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If approved as self-insured by the City Attorney, the Contractor shall deliver to the City Auditor, in lieu of a Standard Liability Insurance Policy, evidence that they agree to hold harmless, defend and indemnify the City, its agents and employees from any and all claims for damages arising in whole or in part out of the performance of this contract.

If the Contractor enters into more than one (1) contract with the City, insurance and bonding shall be furnished, together with the proper endorsements for each separate contract. Failure to maintain current insurance, bonding and proper endorsements for each separate contract shall result in the withholding of payment to the Contractor or the termination of the contract.

- C. The term "approval by the City" means written approval by the Executive Director and/or the Commissioner-in-Charge of the Human Resources Bureau. Unless otherwise specified, documents submitted to the City shall be regarded as received when delivered to the Human Resources Bureau.
- D. 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.
- E. 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.
- F. 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.

SECTION IX: SPECIAL CONDITIONS

- A. The staff supervisor, given reasonable notice, shall attend training sessions and meetings and participate in other activities as required by the City to a maximum of three sessions (24 hours) per month.
- B. Other staff hired under this contract shall participate in such training sessions, meetings and other activities as required by the City to a maximum of 2 sessions (16 hours) per month.
- C. The Contractor shall assure that older persons shall not be discriminated against and that older persons shall be employed on a part-time and full-time basis in carrying out programs, to the degree feasible and subject to the provisions of approved personnel policies.
- D. The Contractor shall conform to the Client Representative Policy and the client confidentiality policy as set forth by the City.
- E. In performance hereof, the Contractor shall comply with the provisions of the "Nondiscrimination on Basis of Handicap" Section 504 Assurance of Compliance with the Rehabilitation Act of 1973 (Refer to Exhibit "B", Attachment 8).
- F. The Contractor agrees to submit documentation as required by the City to support waivers of contract policies and requirements granted by the City.
- G. The Contractor shall use the service definitions as set forth by the City and standardized reporting forms as developed and provided by the City.
- H. The Contractor shall employ City descriptions, policies and procedures for the delivery, utilization and coordination of information, referral, case management, escort, transportation, homemaker, housekeeper, legal, nutrition and other contracted services provided as part of the Portland/Multnomah County Area Agency on Aging Service System.
- I. 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 p.m. on the 5th working day of each month.
- J. The Contractor shall conform to State, Federal and local laws and City policies and procedures governing service delivery and eligibility for service. 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.

- K. The Contractor shall provide information services upon request. In the event a client needs extended services and/or case planning, then the client is to be referred to the District Area Agency on Aging Contractor responsible in accordance with established Aging Services District boundaries.
- L. 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.
- M. The Contractor shall enter into written agreements with other service providers with the Portland/Multnomah County Area Agency on Aging Service System as directed by the City to specify and clarify procedures of coordination.
- N. 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.
- O. The Contractor shall assure that all older persons in the Aging Services District have reasonably convenient access to information and referral services.
- P. 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.
- Q. 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.

Contractor must use all contributions to increase the number of services. 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.
- R. 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.
- S. The Contractor shall support an advisory committee which meets at least bi-monthly and which meets the following criteria;
- (a) The membership shall be broadly representative of the elderly population of the Aging Services District and should include representatives of both sexes of major ethnic groups, as well as professionals, business, labor, government, education, volunteer, civic groups, and consumers of services.
 - (b) Persons age 60 and older shall make up more than fifty (50%) of the advisory committee membership.
 - (c) Members shall serve without pay and accrue no financial benefit as a result of membership on the Advisory Committee (does not preclude reimbursement for costs incurred).
 - (d) The Advisory Committee shall have written by-laws which shall include the responsibility (1) to advise the Contractor regarding policies, programs and actions affecting the delivery of services under this contract and (2) to review and comment on policies, programs, and actions of other agencies which affect older people residing in the Aging Services District.
- T. The Contractor shall provide the City with copies of the current Advisory Committee by-laws and a current list of Advisory Committee members, such documents to be sent to the City not more than sixty (60) days after execution of this agreement. The Contractor further agrees to submit any changes within thirty (30) days of their effective date.

- U. The Contractor shall submit to the City, minutes of the meetings of the District Advisory Committee within ten working days after the meeting.
- V. The Contractor shall participate with the City in the on-going development and implementation of a standardized information, referral and case management system.
- W. 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.

SECTION X: CONTRACT MODIFICATION

- A. Contractor may request changes in the contract by submitting a written request in accordance with City procedures (refer to Exhibit C). Minor changes shall not become effective until the Commissioner-in-Charge has given written approval, and the approved document is filed with the City Auditor. Major changes shall not become effective until approved by City Council, signed by the appropriate parties, and the approved document filed with the City Auditor.

SECTION XI: CONTRACT ASSIGNMENT

- A. The Contractor has been selected by the City for this work because of its particular experience in this program area. This contract is personal between the parties, and the Contractor shall not assign or subcontract in whole or in part hereof without prior approval by the City.
- B. In the event the City decides to assign its interest in this contract, in whole or in part, the City shall give written notice of the assignment to the Contractor ten (10) days prior to the assignment.

SECTION XII: TERMINATION REMEDIES

- A. 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.
- B. The contract may also be terminated at any time by the City by giving written notice if its Federal, state or local grants are suspended, modified, or terminated. In the event of termination, the Contractor shall be entitled to reimbursement for allowable costs incurred up to the date of termination indicated in the written notice.

C. 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.

SECTION XIII: SIGNATURES

The parties witness their consent to be bound by all the terms of this contract; SECTIONS I through XIX, by signing below.

APPROVED AS TO CONTENT

CONTRACTOR

By Emma E. H. Johnson 6-17-80 By _____
Executive Director Date

APPROVED AS TO FORM

CITY OF PORTLAND

By _____ Date _____
City Attorney

By _____

PROJECT APPLICATION SHEET

CITY OF PORTLAND HUMAN RESOURCES BUREAU		APPLICATION FOR PROJECT FUND	
1. Short Title of Project: (Do not exceed one typed line) Northeast District Senior Service			
2. Type of Application (Check One) New Project <input checked="" type="checkbox"/> Continuing Project <input type="checkbox"/> Revision of Cont. Proj. <input type="checkbox"/>			
3. Responsible HRB Division Social Services Division		4. Contract Period From <u>7/1/80</u> to <u>6/30/84</u>	
5. Budget Period From <u>7/1/80</u> to <u>6/30/81</u>		6. City Support Requested \$ <u>70,505.00</u>	
7. Applicant Agency (Name, address & telephone) Hollywood Senior Center 1820 N. E. 40th Ave., Portland, Oregon 97212 288-8303		8. Project Director (Name, address & telephone) Lawrence Schuck, Director 1820 N. E. 40th Avenue Portland, Oregon 97212 288-8303	
9. Financial Officer (Name, address & telephone) Lawrence Schuck, Director 1820 N. E. 40th Avenue Portland, Oregon 97212 288-8303		10. Official Authorized to Bind Agency (Name, address & telephone) James Douglas 5766 N. Commercial (503) 283-3700	
11. Project Summary: Summarize, in approximately 200 words, the project plan presented in application, briefly covering project goals, objectives, strategy, target population and administration.			

For the period 7/1/80 - 6/30/81 Hollywood Senior Center will continue under the Comprehensive Aging plan to ensure reasonably convenient access to information and referral services and other social services for elderly persons over 60 in the Northeast Aging Services area.

Service objectives for the period include the following: case management for 196 persons; 2400 responses to information requests; and 523 referrals. In addition those social services determined by the Hollywood Senior Center staff to be necessary for the general welfare of older persons residing in the area will be provided, with priority consideration given to the needs of case management clients. Those services will be: Friendly Visiting for 27 clients, Consumer assistance for 50 clients, Supportive Counseling for 45 clients; Transportation Scheduling for 119 clients; Information and Referral Services will be provided at two nutrition sites in the area on a once a month basis. The following services will be offered to individuals over 60 within the target area not necessarily case management clients. Crisis Counseling for 12 individuals, linkage for minor home repair for 44 individuals, linkage for yard maintenance for 49 individuals, escorted group trips for 120 individuals, Recreation, Educational events for 10,000 individuals and health screening for 1800 individuals.

Referrals and media publicity will make area seniors aware of services and subsequent individual assessments will reveal those individuals in need of services. Services will be provided by a combination of paid staff and volunteer effort. Paid staff : 1 Director, 1 Services Coordinator, 2 Case Managements Specialists, 1 Information & Referral Specialist. Extensive Volunteer support is provided by Seniors and others and is enhanced by an active advisory council. Hollywood Senior Center is a private non-profit corporation with a governing Board of Directors. The Board hires a Director to handle administrative duties.

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PROJECT NARRATIVE

1. Statement of Problem/Documentation of Need: (Provide a concise description of the conditions and problems to be addressed by the project. Quantifiable, measurable terms should be used. Verify that the problem exists with documentation.)

Elderly persons often experience a wide array of problems related to the physical and financial decline associated with old age. Many elderly persons who remain in their own homes suffer from neglect because they do not utilize available community resources to meet their needs. Others who are institutionalized would be provided essential services in their own homes at a lower cost to the community.

