	Program Director
11-2	Interview and select three Vista volunteers for Natural Neighbor projects.	Sept 30	Volunteers interviewed and selected	Action Program Director
11-3	Implement training program for Vista volunteers, Program staff on Natural Neighbors networking	Oct 31	Training program implemented	Program Director Vista
11-4	Orient Vista volunteers to Portland Multnomah Aging Service System, S.E. Service Distrib. etc.	Oct 31 - Ongoing	Vista volunteers informed of social service network	Program Director Vista
11-5	Instruct volunteers in recording contacts with daily activities in journal	Oct 31	Journals kept, reviewed bi-weekly	Vista
11-6	Identify specific geographical area within the S.E. district in which to begin	Oct 15	Area identified boundries defined.	Vista
11-7	Identify potential sources of information on natural caregivers in S.E. area	Nov. 15	List of sources assembled	Vista

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

Objective # 11: (Restate Objective Here)

To increase community resources through identification and support of 10 Natural Caregiving neighbors in S.E. Portland during Fiscal Year 1980-1981

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
11-8	Informally approach community residents inquiring about natural caregiver	Feb 15	Contacts made. activities recorded in journal.	Vista
11-9	Review Journals, select natural caregiver candidates	Feb 28	List of natural caregiver candidates completed	Vista
11-10	Approach natural caregiver candidates concerning activities	Mar 15	Candidates contacted	Vista
11-11	Develop consultant relationship with natural caregivers to increase individuals capacity to provide assistance	June 30	Natural caregivers accept referrals provide additional assistance.	Program Director Vista

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

Objective # 12 : (Restate Objective Here)

To increase the P.A.C.T. Senior Service Center role as a community focal point through identification of 3 elderly service programs and implementing co-location at the P.A.C.T. Senior Service Center site during FY 1980-1981.

No.	Activity	Completion Date	Measure of Activity Completion	Staff Assigned
12-1	Review with the District Advisory Committee potential services to be co-located at the P.A.C.T. Senior Service Center	Sept 1	Prioritized list of potential co-located services	Program Director
12-2	Review current space use and develop strategy to fully utilize center space	Sept 1	Space use plan developed	Program Director
12-3	Identify and meet with the representatives of Senior Serving agencies to discuss co-location	Ongoing	Senior serving agencies representatives contacted	Program Director
12-4	Implement co-location of programs	June 30	Programs co-located at Senior Service Center	Program Director

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

- 37
6. Service Area, Target Population and Eligibility Criteria for Services:
(Describe the service area to be covered by this project and the target population for each service to be provided. Explain how each target population will be identified. State the eligibility criteria to be utilized for each service provided and the method for appeal or exception.)

Service Area: The PACT Southeast Senior Service Center will provide services to elderly residents in Southeast Portland in the following census tracts: 1, 2, 3.01, 7.01, 8.01, 9.01, 9.02, 10, 11.01, 11.02, 12.01, 12.02, 13.01, 13.02, 14, 15, 16.01, 16.02, 17.01, 18.01, 18.02, 19, 20, 21. 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

FISCAL SECTION

1. Budget Summarya. Funding Recap: (List all sources of funding by amount and source.)

<u>City Support Requested</u>	<u>Amount</u>
Information and Referral - Title III-B	33,272
Case Management - Title III-B	40,198
Case Management - OPI	19,764
Discretionary - General Fund	80,406
Administration - General Fund	19,293
Subtotal	192,933
Required Cash Match	9,927
Program Income	
Subtotal	202,860
<u>Other Project Support</u>	
Volunteer - 5,928 hr. \$3.10	18,377
Vista Volunteers	5,400
Energy Crisis Assistance Program	2,915
TOTAL	229,552

b. Funding Statement: (Briefly describe the duration of funding from each source listed above.)2. Statement of Certification