Federal guidelines direct that priority shall be given to services which meet the needs of older persons who encounter social and economic barriers. Local and national studies show that elderly individuals who are older, poorer, and more socially isolated tend to be at higher risk of institutionalization than the general aging population. 1970 census data indicates that in the Northeast Aging Services District there are 8,760 residents age 60 and over; of these 2,621 are age 75 and older. Of persons age 65 and over at least 1,100 have incomes below the poverty level, 2,099 live alone, 37 are minority, and 17 live in group facilities. This totals 14,634 need units which comprises 8.64% of the total need in Portland/Multnomah County.

Community needs are identified and prioritized by the following methods:

1. The Advisory Council in open public meetings.
2. Staff development through client contact and input and regular staff meetings.
3. Information and Referral documentation as to frequency of request each month and unmet needs recorded.

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2. Statement of Project Goals: (The project goal is a brief statement of the intent of the project to change, reduce or eliminate the problem identified above. The goal should relate to overall goal statement of HRB's Divisional Unit and to the general purpose of the project.)

Project Goal:

To ensure reasonably convenient access to information and referral services and social contact opportunities for all older persons in the aging service area and to provide supportive services within the community to maintain independent living situations for mentally and physically impaired elderly persons in the Northeast Aging Services District.

Overall Area Agency on Aging Goal:

To provide the leadership role in order to increase the level of community services for older persons in Portland/Multnomah County to meet the basic needs of the elderly and promote independent and dignified living for elders through the processes of evaluating the service systems' capacity to meet those needs and by advocating for such increases as necessary.

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

Objectives:	Productivity Indicators:
1. Maintain effective management of services provided for the elderly in the Northeast Aging Service District through the accomplishment of activities listed in Section 4 during the period 7/1/80 - 6/30/81.	# and dates of activities listed in Section 4 accomplished
2. Increase knowledge of services and resources for elderly residents by providing information (simple)* and information (complex)* services in response to 2,400 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 523 requests for assistance during the period 7/1/80 - 6/30/81.	# of referral (simple) services provided.
4. Maintain access to needed services for elderly residents by providing case management for 196 different individuals who meet the established needs criteria, with an average monthly caseload of 111 clients in Level I and 37 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.
* 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).	

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

Objectives:	Productivity Indicators:
<p>5. Provide the following services in response to the particular needs of the elderly in the Northeast Aging Services District.</p> <p>a. Friendly Visiting on the average of twice a month for <u>27</u> case management clients (average of <u>18</u> per month).</p> <p>b. Consumer Assistance Services (e.g. advocacy, personal business, assistance in applying for government financial programs, adjustment of government benefits, food buying, shopping assistance, money management) <u>175</u> hours for <u>50</u> case management clients</p> <p>c. Supportive Counseling <u>100</u> hours to <u>30</u> case management clients</p> <p>d. Transportation scheduling services <u>2,230</u> trips for <u>119</u> clients</p> <p>e. Crisis Intervention Counseling (intervention in a crisis situation with an individual) <u>25</u> hours to <u>12</u> individuals</p> <p>f. Information & Referral Services at nutrition sites: at least one session per month at each of two nutrition sites in the Northeast Aging Services District</p> <p>g. Provide linkage for <u>44</u> individuals to receive <u>67</u> units of minor home repair</p> <p>h. Provide linkage for <u>49</u> individuals to receive <u>150</u> units of yard maintenance</p>	<p># of individuals Visited</p> <p># of friendly visits made</p> <p># of $\frac{1}{2}$ hours of assistance provided</p> <p># of clients served</p> <p># of $\frac{1}{2}$ hours of counseling provided</p> <p># of clients counseled</p> <p># of trips scheduled</p> <p># of clients served</p> <p># of $\frac{1}{2}$ hours of counseling provided</p> <p># of individuals served</p> <p># of Information & Referral sessions held at each nutrition site</p> <p># of individuals served</p> <p># of minor repairs completed</p> <p># of individuals served</p> <p># of yard maintenance services completed</p>

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

Objectives:	Productivity Indicators:
i. Provide escorted group trips; an average of 1 trip per month for an average of 10 people per trip.	# of participants # of trips
j. Provide 80 educational activities (average of 8 participants per act and 400 recreational events (30 participants per event)	# of Educational Events # of participants # of Recreational events # of participants
k. Hold 2 blood pressure screening clinics per month with an average attendance of 70 individuals	# of screening clinics # of individuals screened

Objective # 1 : (Re-state objective here)

Maintain effective management of services provided for the elderly in the Northeast Aging service District through the accomplishment of activities listed in Section 4 during the period of 7/1/80 - 6/30/81.

No.	Activity	Completion Date	Measure of completion of activity	Staff assigned
1-1	Provide personnel needed to maintain effective management of services and to provide personnel direction supervision and training through individual and/or group staff meetings. The personnel will be: Director, .25 FTE (.05 FTE contract supported; .20 FTE agency in-kind contribution); Bookkeeper, .35 FTE (agency in-kind contribution); Volunteer Attorney, .01 FTE: Volunteer or CETA-funded Receptionist/ Clerical personnel, .50 FTE.	Ongoing	Staff hired	Director
1-2	Develop and maintain individual job description and work programs for all assigned personnel (paid and volunteer).	July 20, 1980	Job descriptions developed	Director
1-3	Develop and implement upon approval by Aging Services a training plan to be provided by the agency for assigned personnel (paid and volunteer).	July 20, 1980	Training plan submitted	Director
1-4	Attend such Area Agency on Aging Contractor meetings and training sessions as required.	Ongoing	Attendance recorded by HRB	Director

4. Statement of activities/timeline for each objective: (List as many activities as necessary to outline the work product.)

Objective # 1 : (Re-state objective here)

Maintain effective management of services provided for the elderly in the Northeast Aging Service District through the accomplishment of activities listed in Section 4 during the period of 7/1/80 - 6/30/81.

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

4. Statement of activities/timeline for each objective: (List as many activities as necessary to outline the work product.)

Objective # 2 : (Re-state objective here)

Increase knowledge of services and resources available for elderly residents by providing information (simple) and information (complex) services in response to 2,400 requests for information and assistance during the period 7/1/80 - 6/30/81.

4. Statement of activities/timeline for each objective: (List as many activities as necessary to outline the work product.)

No.	Activity	Completion Date	Measure of completion of activity	Staff Assigned
2-1	Maintain personnel capable of providing information assistance. The personnel will be: Director .05 FTE; Services Coordinator .14 FTE; Case management Specialists .14 FTE; I & R Specialist .56 FTE; Volunteers .50 FTE;	Ongoing	Personnel hired, assigned duties	Director Services Coord.
2-2	Provide staff supervision, training and evaluation.	Ongoing	Performance objectives, job descriptions, training and evaluation completed.	Director Services Coord.
2-3	Maintain an up-to-date file of community resources.	Ongoing	File updated	I & R Spec
2-4	Provide written information to program participants on available resources	Ongoing	Material gathered, displayed and distributed	I & R Spec
2-5	Provide reports and maintain records on information services to project administration	Monthly	Reports completed	I & R Spec
2-6	Maintain information service to ensure contract compliance and quality	Monthly	Reports received and submitted to HRB	Services Coord

Objective # 3 : (Re-state objective here)

Increase access to needed services among elderly residents through the provision of referral (simple) and referral (complex) services in response to 523 requests for assistance during the period 7/1/80 - 6/30/81.

No.	Activity	Completion Date	Measure of completion of activity	Staff Assigned
3-1	Maintain personnel to provide referral services: ; Services Coordinator .06 FTE; Case Management Specialists .06 FTE; I & R Specialist .24 FTE; Legal Volunteer .20 FTE.	Ongoing	Personnel hired and duties assigned	Services Coord
3-2	Provide staff training, direction and supervision	Ongoing	Job descriptions, monthly objectives, evaluations and client staffings completed	Services Coord
3-3	Maintain accessible file of resources available for referral	Ongoing	Files updated	I & r Spec
3-4	Implement the referral service by making appropriate referrals to service providing agencies, including advocacy and follow-up to insure delivery.	Ongoing	Referrals made and documented on appropriate forms	I & R Spec Services Coord Case Mngt. Spec
3-5	Monitor quality of service	Ongoing	Reports reviewed	Services Coord
3-6	Provide reports and maintain records on referral services to project administration.	Monthly	Reports submitted to HRB	I & R Spec
3-7	Screen for advocacy, referral and follow-up for appropriate legal and advocacy services	Ongoing	Services provided and documented on client logs	Vol. Attorney

4. Statement of activities/timeline for each objective: (List as many activities as necessary to outline the work product.)

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Objective # 4 : (Re-state objective here)

Maintain access to needed services for elderly residents by providing case management for 196 different individuals who meet the established need criteria, with an average monthly case load of 111 clients in Level I and 37 clients in Level II during the period 7/1/80 - 6/30/81.

4. Statement of activities/timeline for each objective: (List as many activities as necessary to outline the work product.)

No.	Activity	Completion Date	Measure of completion of activity	Staff Assigned
4-1	Maintain personnel to provide case planning and case management services. The personnel will be Services Coordinator .20 FTE; Case Management Specialists 1.28 FTE; Volunteers .05 FTE	Ongoing	Personnel hired and assigned duties.	Services Coord.
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.	Services Coord
4-3	Accept referrals from agencies, individuals, and other agency staff for older persons in need of case management services.	Ongoing	Referrals received and recorded	Services Coord I & R Spec Volunteers
4-4	Perform a needs assessment and develop a case plan according to AAA standards for all clients.	Ongoing	Needs assessments completed and recorded, and case plans developed, maintained, and on file for each client	Case Mngt. Spec Volunteers
4-5	Implement case plans by making appropriate referrals to service providing agencies including advocacy, follow-up, and inter-agency consultations to ensure service delivery.	Ongoing	Case plans implemented, services and referrals recorded.	Case MNGT Spec

Objective # 5 : (Re-state objective here) Providing those services determined to be necessary for the general welfare of older persons residing in the Northeast Aging Service District. Such as services will be (1) Services supportive of case management clients, a. Friendly Visiting b. Consumer Assistance, c. Supportive Counseling, d. Transportation Scheduling;(2) Information & Referral at Loaves & Fishes sites and (Cont'd on next page)

4. Statement of activities/timeline for each objective: (List as many activities as necessary to outline the work product.)

No.	Activity	Completion Date	Measure of completion of activity	Staff Assigned
5-1	Maintain personnel to provide services responsive to the particular needs of the elderly in the Northeast Aging Services District That personnel will be: Director .515 FTE; Services Coordinator .60 FTE; Case Management Specialists .52 FTE; I & R Specialist .20 FTE; Volunteers 2.85 FTE.	Ongoing	Personnel hired and duties assigned. Volunteers recruited and assigned	Director Services Coord
5-2	Provide training, supervision and evaluation of paid and volunteer staff	Ongoing	Job descriptions, training performance objectives, evaluations completed	Director Services Coord
5-3	Accept referrals from agencies, individuals and other organizations concerning seniors in need of services.	Ongoing	Referrals received and recorded	Staff. volunteers
5-4	Prepare schedule of recreational/educational events	Monthly	Schedule prepared	Director
5-5	Prepare schedule of information and referral sessions at the two nutrition sites in the Northeast Aging Service District	Monthly	Schedules prepared	Services Coord
5-6	Assign personnel to provide information and referral services at nutrition sites	Monthly	Personnel assigned	Services Coord

Objective # 5 : (Re-state objective here)

(C) Services for all persons 60 and over in the Northeast District (including but not limited to case management clients): e. Crisis Intervention Counseling, f. linkage for minor home repair, g. linkage for yard maintenance, h. escorted group trips, I. Recreation/Education activities and j. Health Screening.

No.	Activity	Completion Date	Measure of completion of activity	Staff Assigned
5-7	Provide services to elderly, friendly visiting, Consumer Assistance, transportation scheduling, Crisis Counseling information, referral at nutrition sites, linkage for minor home repair, linkage for yard maintenance, escorted group trips, recreational/educational activities, health screening services.	Ongoing		Director Services Coord Case Mngt. Spec Volunteers
5-8	Monitor quality of services provided	Ongoing	Reports Reviewed	Services Coord
5-9	Provide reports and maintain records on services to project administration	Monthly	Reports completed and submitted to HRB	Services Coord

4. Statement of activities/timeline for each objective: (List as many activities as necessary to outline the work product.)

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5. Strategy/Method: (Briefly describe the general approach to meeting the stated goals and objectives. Discuss the rationale of this approach and how it relates to the overall strategy of the responsible HRB Divisional Unit.)

Hollywood Senior Center uses a three level approach to services.

On the first level the Center acts as a focal point for older people in the North-east Community for social and recreational opportunities, information about services and local events, health screening, income opportunities such as the active consignment store and frequently used job board and volunteer opportunities of all types.

On the second level the Center acts as a broker for services needed by the older population of the district. There is a steady stream of requests for services of all kinds. As needs are identified community resources including the Hollywood business community are mobilized to meet those needs.

On the third level the Hollywood Senior Center acts as an active and cooperative partner in the network of aging services coordinated by the Area Agency on Aging. In accordance with the federal guidelines the seniors provided on this level are targeted to a frail elderly population and are focused on maintaining people in their own homes rather than being institutionalized prematurely. These special services include case management, transportation, supportive counseling, friendly visiting, housekeeper and homemaker services.

By providing a three level approach elderly persons can become familiar with the agency while they are still requiring a minimum of support. As they require more assistance and have more needs they are able to move from one level to another with a maximum feeling of continuity and trust.

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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 Northeast Aging Service District will provide services to elderly residents in Northeast Portland in the following census tracts: 17.02, 27.01, 27.02, 28.01, 28.02, 29.01, 29.02, 29.03, 74, 75, 76, and 77. 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 service area. Information, REferral, Crises intervention, recreation/education opportunities, group tours, health screening, linkage with minor home repair and yard maintenances are provided for any elderly resident of the service area. Additional Case management and limited access supporting services are provided for a restricted target population. This population includes low-income person, 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 scheduling, Homemaker, housekeeper, friendly visiting, supportive counseling, consumer assistance services.

Eligibility Criteria: Information and referral, Crises Intervention, Linkage to yard maintenance and minor home repair, Education/Recreation, group tours and health screening are provided to residents of Multnomah County who are age 60 and older. 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 a 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) for the Area Agency on Aging Contracts Unit, limited access services may be provided to individuals who do not meet all of the aging criteria.

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

The Director reports directly to the Board of Directors and has overall responsibility for the supervision of all paid and volunteer staff. He is also responsible for all Senior Center activities including Recreation/Education Activities and Health Screening. A Senior Advisory Council advises the Director on day to day center activities and takes part in recruiting volunteers in conjunction with the Services Coordinator.

The Services Coordinator reports to the Director and maintains direct supervision over the information and referral and case management program and supervises the Information and Referral Specialist and Case Management Specialists. Provides back-up on Information & Referral services as does the Director, and Case Management Specialists and a trained volunteer. Also acts as volunteer coordinator in recruiting, training and scheduling volunteers who provide direct service.

Clerical tasks and office back-up are provided by volunteers and local high school work experience people under the supervision of the Director. All employees are selected in accordance with the current personnel and affirmative action policies. Supervision is maintained through the use of monthly work objectives and regular performance appraisals. The hours of operation are from 8:30 a.m. to 5:00 p.m. Monday through Friday. The paid holidays are: New Year's Day, President's Day, Easter, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving, and Christmas.

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8. Applicant Agency Administration: (Describe the qualifications of the incorporated agency, including experience, support services to be provided for this project and other related projects operated by the agency. Describe the functions of the Board of Directors as they relate to this project.)

Hollywood Senior Center was incorporated as a non-profit corporation in May, 1973. Since then it has become, with rapidly increasing senior participation, an integral part of the Northeast Portland community. This has been accomplished through the provision of recognized services, an expanded schedule of social and recreational activities and the successful, self-supporting Senior Crafts Store.

Hollywood Senior Center has maintained a contract with the City of Portland since 1975. The agency has actively participated in the Area Agency on Aging linkage of services for the elderly.

Hollywood Senior Center is governed by a Board of Directors which establishes annual objectives and budgets, reviews monthly financial and activity reports, approves contracts and hires a Director to attend to administrative functions. The Director is assisted in his tasks by a bookkeeper and volunteer or CETA funded clerical personnel.

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

Community Participation has occurred on at least three levels:

- (1) The Senior Advisory Council meets monthly, has an active Executive Committee and elects its membership on an annual basis from the general membership. The Council advises the Director on aging activities and chooses a representative to serve on the Area Agency on Aging Planning/Advisory Committee. The Council actively recruits volunteers to assist in the expansion of activities and services.
- (2) The Board of Directors consists of area businessmen and senior citizens who reside in the local community.
- (3) Hollywood Senior Center takes an active part in the Hollywood business community, eliciting support for the project primarily from the Boosters.

Volunteers are utilized on a routine basis to provide services to seniors.

10. Coordination: (Describe the intentions to coordinate this project with other community organizations and statutory agencies in the service area. Briefly discuss program and service exchanges that may occur. Identify staff positions responsible for these activities.)

Hollywood Senior Center, Inc., works closely with many community agencies to maximize services to the elderly, to include the following:

- (1) The Area Agency on Aging for training, information and funding assistance. *
- (2) Tri-Met, Red Cross and FISH for transportation services. +
- (3) Metropolitan Family Services for homemakers and housekeeper services. +
- (4) All AAA contract centers for information sharing and client information. +
- (5) Legal Aide, Oregon Legal Services and Hollywood Law Center for legal services. +
- (6) Retired Senior Volunteer Program for the recruitment and monitoring of volunteer functions. *
- (7) Multnomah County Health Department and Providence Medical Center for technical assistance in the provision of health services. +
- (8) Social Security Administration for educational activities regarding that agency. +
- (9) Loaves and Fishes for the provision of home-delivered and congregate meals. *
- (10) The Northeast Senior Coalition for information sharing, advocacy, and program collaboration regarding seniors residing in Northeast Portland. +
- (11) Providence Hospital Volunteer Program for volunteer assistance with medicare forms. +
- (12) The Albina Action Center for emergency fuel and food vouchers, surplus food and the emergency fuel assistance program. +
- (13) Multnomah County Community Action Agency for emergency fuel and food vouchers, surplus food and the emergency fuel assistance program. +
- (14) Metropolitan Arts Commission for special cultural events. +

Volunteers are utilized on a routine basis to provide services to clients, to include telephone reassurance, friendly visitation and escort assistance.