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

Authorized Signature _____ Date _____

APPROPRIATION UNIT
LINE ITEM WORKSHEET

Code	Object Title	Title III-B Information and Referral	Title III-B Case Management	OPI Case Management	General Fund Discretionary Services	General Fund Administration
110	Full-Time Employees	24,885	32,859	16,185	44,416	7,576
120	Part-Time Employees				10,224	
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits	3,733	4,929	2,428	8,272	1,113
190	Less-Labor Turnover					
100	Total Personal Services	28,618	37,788	18,613	62,912	8,689
210	Professional Services				1,000	800
220	Utilities	797	800		2,433	
230	Equipment Rental	66		116	148	
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies	204		267	549	
320	Operating Supplies	111		193	296	
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities—External					
410	Education	48		84	228	
420	Local Travel	227	500		1,134	
430	Out-of-Town Travel					
440	Space Rental	875	875		9,615	
450	Interest					
460	Refunds					
470	Retirement System Payments					
490	Miscellaneous					
510	Fleet Services					
520	Printing Services	132		231	398	
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance					500
570	Telephone Services	2,194	235	260	1,693	
580	Intra-Fund Services					
590	Other Services—Internal					9,304
200- 500	Total Materials & Services	4,654	2,410	1,151	17,494	10,604
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	33,272	40,198	19,764	80,406	19,293

4/ Southeast Services District
PACT, Inc.
FY 80/81

149872
SE
80-81

**APPROPRIATION UNIT
LINE ITEM WORKSHEET**

Code	Object Title	Total City Support	Required Cash Match	Total City Contract	Other Support	Total Project
110	Full-Time Employees	125,921	1,906	127,827	23,777	151,604
120	Part-Time Employees	10,224	3,442	13,666		13,666
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits	20,475	749	21,224		21,224
190	Less-Labor Turnover					
100	Total Personal Services	156,620	6,097	162,717	23,777	186,494
210	Professional Services	1,800		1,800		1,800
220	Utilities	4,030	770	4,800		4,800
230	Equipment Rental	330		330		330
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies	1,020		1,020		1,020
320	Operating Supplies	600		600		600
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education	360		360		360
420	Local Travel	1,861	145	2,006		2,006
430	Out-of-Town Travel					
440	Space Rental	11,365	2,915	14,280	2,915	17,195
450	Interest					
460	Refunds					
470	Retirement System Payments					
480	Miscellaneous					
510	Fleet Services					
520	Printing Services	761		761		761
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance	500		500		500
570	Telephone Services	4,382		4,382		4,382
580	Intra-Fund Services					
590	Other Services-Internal	9,304		9,304		9,304
200- 500	Total Materials & Services	36,313	3,830	40,143	2,915	43,058
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	192,933	9,927	202,860	26,692	229,552

PERSONNEL

DATE 6/13/80

AGENCY PACT, INC

FUNDING SOURCE TITLE III-B /Information and Referral

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

PERSONNEL

DATE 6/13/80

AGENCY Pact, Inc.

FUNDING SOURCE Title IIIB/Case Management

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

PERSONNEL

DATE 6/13/80

AGENCY Pact, Inc.

FUNDING SOURCE OPI/Case Management

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

CONTRACT JUSTIFICATION BUDGET

PERSONNEL

CONTRACT NO. _____

DATE 6/13/80

CONTRACT TITLE Southeast Services District

AGENCY PACT, INC.

FUNDING SOURCE GENERAL FUND /Discretionary Services

(A) No. of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-Time)	(D)% of Time on Contract	(E) Maximum Monthly Charge to Contract	(F) No. of Months on Contract	(G) Cost (AxCxDxF)
1	PROGRAM DIRECTOR	1,390	55	764.50	12	9,174 -
1	I&R COORDINATOR	992	10	99.25	12	1,191 -
1	COUNSELOR II	1,178	10	117.83	12	1,414 -
1	SERVICE COORD.	992	100	992.00	12	11,904 -
1	AIDE	683	100	683.00	12	8,196 -
1	AIDE	753	100	753.00	12	9,036 -
1	AIDE (P.T.)	683	8	54.67	12	656 -
1	COUNSELOR	893	5	44.67	12	536 -
2	COUNSELOR I	1,042	5	104.24	12	1,251 -
1	JANITOR (P.T.)	715	37.5	268.08	12	3,217 -
1	AIDE (P.T.)	717	50	358.50	12	4,302 -
1	AIDE (P.T.)	683	50	341.50	6	2,049 -
1	SECRETARY	794	18	142.83	12	1,714 -
SUB-TOTAL, PERSONNEL					54,640 -	
15.1 * % FRINGE BENEFITS					8,272	
TOTAL, PERSONNEL					62,912	

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

PERSONNEL

DATE 6/13/80

FUNDING SOURCE	GENERAL FUND
----------------	--------------

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

CONTRACT JUSTIFICATION BUDGET

PERSONNEL

CONTRACT NO. _____

DATE 6/13/80

CONTRACT TITLE Southeast Services District

AGENCY PACT, INC

FUNDING SOURCE Total City Support (excluding match)

(A) No. of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-Time)	(D)% of Time on Contract	(E) Maximum Monthly Charge to Contract	(F) No. of Months on Contract	(G) Cost (AxCxDxF)
1	PROGRAM DIRECTOR	1,390	100	1,390	12	16,680 ✓
1	COUNSELOR II	1,178	100	1,178	12	14,136 ✓
2	COUNSELOR I	1,042	100	2,084 ✓	12	25,010 ✓
1	COUNSELOR	893	100	893	12	10,716
1	I&R SPECIALIST	893	100	893	12	10,716
1	SECRETARY	794	80	635.17	12	7,622
1	I&R COORD	992	100	992.00	12	11,905
1	JANITOR (P.T.)	715	37.5	268.08	12	3,217
1	SERVICE COORD.	992	100	992.00	12	11,904
1	AIDE (Discretion)	683	100	683.00	12	8,196
1	AIDE (Discretionary)	753	100	753.00	12	9,036
1	AIDE (Discretion. P.T.)	717	50	358.50	12	4,302
1	AIDE (Discretion.P.T.)	683	8	54.67	12	656
1	AIDE (Discretion. P.T.)	683	50	341.50	6	2,049
SUB-TOTAL, PERSONNEL					136,145	
15	* % FRINGE BENEFITS				20,475	
TOTAL, PERSONNEL					156,620	

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

PERSONNEL

DATE 6/13/80

AGENCY PACT, INC

FUNDING SOURCE	Required Cash Match
State	0%
Federal	0%
Local	0%
Private	0%
Other	0%

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

CONTRACT JUSTIFICATION BUDGET

PERSONNEL

CONTRACT NO. _____

DATE 6/13/80

CONTRACT TITLE Southeast Services District

AGENCY PACT, INC

FUNDING SOURCE Total Contract

(A) No. of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-Time)	(D)% of Time on Contract	(E) Maximum Monthly Charge to Contract	(F) No. of Months on Contract	(G) Cost (AxCxDxF)
1	PROGRAM DIRECTOR	1,390	100	1,390	12	16,680
1	COUNSELOR II	1,178	100	1,178	12	14,136
2	COUNSELOR I	1,042	100	2,084	12	25,010
1	COUNSELOR	893	100	893.00	12	10,716
1	I&R SPECIALIST	893	100	893.00	12	10,716
1	SECRETARY	794	100	794.00	12	9,528
1	I&R COORD	992	100	992.00	12	11,905
1	JANITOR (P.T.)	715	37.5	268.08	12	3,217
1	SERVICE COORD	992	100	992.00	12	11,904
1	AIDE	683	100	683.00	12	8,196
1	AIDE	753	100	753.00	12	9,036
1	AIDE (P.T.)	717	50	358.50	12	4,302
1	AIDE (P.T.)	683	50	341.50	12	4,098
1	AIDE (P.T.)	683	50	341.50	6	2,049
SUB-TOTAL, PERSONNEL						141,493
15	* % FRINGE BENEFITS					21,224
TOTAL, PERSONNEL						162,717