Key: * indicates written agreement
+ indicates informal agreement

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EXHIBIT B
BUDGETS AND ATTACHMENTS

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FISCAL SECTION

1. Budget Summary

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

<u>City Support Requested</u>	<u>Amount</u>
Information and Referral Title III-B	16,028
Case Management Title III-B	13,582
OPI	6,680
Discretionary Services General funds	27,164
Administration General funds	7,051
<hr/>	
Subtotal	70,505
Required Cash Match	3,355
Program Income	-0-
Subtotal	73,860
<hr/>	
<u>Other Project Support</u>	
Director .20 FTE	3,600
Center Supported Staff: Bookkeeper .35 FTE	2,400
Volunteer Time 3.60 FTE	22,766
Center Support: Rent	5,394
<hr/>	
SUB TOTAL	34,160
<hr/>	
OVERALL TOTAL	\$108,020

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

The volunteer support as well as financial contributions have been ongoing as resource categories for several years and will continue for the foreseeable future. Hollywood Senior Center will provide out of its other funding sources 20% of the Director's and 35% of the Bookkeeper's contract-related wages (for Administration). CETA funded positions have been applied for with no guarantee that they will be filled. Hollywood Senior Center will also support a portion of the materials and services related to the contract, primarily rent, since only a fraction of the rent has been charged to the contract.

2. Statement of Certification

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

Authorized Signature _____ Date _____

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ATTACHMENTS

Attachments: (Required information is listed below. Forms, if necessary, are included in this section.)

1. Budget Justification Forms
 - Budget Worksheet
 - Personnel Justification (full-time staff)
 - Personnel Justification (part-time staff)
 - Materials and Services
 - Capital Outlay
2. Project Organization Chart
3. Job Descriptions/Qualifications
4. List of Current Board of Directors
5. List of Current Advisory Council Members
6. Applicant Resume
7. Assurance of Compliance with Section 504, Rehabilitation Act of 1973
8. Map of Service Area

APPROPRIATION UNIT
 LINE ITEM WORKSHEET

Code	Object Title	Title III-B I & R	Title III-B Case Mngt	OPI Case Mngt.	General Fund Discretionary Services	General Fund Administration
110	Full-Time Employees	13,788	11,853	5,340	22,035	939
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
160	Premium Pay					
170	Benefits	1,792	1,164	1,072	2,864	121
190	Less-Labor Turnover					
100	Total Personal Services	15,580	13,017	6,412	24,899	1,060
210	Professional Services					
220	Utilities					
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies					
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education	25	7	43	25	
420	Local Travel	75		225	200	
430	Out-of-Town Travel					
440	Space Rental	348	558		2,040	75
450	Interest					
460	Refunds					
470	Retirement System Payments					
490	Miscellaneous					
510	Fleet Services					
520	Printing Services					
530	Distribution Services					
540	Electronic Services					
560	Data Processing Services					
560	Insurance					
570	Telephone Services					
580	Intra-Fund Services					
590	Other Services-Internal					5,916
200- 500	Total Materials & Services	448	565	268	2,265	5,991
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	16,028	13,582	6,680	27,164	7,051

Northeast Service district
 Hollywood Senior Center
 FY 80/81

APPROPRIATION UNIT
 LINE ITEM WORKSHEET

NE
 80-81

Code	Object Title	Total City Support	Required Cash Match	Total City Contract Amount	Other Resources	Total Project
110	Full-Time Employees	53,955	2,969	56,924		56,924
120	Part-Time Employees				28,766	28,766
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits	7,013	386	7,399		7,399
190	Less-Labor Turnover					
100	Total Personal Services	60,968	3,355	64,323	28,766	93,089
210	Professional Services					
220	Utilities					
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies					
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education - Training	100		100		100
420	Local Travel	500		500		500
430	Out-of-Town Travel					
440	Space Rental	3,021		3,021	5,394	8,415
450	Interest					
460	Refunds					
470	Retirement System Payments					
490	Miscellaneous					
510	Fleet Services					
520	Printing Services					
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance					
570	Telephone Services					
580	Intra-Fund Services					
590	Other Services-Internal	5,916		5,916		5,916
200-500	Total Materials & Services	9,537	-0-	9,537	5,394	14,931
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	70,505	3,355	73,860	34,160	108,020

CONTRACT JUSTIFICATION BUDGET

PERSONNEL

CONTRACT NO. _____

DATE June 12, 1980

CONTRACT TITLE Northeast District Services

AGENCY Hollywood Senior Center

FUNDING SOURCE Title III-B I & R

(A) No. of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-Time)	(D)% of Time on Contract	(E) Maximum Monthly Charge to Contract	(F) No. of Months on Contract	(G) Cost (AxCx Dx F)
1	Director	1,500	5	75.00	12	900
1	Services Coord.	1,084	20	216.83	12	2,602
2	Case Management Specialists	950	10	190.00	12	2,280
1	I & R Spec.	834	80	667.17	12	8,006
SUB-TOTAL, PERSONNEL					13,788	
13 * % FRINGE BENEFITS					1,792	
TOTAL, PERSONNEL					15,580	

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

CONTRACT JUSTIFICATION BUDGET

PERSONNEL

CONTRACT NO. _____

DATE June 12, 1980

CONTRACT TITLE Northeast District Services

AGENCY Hollywood Senior center

FUNDING SOURCE Title III-B Case Management

(A) No. of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-Time)	(D)% of Time on Contract	(E) Maximum Monthly Charge to Contract	(F) No. of Months on Contract	(G) Cost (AxCxDxF)
1	Services Coord.	1084	14	151.76	12	1,821
2	ase Mangement Spec.	950	44	536.00	12	10,032
SUB-TOTAL, PERSONNEL					11,853	
12 * % FRINGE BENEFITS					1,164	
TOTAL, PERSONNEL					13,017	

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

CONTRACT JUSTIFICATION BUDGET

PERSONNEL

CONTRACT NO. _____

DATE June 12, 1980 _____

CONTRACT TITLE Northeast District Services

AGENCY Hollywood Senior Center

FUNDING SOURCE OPI Case Management

(A) No. of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-Time)	(D)% of Time on Contract	(E) Maximum Monthly Charge to Contract	(F) No. of Months on Contract	(G) Cost (AxCxDxF)
1	Services Coord.	1084	6	65.04	12	780
2	C M Specialist	950	20	380.00	12	4,560
SUB-TOTAL, PERSONNEL					5,340	
20 * % FRINGE BENEFITS					1,072	
TOTAL, PERSONNEL					6,412	

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

CONTRACT JUSTIFICATION BUDGET

PERSONNEL

CONTRACT NO. _____

DATE June 12 , 1980

CONTRACT TITLE Northeast District Services

AGENCY Hollywood Senior Center

FUNDING SOURCE General Fund Discretionary Service

(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	Director	1,500	35	525.00	12	6,300
1	Services Coord.	1,084	60	650.00	12	7,805
1	I & R Spec	834	20	166.83	12	2,002
2	Case Mngt Spec.	950	26	494.00	12	5,928
SUB-TOTAL, PERSONNEL					22,035	
13* % FRINGE BENEFITS					2,864	
TOTAL, PERSONNEL					24,899	

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

CONTRACT JUSTIFICATION BUDGET

PERSONNEL

CONTRACT NO. _____

DATE June 12, 1980

CONTRACT TITLE Northeast District Services

AGENCY Hollywood Senior Center

FUNDING SOURCE General Fund Administration

(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	Director	1,500	5.22	78.17	12	939
SUB-TOTAL, PERSONNEL					939	
13 * % FRINGE BENEFITS					121	
TOTAL, PERSONNEL					1,060	

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

CONTRACT JUSTIFICATION BUDGET

PERSONNEL

CONTRACT NO. _____

DATE June 12, 1980CONTRACT TITLE Northeast District ServicesAGENCY Hollywood Senior CenterFUNDING SOURCE Total City Support

(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	director	1,500	45.22	678.25	12	8,139
1	Services Coord.	1,084	100	1,085.00	12	13,008
2	Case Mngt Spec	950	100	1,900.00	12	22,800
1	I & R Spec.	834	100	834.00	12	10,008
SUB-TOTAL, PERSONNEL					53,955	
13 * % FRINGE BENEFITS					7,013	
TOTAL, PERSONNEL					60,968	

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

CONTRACT JUSTIFICATION BUDGET

PERSONNEL

CONTRACT NO. _____

DATE June 12 1980

CONTRACT TITLE Northeast District Services

AGENCY Hollywood Senior Center

FUNDING SOURCE Total City Contract Amount

(A) No. of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-Time)	(D)% of Time on Contract	(E) Maximum Monthly Charge to Contract	(F) No. of Months on Contract	(G) Cost (AxCx Dx F)
1	Director	1,500	71	925.67	12	11,108
1	Services Coord.	1,084	100	1,084.00	12	13,008
2	Case Mngt. Spec	950	100	1,900.00	12	22,800
1	I & R Spec.	834	100	834.00	12	10,008
SUB-TOTAL, PERSONNEL					56,924	
13 * % FRINGE BENEFITS					7,399	
TOTAL, PERSONNEL					64,323	