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

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE May 12, 1980

PROJECT NO. _____

PROJECT TITLE PACT INC., S.E. Senior Service CenterINFORMATION AND REFERRAL Title III-B
To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
220	Utilities	797	797
230	Equipment Rental - Typewriter	66	66
310	Office Supplies - No single item to exceed \$99.99. Excludes furniture items.	204	204
320	Operating Supplies - No single item to exceed \$99.99. Excludes furniture items.	111	111
410	Education - conferences and seminars	48	48
420	Local travel - mileage @ \$.185/mile	227	227
440	Space Rental - Senior Center \$72.92 per mo. x 12 mos.	875	875
520	Printing Services	132	132
570	Telephone 182.83 x 12 mos	2,194	2,194
	TOTAL		4,654

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE May 12, 1980

PROJECT NO. _____

PROJECT TITLE PACT, Inc., Southeast Services District

Case Management

Title III-B

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
220	Utilities	800	800
420	Local Travel .185/mi	500	500
440	Space Rental - Senior Center \$72.92 per mo. x 12 mos.	875	875
570	Telephone Services \$19.58 x 12 mos.	235	235

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE May 12, 1980

PROJECT NO. _____

PROJECT TITLE PACT, Inc., Southeast Services District

Case Management

OPI

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
230	Equipment Rental - Typewriter	116	116
310	Office Supplies - No single item to exceed \$99.99. Excludes furniture items.	267	267
320	Operating Supplies - No single item to exceed \$99.99. Excludes furniture items.	193	193
410	Education	84	84
520	Printing Services	231	231
570	Telephone \$21.67 x 12 mos.	260	260

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE May 12, 1980

PROJECT NO. _____

PROJECT TITLE PACT, INC., S.E. Senior Service Center
DISCRETIONARY SERVICES GENERAL FUND

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
210	Consultant Services - Community Development	1,000	1,000
220	Utilities	2,433	2,433
230	Equipment Rental - Typewriter	148	148
310	Office Supplies - No single item to exceed \$99.99. Excludes furniture items.	549	549
320	Operating Supplies - No single item to exceed \$99.99. Excludes furniture items.	296	296
410	Education	228	228
420	Local Travel - Bus passes and mileage @ \$.185	1,134	1,134
440	Space Rental - Senior Center \$801/m X 12mos	9,615	9,615
520	Printing Services	398	398
570	Telephone \$141.08 x 12 mos	1,693	1,693
	TOTAL		17,494

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE May 12, 1980

PROJECT NO. _____

PROJECT TITLE PACT, INC., S.E. Senior Service Center
ADMINISTRATION III-B GENERAL FUND

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
210	Professional Services: 8 hrs. legal x \$50/hr Audit costs	400 400	800
560	Insurance Liability & Bonding Insurance	500	500
590	Other Services - Internal		
	INDIRECT COSTS		
	Postage - \$45/mo. x 12 mos	540	
	Xerox - 512 copies/mo x .05 x 12 mos	307	
	ADMINISTRATIVE SUPPORT:		
	20% Accountant .20 x \$1568 x 12 mos.	3,763	
	10% Deputy Director .10 x \$2,013 x 12 mos.	2,416	
	5% Executive Director .05 x \$2,174 x 12	1,304	
	13% Fringe	974	9,304
	TOTAL		10,604
	Materials & Services		

BUDGET JUSTIFICATION
MATERIALS AND SERVICES

DATE June 13, 1980

PROJECT NO. _____

PROJECT TITLE PACT, INC., Southeast District Services

Total City Support (excluding match)

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
210	Professional Services: 8 hrs. legal @ \$50/hr Audit costs Consultant Services - Community Developmt.	400 400 1,000	1,800
220	Utilities	4,030	4,030
230	Equipment rental Typewriter @ \$55/mo x 6 mos.	330	330
310	Office Supplies-No single item to exceed \$99.99. Excludes furniture items.	1,020	1,020
320	Operating Supplies-No single item to exceed \$99.99. Excludes furniture items.	600	600
410	Education-workshops & seminars	360	360
420	Local Travel - 4 bus passes/mo. @ \$18 x 12 449 mi./mo. x \$.185/mi. x 12 mos.	864 997	1,861
440	Space Rental- Senior Center \$947/m X 12mos	11,365	11,365
520	Printing Services	761	761
560	Insurance Liability and Bonding Insurance	500	500
570	Telephone \$365/mo. *	4,382	4,382
590	Other Services - Internal INDIRECT COSTS Postage- \$45/mo x 12 mos Xerox- 512 copies/mo x .05 x 12 mos ADMINISTRATIVE SUPPORT: 20% Accountant .20 x \$1,568 x 12 mos 10% Deputy Director .10 x \$2,013 x 12 mos 5% Executive Director .05 x \$2,174 x 12 mos 13% Fringe	540 307 3,763 2,416 1,304 974	9,304
*Not exact due to rounding.			

DATE June 13, 1980

PROJECT TITLE PACT, Inc., Southeast District Services

To extent possible, use format indicated below.

B-18

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 13, 1980

PROJECT NO. _____

PROJECT TITLE PACT, Inc., Southeast District Services

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: 8 hrs. legal @ \$50/hr Audit costs Consultant Services - Community Developmt	400 400 1,000	1,800
220	Utilities	4,800	4,800
230	Equipment rental Typewriter @ \$55/mo x 6 mos	330	330
310	Office Supplies-No single item to exceed \$99.99. Excludes furniture items.	1,020	1,020
320	Operating Supplies-No single item to exceed \$99.99. Excludes furniture items.	600	600
410	Education - workshops & seminars	360	360
420	Local Travel- 4 bus passes/mo. @ \$18 x 12 514 mi./mo. x \$.185/mi. x 12 mos.	864 1,142	2,006
440	Space Rental \$1,190/mo. x 12 mos.	14,280	14,280
520	Printing Services	761	761
560	Insurance Liability and Bonding Insurance	500	500
570	Telephone \$365/mo *	4,382	4,382
590	Other Services - Internal INDIRECT COSTS Postage - \$45/mo x 12 mos Xerox - 512 copies/mo x .05 x 12 mos. ADMINISTRATIVE SUPPORT: 20% Accountant .20 x \$1,568 x 12 mos 10% Deputy Director .10 x \$2,013 x 12 m 5% Executive Director .05 x \$2,174 x 12 mos. 13% Fringe	540 307 3,763 2,416 1,304 974	9,304
	*Not exact due to rounding.		

EXHIBIT C
REQUIRED REPORTING FORMS
AND
PROCEDURES

I. Information and Referral

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

II. Discretionary ServicesA. Paralegal Advocacy (6)

1. Number of people served	_____	_____
----------------------------	-------	-------

B. Outreach (7)

1. Number of people identified	_____	_____
a. number of low income	_____	_____
b. number minority	_____	_____

C. Ed/Rec Events (9)

Event (topic)	Date(s)	Total Attn.	New Participants
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Number of Events this Month _____ YTD _____ YTD People _____

D. Fund Raising (10)

1. Amount of money raised This Month _____ YTD _____

E. Natural Neighbors (11)

	<u>this month</u>	<u>YTD</u>
1. Number of Natural Neighbors identified	_____	_____
2. Number of Natural Neighbors supported	_____	_____

F. Co-Location of Programs (12)

1. Number of programs co-located	_____	_____
----------------------------------	-------	-------

Completed or Reviewed By _____

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

ACTION CODE

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

CLIENT INFORMATION FORM

Completed by _____

Intake/Transaction DATE

Mo. Day Yr.
3 8

CASE NUMBER

9 14

CLIENT NAME

15 26
Last

(*)

27 35
First M.I.