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

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE 5/19/80

PROJECT NO. _____

PROJECT TITLE Hollywood Senior Center- Information and Referral Service

Title III-B

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
410	Education - Training (workshop/Classes)	25	25
420	Local Travel - 442 Miles @ 17 ¢ per mile	75	75
440	Space Rental - Mortgage payment @ \$29/mo x 12 mos	348	348

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE Northeast Service District/Hollywood Senior CenterCase management Title III-B
To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
410	Education - Training (workshops/classes)	7	7
440	Space Rental - Mortgage Payment @ \$46.50/mo x 12 mos.	558	558

BUDGET JUSTIFICATION
MATERIALS AND SERVICES

DATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE Northeast service District/Hollywood Senior Center

Case Management OPI

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
410	Education - Training (workshops/classes)	43	43
420	Local Travel 1324miles x .17¢/mile	225	225

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE Northeast Service District/Hollywood Senior Center

Discretionary Services General fund

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
410	Education - Training (Workshops/classed)	25	25
420	Local Travel 1177miles @ 17¢ per mile	200	200
440	SpaceRental - Mortgage payment @ \$170 mo x 12 mos.	2,040	2,040

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE Northeast Service District/Hollywood Senior CenterCase management Title III-B
To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
410	Education - Training (workshops/classes)	7	7
440	Space Rental - Mortgage Payment @ \$46.50/mo x 12 mos.	558	558

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE Northeast service District/Hollywood Senior Center

Case Management OPI

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
410	Education - Training (workshops/classes)	43	43
420	Local Travel 1324miles x .17¢/mile	225	225

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE June 12, 1980

PROJECT NO. _____

PROJECT TITLE Northeast Service District/Hollywood Senior Center

Discretionary Services General fund

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
410	Education - Training (Workshops/classed)	25	25
420	Local Travel 1177miles @ 17¢ per mile	200	200
440	SpaceRental - Mortgage payment @ \$170 mo x 12 mos.	2,040	2,040

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE May 19, 1980

PROJECT NO. _____

PROJECT TITLE HOLLYWOOD SENIOR CENTER - Administration

General Fund

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
440	Space Rental - Mortgage payment @ \$6.25 mo x 12 mos.	75	75
590	Indirect Costs (Utilities, Supplies, Telephone, Insurance, Postage, etc.) \$493 per month x 12 months	5,916	5,916
	TOTAL	5,991	5,991

BUDGET JUSTIFICATION
MATERIALS AND SERVICESDATE May 19, 1980

PROJECT NO. _____

PROJECT TITLE HOLLYWOOD SENIOR CENTER - Total City Support - Contract Amount

To extent possible, use format indicated below.

CODE	DESCRIPTION OF ITEM AND BASIS FOR VALUATION	ITEM TOTAL	CATEGORY TOTAL
410	Education-Training (Workshops/Classes)	100	100
420	Local Travel - 2,942 miles @ 17 ¢ per mile	500	500
440	Space Rental - Mortgage payment @ \$251.75 mo x 12 mos	3,021	3,021
590	Indirect Costs (Utilities, Supplies, Telephone, Insurance, Postage, etc.) \$493 per month x 12 months	5,916	5,916
	TOTAL	9,537	9,537

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.)

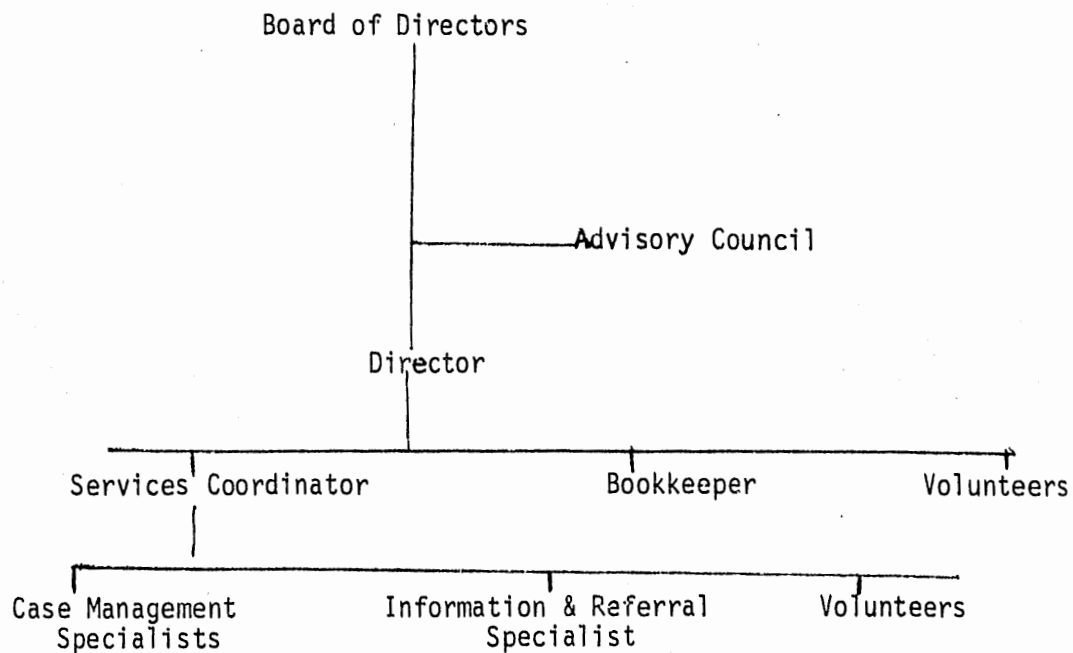
Service Area: The Northeast Aging Service District will provide services to elderly residents in Northeast Portland in the following census tracts: 17.02, 27.01, 27.02, 28.01, 28.02, 29.01, 29.02, 29.03, 74, 75, 76, 77, 78. Individuals residing outside the area can be served only with the express approval 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; and (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) for the Area Agency on Aging Contracts Unit, limited access services may be provided to individuals who do not meet all of the aging criteria.

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PROJECT TITLE: Hollywood Senior Center 5/19/80

PROJECT ORGANIZATION CHART:



JOB Description:**Position Title: Director**

Position Summary: The Director, with policy direction from the Board of Directors has overall managerial responsibility for all activities of the Hollywood Senior Center including social services, recreational programs and gift shop operations.

Specific Responsibilities:

1. Develop and monitor aging services contract, budget and service objectives for compliance and quality of service.
2. Develop and monitor budget for senior gift shop.
3. Hire, train, supervise and evaluate all paid employees and volunteer staff.
4. Provide consultation and direction to case management and information and referral staff as needed.
5. Provide information services as a backup for other staff.
6. Develop financial resources with the community, including private foundations, public grants, individual contributions and fund raising activities.
7. Coordinate with other agencies by participating in Agea Agency on Aging Contactors Association, Northeast Senior Coalition and other informal coordinating groups. Develop written interagency agreements as appropriate.
8. Monitor all record keeping systems for completeness and accuracy.
9. Schedule and monitor all Recreation/Education activities at the Senior Center.
10. Schedule & monitor all Health Screening activities.
11. Maintain records of Recreation/Education and Health Screening activities.

Page / 2

12. Provide support to Board of Directors and Advisory Council by providing regular service and statistical reports and attending monthly meetings.

Responsible to: Board of Directors

Qualifications: Masters Degree in Social Services, Psychology, Public Administrative or related fields; Supervisory experience and/or equivalent experiences in a program of senior services.

Director: \$1500.00 per month

JOB Description:

Position Title: Services Coordinator

Position Summary: Supervise case management and information & referral staff to maintain delivery of case management and information & referral services to ensure quality of service. Provide back up on Information & Referral. Develop and coordinate (minor home repair & yard maintenance) programs. Act as volunteer coordinator to develop, train and schedule volunteers in support of case management, information & referral, and support services.

Specific Responsibilities:

1. Provide direct supervision of case management and information & referral staff.
2. Monitor case plans and information & referral records for accuracy and consistency with program goals.
3. Maintain monthly records of case management and information & referral.
4. Provide response to Information & Referral requests when other staff is unavailable.
5. Seek out and develop community volunteer resources.
6. Develop and maintain training for volunteers.
7. Schedule volunteers in various activities supportive of case management, and support services.
8. Maintain records of volunteers activities.
9. Recruit handymen and yard work resources for minor home repair & yard maintenance.
10. Develop and maintain file of maintenance resources.
11. Accept all incoming requests for home maintenance service, prioritize by need and schedule services accordingly.
12. Follow up to insure service delivery.
13. Maintain records of service delivery and submit monthly to Area Agency on Aging.

14. Participate in regular staff and planning meetings for development and maintenance of case management, information & referral, recreation and service programs.

15. Attend all training sessions designated by the Area Agency on Aging for the purpose of developing & updating skills.

Responsible to: Director

Qualifications: Bachelors Degree in Social Services, Sociology, Social Work or related subjects, or equivalent experiences in programs working with the elderly and supervisory experience.

Services Coordinator: \$1084.00 per month

Job Description

Position Title: Case Management Specialist

Position Summary: Provide case management services to older residents of Northeast Portland in accordance with Area Agency on Aging guidelines. Act as backup for information and referral specialist. Provide information & referral to Loaves & Fishes Sites. Maintain accurate case records. Provide support services to case management clients.

Specific Responsibilities:

1. Perform needs assessments and develop case plans for short term and long term intervention with older persons according to AAA standards.
2. Implement case plans by making appropriate referrals to service providing agencies, including advocacy, follow up and inter agency consultations to insure service delivery.
3. Perform regular follow up consultation to insure quality of service delivery.
4. Perform needs reassessments on each client on a regular basis to determine progress towards goals, changes, and continuing need for services.
5. Provide back-up for information and referral by responding to telephone and walk-in requests for assistance when information and referral specialist is unavailable.
6. Provide information and referral service to Hollywood East & Hollywood Loaves & Fishes sites .
7. Provide information and referral services to older persons ineligible for case management services.
8. Provide direct services in support of the case management program such as Consumer Assistance, Supportive Counseling and Crisis Counseling.
9. Participate in regular staff and planning meetings for development maintenance of case management, information & referral, recreation and service programs.
10. Attend all training sessions designated by Area Agency on Aging or Hollywood Senior Center for the purpose of developing & updating skills.

Responsible to: Service Coordinator

Qualifications: A Bachelors Degree in Sociology, Social Work, Psychology, Social Services or related fields or equivalent experiences in Aging Services.

Case Management Specialist: \$950.00 per month

57
Job Description:

Position Title: Information and Referral Specialist

Position Summary: Provide Information & Referral Services to persons according to Area Agency on Aging guidelines both on the telephone and in person. Develop and maintain resource files. Maintain records on requests and unmet needs. Schedule transportation for case management clients.

Specific Responsibilities:

1. Handle all incoming telephone and walk-in requests for information and assistance.
2. Make assessment of requests and provide either resource information, referral, or in house referral to case management program.
3. Follow up on referrals to insure delivery of service.
4. If service connection not completed provide reassessment and advocacy as necessary to insure service delivery.
5. Maintain record on contacts and unmet needs by recording on tally sheets, referral logs and unmet need report.
6. Maintain comprehensive resource files on services, programs and opportunities for older persons.
7. Serve as in house resource for service programs and opportunities for older persons by responding to staff requests researching resources for specific problems and sharing new resources with staff as they become available.
8. Coordinate all transportation requests for case management clients by accepting ride requests, scheduling with transportation resources and maintaining records on rides requested, scheduled and declined.
9. Participate in regular staff and planning meetings for development and maintenance of case management, information & referral, recreation and service programs.
10. Attend all training sessions designated by Area Agency on Aging or Hollywood Senior Center for the purpose of developing and updating skills.

Responsible to: Services Coordinator

Qualifications: Associates Degree in Social Services or related fields or equivalent experiences in programs for older people.

Information & Referral Specialist: \$834.00 per month

FY 79-80

PROJECT TITLE: HOLLYWOOD SENIOR CENTER3/15/80List of Current Board of Directors: (Indicate Chairperson by an asterisk (*).)

NAME/ADDRESS	TELEPHONE	TERM
*President James Douglas	5766 N. Commercial Portland Or 97217	283-3700 6/30/80
Vice-President Paul Clark	11131 S.E. Alder Portland Or 97216	254-7776 6/30/81
Secretary Harry Kraus	1825 N.E. 153rd P1 Portland Or 97230	253-2575 6/30/80
Treasurer Rose Hastings	2211 S.W. Park Place Portland Or 97205	241-9319 6/30/81
Beckius, Ella (Pres. Advisory Council)	7115 S.E. Boise Portland Or 97206	774-8140 6/30/81 6/30/80)
Brady, Anna	1620 N.E. 24th, #306 Portland Or 97232	282-3173 6/30/80
Fuller, Eric	7630 N.E. Sacramento Portland Or 97213	255-3139 6/30/81
MacDonald, Gary	12150 S.E. 143rd P1 Portland Or 97236	658-5656 6/30/81
Moser, Fred	3904 N.E. 42nd Ave Portland Or 97213	287-5306 6/30/80
Smith, Michael	2935 N.E. 18th Ave Portland Or 97212	287-4493 6/30/80
Cease, Jane	2625 N.E. Hancock Portland Or 97212	282-7931 6/30/80
Johnson, Rees	3112 S.W. Santa Monica Portland Or 97210	244-9163 6/30/81

ATTACHMENT #4

59
18PROJECT TITLE: HOLLYWOOD SENIOR CENTER 8/10/79

List of Current Advisory Council Members: (Indicate the Chairperson by an asterisk (*)).

Name	Mailing Address	Term Expires	60+ Yes/No	Representation (Consumer, Agency Minority, etc.)
*+ Beckius, Ella	7115 S.E. Boise, Portland, Or 97206	6/80	Yes	Consumer
+ Duffy, Mary	228 S.E. 87th, Portland, Or 97220	6/80	Yes	Consumer
+ Warren, Margaret	2500 N.E. Weilder, Portland, Or 97212	6/80	Yes	Consumer
+ Sauvian, Martha	3630 N.E. 22nd Portland, Or 97212	6/80	Yes	Consumer
+ Brady, Anna	1620 N.E. 42nd Portland Or 97232	6/80	Yes	Consumer
+ Moser, Fred	3904 N.E. 42nd Portland Or 97213	6/80	Yes	Consumer
+ Eaton, Frances	6433 N.E. 35th Portland Or 97211	6/80	Yes	Consumer
+ Campbell, Gladys	2314 N.E. 52nd Portland Or 97213	6/80	Yes	Consumer
+ Davis, Thelma	1515 N. Ainsworth Portland Or 97217	6/80	Yes	Consumer
+ Gibbs, Metha	12505 N.E. Fremont Portland Or 97230	6/80	Yes	Consumer
+ Kalez, Marion	3803 N.E. Milton Portland Or 97212	6/80	Yes	Consumer
+ Wolfe, Helen	2223 N.E. 9th, Portland Or 97212	6/80	Yes	Consumer

ATTACHMENT #5

APPLICANT AGENCY RESUME

Applicant Agency Legal Name: HOLLYWOOD SENIOR CENTER, INC.	Date of Incorporation: May 23, 1973
---	--

Type of Organization:

Public	_____
Private Non-Profit	<u> X </u>
Private-Profit	_____
Other (_____)	_____

Short Statement of Agency Purpose:

The purpose of Hollywood Senior Center, Inc., is to help senior citizens maintain independent living situations, and to enhance the quality of life for the general senior population.

Major Agency Bank Account (give name of bank, address and contact person): Harry Kraus, Mgr. U.S. National Bank of Oregon Hollywood Branch 1901 N.E. 42nd Avenue Portland, OR 97213	Fiscal Accounting Arrangement (give name of staff responsible or, if by contract, name of agency, address and contact person): Lawrence Schuck Director
---	--

Does Applicant Agency have federal tax exempt status? Yes X No _____

Does Applicant Agency have liability, fire and theft insurance? (List the kind of insurance, the amount, expiration date and name of Insuring Agent.)

Fire, liability and theft insurance: \$500,000

Kelly-Rudd Insurance, Inc., Portland, Or.

Are key staff bonded? Yes X No _____

(List individuals, by name and position, who are bonded, amount and name of Insuring Agent.)	Lawrence Schuck, Director	Rose Hastings, Bookkeeper
Kelly-Rudd, Ins.	Lucretia Gardner, Services Coordinator	
Honesty Blanket	Norma Walker, I/R Specialist	
Bond Position	Deborah Thorsen, Case Mgmt. Spec.	
Coverage,	Beverly Trif, Case Mgmt. Spec.	
\$10,000	Ben Stein, Clerical Volunteer	

Description of Lease Arrangement: (Describe terms of lease agreement, e.g., dates, excluded activities and other conditions or other arrangements for space availability.)

With assistance of the Portland/Multnomah Area Agency on Aging, Hollywood Senior Center is purchasing its facility at 1820 N.E. 40th Avenue for use as a multipurpose senior center. The First National Bank of Oregon, Hollywood-Rose City Branch, holds the mortgage on the building and monthly payments are made to that bank. The mortgage is for 10 years.

ATTACHMENT #6

Assurance of Compliance with
"Nondiscrimination on Basis of Handicap"
Section 504 of the Rehabilitation Act of 1973

Hollywood Senior Center (hereinafter called the "Contractor"), HEREBY AGREES THAT it will comply with "Nondiscrimination on Basis of Handicap" Section 504, of the Rehabilitation Act of 1973, dated June 3, 1977, (hereinafter referred to as Section 504) and procedures established by City of Portland, Human Resources Bureau, Aging Services Division (hereinafter referred to as the Area Agency on Aging - AAA). The regulation defines and forbids acts of discrimination against qualified handicapped persons in employment and in the operation of programs/activities receiving assistance from the Department of Health Education and Welfare. The Contractor hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

As an employer, the Contractor agrees to make reasonable accommodation to the handicaps of applicants and employees unless the accommodation would cause the employer undue hardship, as defined in Section 504. This extends to all phases of employment including recruitment, selection and placement, compensation, promotion and transfer, disciplinary measures, demotions, layoffs and terminations, testing and training, daily working conditions, awards and benefits, and all other terms and conditions of employment.