ADDRESS

37 (P.O. Box or Street Address) 52

PHONE NUMBER

53 59

(*)CENSUS TRACT

60 64

(*)CLIENT STATUS

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

(*)Agency with PRIMARY RESPONSIBILITY

66 67

Caseworker CODE

68

D.P.I. STATUS

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

REFERRAL SOURCE

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

(*)BIRTHDATE

Mo. Day Yr.
71 76

(*)SEX

- 77 1. Male
2. Female

(*)ETHNIC GROUP

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

(*)MARITAL STATUS

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

(*)INCOME SOURCE(S)

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

(*)MONTHLY INCOME

84 86

(*)NO. ON INCOME

87

HOUSING TYPE

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

(*)HOUSEHOLD COMP.

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

(*)SIGNIFICANT OTHERS

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

(*)AVAILABLE HELP

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

(*)SELF CARE LIMITATIONS

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

HEALTH CARE PROVIDER

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

(*)MOBILITY LIMITATIONS

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

(*)PHYSICAL HEALTH PROB.

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

(*)MENTAL HEALTH STATUS

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

HEALTH INSURANCE

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

TRANSPORTATION

- Usual (*)Special
106 107 108
1. None
2. Con. pass.
3. AAA
4. Other Sponsor
5. Private provider
6. Friend/Rel.
7. Special
8. Center
9. Other

DATE CLOSED

Mo. Day Yr.
109 114

REASON FOR CLOSURE

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

WAIVER REVIEW DATE

Mo. Yr.
116 117 120
1. OPI Income
2. Income
3. Age
4. Agency
5. Living Arrangements
6. Other
7. Elig. w/out waiver

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

Completed by: _____

Client Service Form

Agency: _____

Date: _____

Instructions: 1. Complete each starred (*) item.
2. Complete other items as appropriate.

(*) Action Code

3 1
1 2

(*) Case Number

3 8

(*) Service Date
Mo Yr

9 12

1. New

(*) Client Name - Last

First

M.I.

13 24

Agency
Providing
Service

Service
Code

Referral Code

1. accepted
2. pending
3. denied

Service
Frequency

Referral
Made To

25 26 27 28

29

30 31

32 33

34 35 36 37

38

39 40

41 42

43 44 45 46

47

48 49

50 51

52 53 54 55

56

57 58

59 60

61 62 63 64

65

66 67

68 69

70 71 72 73

74

75 76

77 78

Comments:

CODES: Client Services**Housing**

- 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

Agency _____

Month	Year
-------	------

13872

84

19872

INFORMATION TALLY SHEET

AAA 211 (Revised 6/79)

Completed by: _____

Month _____

TYPE OF CONTACT

Phone:	Walk-in:	Other:	Total:

TYPE OF SERVICE PROVIDED

Info/simple:	Info/complex:	Other:

SOURCE OF CONTACT

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

Disposition of Request

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

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: _____

(Agency'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: _____

(Client's Copy)

REQUEST FOR WAIVER

1. _____ Name of Agency requesting waiver	2. Type of request <input type="checkbox"/> New <input type="checkbox"/> Review	3. Criteria to be waived
4. _____ Name of Client	5. _____ CTS Case Number	Income <input type="checkbox"/> OPI Guidelines <input type="checkbox"/> AAA Guidelines
6. Briefly describe the situation. (Attach a copy of the latest 101 & 102)		<input type="checkbox"/> Age <input type="checkbox"/> Living Arrangement <input type="checkbox"/> Other Agency <input type="checkbox"/> Other _____ Specify

7. Resources Investigated

Services Requested

Outcome

8. _____	9. _____
Signature of Counselor	Signature of Signature
Date	Date

----- DO NOT WRITE BELOW THIS LINE -----

10. Request is: Approved <input type="checkbox"/> AAA	Temporarily <input type="checkbox"/> AAA	Denied <input type="checkbox"/> AAA
<input type="checkbox"/> OPI	Approved <input type="checkbox"/> OPI _____ Date	<input type="checkbox"/> OPI

11. Comments:_____
Signature of Reviewer_____
Date

Contract Agency _____

Social Services Division

Accounting Unit

Address _____

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

Portland, Oregon 97204

City _____ State _____

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

- 7/
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.