The Contractor shall submit to the AAA, for analysis and recommendations, copies of their affirmative action plan and personnel policies which include provisions that assure the following:

1. No qualified handicapped person shall, on the basis of handicap, be subjected to discrimination in employment by the Contractor.
2. The Contractor shall make all decisions concerning employment in a manner which ensures that discrimination on the basis of handicap does not occur and may not limit, segregate, or classify applicants or employees in any way that adversely affects their opportunities or status because of handicap.
3. The Contractor shall not participate in a contractual or other relationship that has the effect of subjecting qualified handicapped applicants or employees to discrimination.
4. The Contractor shall make reasonable accommodation to the known physical or mental limitations of an otherwise qualified handicapped applicant or employee.

- 5. The Contractor shall not deny any employment opportunity to a qualified handicapped employee or applicant if the basis for the denial is the need to make reasonable accommodation.

As a provider of community services, the Contractor shall take appropriate steps in accordance with the established procedures, to assure that no qualified handicapped person, because of the Contractor's facilities are inaccessible to or usable by handicapped persons, be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination under any program or activity. The Contractor's programs and activities, when viewed in its entirety, will be readily accessible to handicapped persons.

The Contractor hereby recognizes and agrees that an Assurance of Compliance with Section 504 is given in consideration of and for the purpose of obtaining any and all AAA contracts or other financial assistance extended after the date hereof to the Contractor by the AAA, including installment payments after such date on account of applications for AAA financial assistance which were approved before such date. The Contractor recognizes and agrees that such AAA financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the AAA shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Contractor, its successors, transferees, and assignees, and the person whose signature appears below is authorized to sign this Assurance on behalf of the Contractor.

Dated this 5 day of May 1980.

By *Kenneth Spalding*

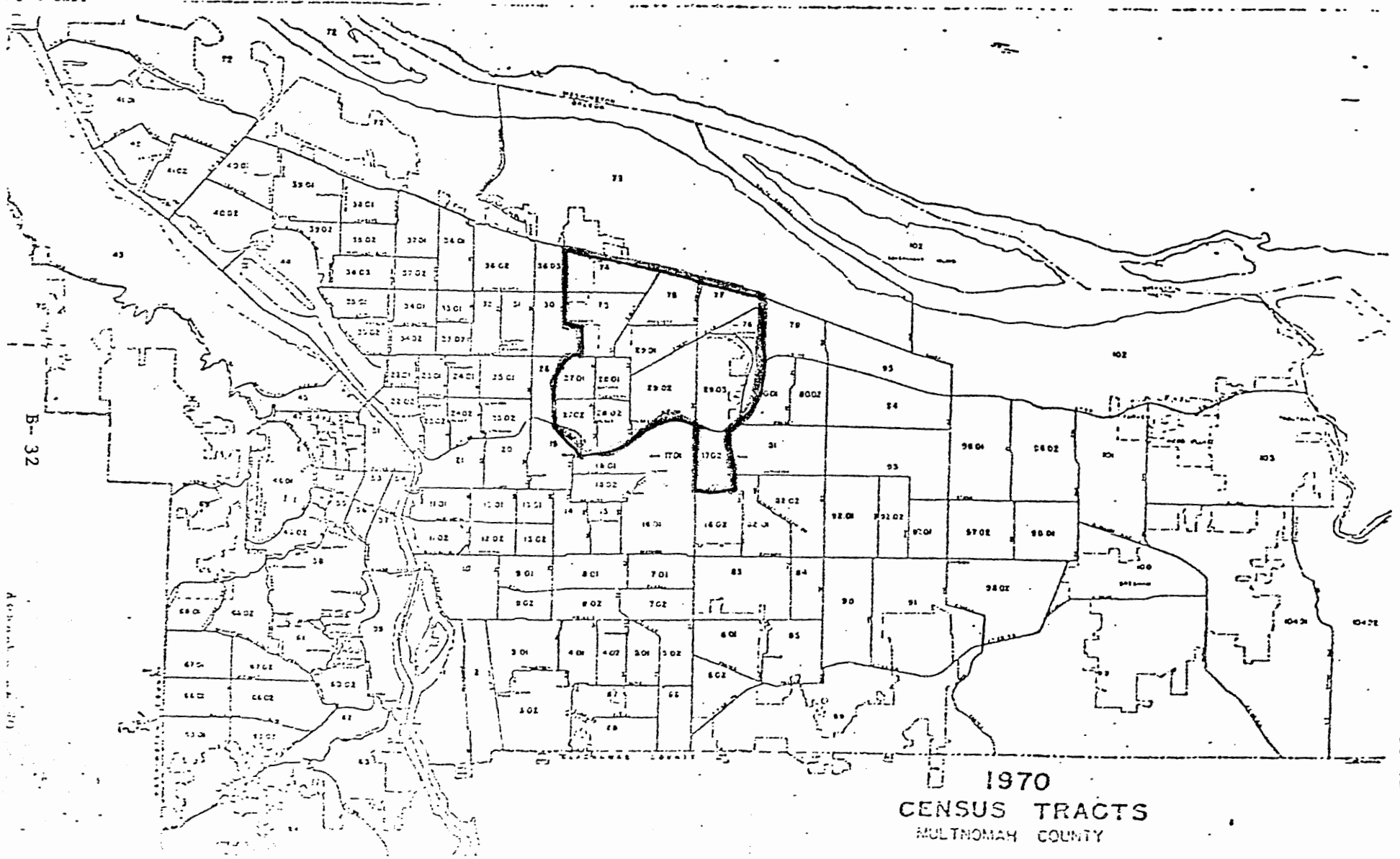
Title Chairman-Board of Directors

Hollywood Senior Center

Contractor's mailing address

1820 NE 40th Ave.
Portland, Oregon 97212

Map of Service Area (Draw the boundaries of the service area of this project in heavy black lines on the map provided below.)



B-32

Abstract No. 30

1970
CENSUS TRACTS
MULTNOMAH COUNTY

19873
NE
80-81

DISTRICT ADVISORY COMMITTEE REVIEW

The District Advisory Committee of the NORTHEAST Aging Services District in Portland/Multnomah County has reviewed the proposal for Discretionary Services to be provided by Hollywood Senior Center in the Northeast District through contract with the City of Portland, Human Resources Bureau. Comments are attached.

The District Advisory Committee approves the proposal for discretionary services.

The District Advisory Committee does not approve of the proposal for discretionary services for reasons listed below:

The District Advisory Committee has reviewed the proposal, but has taken no action at this time.

Ella Beckius
Signature of Chairperson

May 13, 1980
Date

65

149873

NE

80-81

EXHIBIT C
REQUIRED REPORTING FORMS
AND
PROCEDURES

I. Information and Referral

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

II. Discretionary Services

A. Crisis Intervention Counseling (e)

1. Number of 1/2 hours of counseling	_____	_____
2. Number of people receiving service	_____	_____
3. Number of new people receiving svc	_____	_____

B. I & R to Nutrition Sites (f)

<u>Location</u>	<u>Date</u>	<u>Number of People Served</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

C. Linkage for Home Repair (g)

1. Number of persons linked	_____	_____
2. Number of repairs completed	_____	_____
3. Number of new persons linked	_____	_____

D. Linkage for Yard Maintenance (h)

1. Number of persons linked	_____	_____
2. Number of services completed	_____	_____
3. Number of new persons linked	_____	_____

E. Escorted Group Trips (i)

<u>Destination</u>	<u>Date</u>	<u>Attendance</u>	<u>First Time Attendance</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
Total Attendance this Month		_____	_____

F. Ed/Rec Activities (j)

<u>Topic</u>	<u>Date</u>	<u>Attendance</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Total Attendance this Month		_____

G. Health Screening (k)

<u>Date</u>	<u>Attendance</u>	<u>First Time Attendance</u>
_____	_____	_____
_____	_____	_____
Total Attendance this Month		_____

Signature _____

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

101 (Rev. 6/79)

67

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	27	35	M.I.
Last		First		

ADDRESS

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

PHONE NUMBER

53	59
----	----

(*)CENSUS TRACT

60	64
----	----

(*)CLIENT STATUS

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

(*)Agency with PRIMARY RESPONSIBILITY

66	67
----	----

Caseworker CODE

68

O.P.I. STATUS

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

REFERRAL SOURCE

- 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&H/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. Children | |
| 3. Weekly | |
| 4. Bi-Monthly | |
| 5. Monthly | |
| 6. Emergency only | |

(*)SELF CARE-LIMITATIONS

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

(*)MOBILITY LIMITATIONS

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

(*)PHYSICAL HEALTH PROB.

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

(*)MENTAL HEALTH STATUS

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

HEALTH INSURANCE

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

HEALTH CARE PROVIDER

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

TRANSPORTATION

- | | | |
|-------------|---------------------|-----|
| Usual | (*)Special | |
| 106 | 107 | 108 |
| None | 1. None | |
| Walk | 2. Gen. pass. | |
| Own car | 3. AAA | |
| Taxi | 4. Other Sponsor | |
| Bus | 5. Private provider | |
| Friend/Rel. | | |
| Special | | |
| Center | | |
| Other | | |

DATE CLOSED

Mo.	Day	Yr.
109		114

REASON FOR CLOSURE

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

WAIVER REVIEW DATE

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

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

AAA 102.05

Needs Assessment Form

Completed by: _____

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

(*) Action Code

(*) Case Number

(*) Assessment Date

2	
1	2

- 1. New
- 2. Reassessment

3									8

9									14

(*) Client Name - Last

First

M.I.