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.

CONTRACT MODIFICATIONS

Contractor	Contract #	FY 80/81 Budget
1. Neighborhood House	#18159	\$ 55,165
2. North Portland Rotary, Inc.	#18166	\$ 81,328
3. Multnomah County Community Action Agency	#18565	\$157,022
4. Northwest Pilot Project, Inc.	#18160	\$ 53,804
5. Friendly House, Inc.	#18196	\$ 53,947
6. Portland Action Committees Together	#18217	\$192,933

ORDINANCE NO. **149872**

An Ordinance authorizing modifications of Contract #18159 with Neighborhood House, Inc., at a cost not to exceed \$55,165; Contract #18166 with North Portland Rotary, Inc., at a cost not to exceed \$81,328; Contract #18565 with Multnomah County Community Action Agency, at a cost not to exceed \$157,022; Contract #18160 with Northwest Pilot Project, Inc., at a cost not to exceed \$53,804; Contract #18196 with Friendly House, Inc., at a cost not to exceed \$53,947; and Contract #18217 with Portland Action Committees Together, Inc., at a cost not to exceed \$192,933 to continue district senior center services to elderly in specified areas of Portland/Multnomah County for the period July 1, 1980, through June 30, 1981, under the Human Resources Bureau and declaring an emergency.

The City of Portland ordains:

Section 1. The Council finds:

1. Pursuant to Ordinance # , the City approved the Fiscal Year 1980-81 Annual Plan of Action for Aging Services which includes the provision of district senior center services of information, referral, case management, and support services for the elderly in Portland/Multnomah County, under the Human Resources Bureau.
2. Pursuant to Ordinance #148355, the City entered into Contract #18159 with Neighborhood House, Inc., for the period September 1, 1979, through June 30, 1981; Contract #18565 with Multnomah County Community Action Agency for the period September 1, 1979, through June 30, 1982; Contract #18160 with Northwest Pilot Project for the period September 1, 1979, through June 30, 1982; Contract #18196 with Friendly House, Inc., for the period September 1, 1979, through June 30, 1983; and Contract #18217 with Portland Action Committees Together, Inc., for the period September 1, 1979, through June 30, 1983, to provide district senior center services in specified areas of Portland/Multnomah County, under the Human Resources Bureau.
3. Pursuant to Ordinance No. 148393, the City entered into Contract #18166 with North Portland Rotary, Inc., for the period September 1, 1979, through June 30, 1981, to provide district senior center services in a specified area of Portland/Multnomah County, under the Human Resources Bureau.
4. Funds have been budgeted and are available in the Fiscal Year 1980-81 City budget to continue these services for the period July 1, 1980, through June 30, 1981, subject to its adoption by City Council.
5. A match provided by the contractor is included in each contract, as follows, for the period July 1, 1980, through June 30, 1981: Neighborhood House, Inc., \$6,687; North Portland Rotary, Inc., \$3,936; Multnomah County Community Action Agency, \$7,999; Northwest Pilot Project, Inc., \$2,484; Friendly House, Inc., \$2,466; and Portland Action Committees Together, Inc., \$9,927.

ORDINANCE No.

6. Neighborhood House, Inc., North Portland Rotary, Inc., Multnomah County Community Action Agency, Northwest Pilot Project, Inc., Friendly House, Inc., and Portland Action Committees Together, Inc., are duly constituted and legal non-profit corporations and are each certified by the Bureau of Financial Affairs Contract Compliance Division as an EEO Affirmative Action Employer.
7. It is appropriate, therefore, that the Commissioner-in-Charge and the Auditor execute, on behalf of the City, modifications of Contract #18159 with Neighborhood House, Inc., at a cost not to exceed \$55,165; Contract #18166 with North Portland Rotary, Inc., at a cost not to exceed \$81,328; Contract #18565 with Multnomah County Community Action Agency, at a cost not to exceed \$157,022; Contract #18160 with Northwest Pilot Project, Inc., at a cost not to exceed \$53,804; Contract #18196 with Friendly House, Inc., at a cost not to exceed \$53,947; and Contract #18217 with Portland Action Committees Together, Inc., at a cost not to exceed \$192,933, to continue district senior center services to elderly in specified areas of Portland/Multnomah County for the period July 1, 1980, through June 30, 1981, under the Human Resources Bureau, similar in form to Exhibit "A".

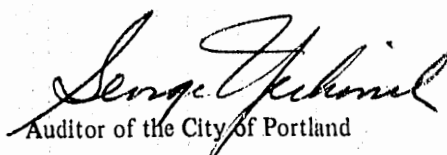
NOW, THEREFORE, the Council directs:

- a. The Commissioner-in-Charge and the Auditor are hereby authorized to execute on behalf of the City modifications of Contract #18159 with Neighborhood House, Inc., at a cost not to exceed \$55,165; Contract #18166 with North Portland Rotary, Inc., at a cost not to exceed \$81,328; Contract #18565 with Multnomah County Community Action Agency, at a cost not to exceed \$157,022; Contract #18160 with Northwest Pilot Project, Inc., at a cost not to exceed \$53,804; Contract #18196 with Friendly House, Inc., at a cost not to exceed \$53,947; and Contract #18217 with Portland Action Committees Together, Inc., at a cost not to exceed \$192,933, to continue district senior center services to elderly in Portland/Multnomah County for the period July 1, 1980, through June 30, 1981, under the Human Resources Bureau, similar in form to Exhibit "A".

Section 2. The Council declares that an emergency exists because delay in the enactment of this ordinance will result in disruption of district senior center services to the elderly, therefore, this ordinance shall be in force and effect from and after its passage by the Council.

Passed by the Council, JUN 26 1980

Commissioner Francis J. Ivancie


Auditor of the City of Portland

THE COMMISSIONERS VOTED AS FOLLOWS:		
	Yeas	Nays
Ivancie		
Jordan		
Lindberg		
Schwab		
McCready		

FOUR-FIFTHS CALENDAR	
Ivancie	
Jordan	
Lindberg	
Schwab	
McCready	

Calendar No. 2246

ORDINANCE No. 149872

Title

An Ordinance authorizing modifications of Contract #18159 with Neighborhood House, Inc., at a cost not to exceed \$55,165; Contract #18166 with North Portland Rotary, Inc., at a cost not to exceed \$81,328; Contract #18565 with Multnomah County Community Action Agency, at a cost not to exceed \$157,022; Contract #18160 with Northwest Pilot Project, Inc., at a cost not to exceed \$53,804; Contract #18196 with Friendly House, Inc., at a cost not to exceed \$53,947; and Contract #18217 with Portland Action Committees Together, Inc., at a cost not to exceed \$192,933 to continue district senior center services to elderly in specified areas of Portland/ Multnomah County for the period July 1, 1980 through June 30, 1981, under the Human Resources Bureau and declaring an emergency.

Filed JUN 19 1980

GEORGE YERKOVICH
Auditor of the CITY OF PORTLAND

Gordon Beall
Deputy

INTRODUCED BY
Commissioner Francis Ivancie

NOTED BY THE COMMISSIONER
Affairs
Finance and Administration
Safety
Utilities <i>FJIMK</i>
Works

BUREAU APPROVAL
Bureau: Human Resources
Prepared By: <i>BP</i> Date: Barbara Patrick 6/20/80
Budget Impact Review: <input checked="" type="checkbox"/> Completed <input type="checkbox"/> Not required
Bureau Head: Erma Hepburn <i>Erma Hepburn</i>

NOTED BY
City Attorney
City Auditor <i>[Signature]</i>
City Engineer



End of Volume 418



Start of Volume

↓ 419