(*) Primary Responsibility

15										26	

51	52

27	28

29	30

31	32

33	34

35	36

37	38

39	40

41	42

43	44

45	46

47	48

49	50

00 - No Need

Housing

- 11 - Housing
- 12 - Home Repair
- 13 - Yard Maintenance
- 14 - Belongings Moved
- 15 - Weather Proofing
- 16 - Home Security

Income

- 41 - Employment
- 42 - Financial Assistance
- 43 - Money Management
- 44 - Clothing
- 45 - Food

In-Home Assistance

- 61 - Light Chore Services
- 62 - Home Health Care
- 63 - Meal Prep./Delivery
- 64 - Personal Care
- 65 - Heavy Housework

Nutrition

- 81 - Adequate Food Intake
- 82 - Food Purchase

Social Contact

- 21 - Regular Personal Contact
- 22 - Meaningful Activity
- 23 - Regular Reassurance
- 24 - Opportunities for Social Involvement

Transportation

- 51 - for Housing
- 52 - for Social Contact
- 53 - for Information
- 54 - for Income
- 55 - for Congregate Dining
- 56 - for Shopping
- 57 - for Protective/Legal
- 58 - for Nutrition
- 59 - for Health

Protective/Legal

- 71 - Protective Living Situation
- 72 - Legal Assistance
- 73 - Crisis Counseling
- 74 - Personal Security
- 75 - Counseling

Health

- 91 - Medical Screening
- 92 - Medical Care
- 93 - Medical Equipment
- 94 - Drug/Alcohol Treatment
- 95 - Mental/Emotional Treatment
- 97 - Dental Care

Information/Service Utilization

- 31 - Information
- 32 - Assist in Solving Individual Problems
- 33 - Assistance in Shopping

CODES: Client ServicesHousing

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

Social Contact

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

Information/Service Utilization

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

Income

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

Transportation

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

In-home Assistance

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

Protective/Legal

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

Nutrition

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

Health

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

AREA AGENCY ON AGING
CLIENT REPRESENTATIVE
RECEIPT

PART A

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

Store or place of business:

Amount of funds:

Check \$ _____

Cash \$ _____

Agreed, the above is correct information

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

(Agency's Copy)

AREA AGENCY ON AGING
CLIENT REPRESENTATIVE
RECEIPT

PART A

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

Store or place of business:

Amount of funds:

Check \$ _____

Cash \$ _____

Agreed, the above is correct information

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

(Client's Copy)

PART B

Describe items purchased, or bill paid:

Store or place of business:

Amount of funds returned to client:

\$ _____

Agreed the above is correct information.

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

PART B

Describe items purchased, or bill paid:

Store or place of business:

Amount of funds returned to client:

\$ _____

Agreed the above is correct information.

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

INFORMATION TALLY SHEET

AAA 211 (Revised 6/79)

Completed by: _____

Month _____

TYPE OF CONTACT

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

TYPE OF SERVICE PROVIDED

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

SOURCE OF CONTACT

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

Disposition of Request

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

REQUEST FOR WAIVER

1. _____
Name of Agency requesting waiver

2. Type of request 3. _____
 New
 Review

Criteria to be waived
Income OPI Guidelines
 AAA Guidelines
 Age Living Arrangement
 Other Agency Other _____
Specify

4. _____
Name of Client

5. _____
CTS Case Number

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

7. Resources Investigated

Services Requested

Outcome

8. _____
Signature of Counselor Date

9. _____
Signature of Signature Date

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

10. Request is: Approved AAA
 OPI

Temporarily AAA
Approved OPI _____
Date

Denied AAA
 OPI

11. Comments:

Signature of Reviewer

Date

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)

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.

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

149873

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.)

83. 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.

Contract Agency _____

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

Address _____

City _____ State _____

Contract # _____ Contract Period: From _____ To _____

Funding Source _____ Service Category _____

Advance Received _____ Reimbursement Request for _____

month & year

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

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

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

Signed _____ Date Signed _____

Title _____ Phone _____

1. Urban League of Portland, Inc.	\$116,093
2. Hollywood Senior Center, Inc.	\$ 70,505

ORDINANCE NO. **149873**

An Ordinance authorizing agreements with the Urban League of Portland, Inc. (UL); and the Hollywood Senior Center, Inc. (HSC) to provide district senior center services to the elderly of Portland/Multnomah County for the period July 1, 1980, through June 30, 1984, in the amount of \$186,598 for the period July 1, 1980, through June 30, 1981, under the Human Resources Bureau, AU 380, and declaring an emergency.

The City of Portland ordains:

Section 1. The Council finds:

1. Pursuant to Ordinance No. _____ the City approved the FY 1980-81 Annual Plan of Action for the Area Agency on Aging which includes the provision of district senior center services of information, referral, case management, and support services for the elderly in Portland/Multnomah County.
2. In accordance with Bureau policy, the bid process was utilized to determine who the Contractors would be for these two districts.
3. Funds have been appropriated in the Human Resources Bureau's FY 1980-81 Budget to continue these services subject to Council's adoption of the FY 1980-81 City Budget.
4. Continuation of the District Senior Centers during the four year period is contingent upon availability of funds on a year-to-year basis.
5. Costs of the District Senior Centers for FY 1980-81 shall not exceed the following amounts: Near Northeast (UL) \$116,093, and Northeast (HSC) \$70,505, for a total cost of \$186,598. Match is also included in each contract in the amounts of UL, \$5,802, and HSC, \$3,355.
6. The Urban League of Portland and the Hollywood Senior Center are duly constituted and legal non-profit corporations and are certified by the Bureau of Financial Affairs Contract Compliance Division as EEO Affirmative Action Employers.
7. It is therefore appropriate that the Commissioner-in-Charge and the Auditor be authorized to execute, on behalf of the City, agreements with the specified Contractors as set forth in Exhibit "A" for the period July 1, 1980, through June 30, 1984.

NOW, THEREFORE, the Council directs:

- a. The Commissioner-in-Charge and the Auditor are hereby authorized to execute on behalf of the City agreements with the specified Contractors as set forth in Exhibit "A" for the period July 1, 1980, through June 30, 1984.

Section 2. The Council declares an emergency exists because delay in enactment of

ORDINANCE No.

this Ordinance will result in disruption of district senior center services to the elderly in the near northeast and northeast districts; therefore, this Ordinance shall be in force and effect from and after passage by the Council.

Passed by the Council, JUN 26 1980

Commissioner Francis Ivancie
E.E.Hepburn:mem
June 19, 1980

Serge G. Fernald
Auditor of the City of Portland

Calendar No. 2207

ORDINANCE No. 149873

Title

An Ordinance authorizing agreements with the Urban League of Portland, Inc. (UL) and the Hollywood Senior Center, Inc. (HSC) to provide district senior center services to the elderly of Portland/Multnomah County for the period July 1, 1980, through June 30, 1984, in the amount of \$186,598 for the period July 1, 1980, through June 30, 1981, under the Human Resources Bureau, AU 330, and declaring an emergency.

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

FOUR-FIFTHS CALENDAR	
Ivancie	
Jordan	
Lindberg	
Schwab	
McCready	

Filed JUN 19 1980

GEORGE YERKOVICH
Auditor of the CITY OF PORTLAND

By Jordan Croell
Deputy

INTRODUCED BY
Commissioner Francis Ivancie

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

BUREAU APPROVAL
Bureau: Human Resources
Prepared By: <u>ECH</u> Date: 6-19-80
Budget Impact Review: <input type="checkbox"/> Completed <input type="checkbox"/> Not required
Bureau Head: <u>Erma E Hepburn</u> Erma E. Hepburn

NOTED BY
City Attorney
City Auditor
City Engineer

Calendar No. 2267

ORDINANCE No. 149873

Title

An Ordinance authorizing agreements with the Urban League of Portland, Inc. (UL) and the Hollywood Senior Center, Inc. (HSC) to provide district senior center services to the elderly of Portland/Multnomah County for the period July 1, 1980, through June 30, 1984, in the amount of \$186,598 for the period July 1, 1980, through June 30, 1981, under the Human Resources Bureau, AU 330, and declaring an emergency.

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

FOUR-FIFTHS CALENDAR	
Ivancie	
Jordan	
Lindberg	
Schwab	
McCready	

INTRODUCED BY
Commissioner Francis Ivancie

NOTED BY THE COMMISSIONER
Affairs
Finance and Administration
Safety
Utilities FJIMK
Works

BUREAU APPROVAL
Bureau: Human Resources
Prepared By: E.E.H. Date: 6-19-80
E. E. Hepburn
Budget Impact Review:
<input type="checkbox"/> Completed <input type="checkbox"/> Not required
Bureau Head: Erma E. Hepburn
Erma E. Hepburn

NOTED BY
City Attorney
City Auditor
City Engineer [Signature]

Filed JUN 19 1980

GEORGE YERKOVICH
Auditor of the CITY OF PORTLAND

By **[Signature]**
Deputy

149873