

JOB DESCRIPTION

OUTREACH WORKER (\$9,600 yearly)

Coordinates all outreach and access services for Hispanic Nutrition Program. Supervised by the Program Director.

1. Develops, in consultation with the Program Director, a list of clients needing transportation and escort services.
2. Provides transportation and escort services to individuals who require accompaniment to ensure completed journeys to meal sites.
3. Performs public outreach activities to increase program participation.
4. Develops, in consultation with the Program Director, a plan for canvassing areas where older Hispanics live.

Qualifications

1. Must be fluent in English and Spanish.
2. Must have a high school education.
3. Must have experience in counselling and social work.

JOB DESCRIPTION

COOK/CATERER (\$3,840.00)

Responsible for purchase and preparation of all food for the Hispanic Elderly Nutrition Program. Also responsible for clean-up of kitchen and dining area.

1. Determines amount of food to prepare in consultation with the Program Director.
2. Discusses weekly menu with the Program Director.
3. Determines amount and type of food to purchase based upon menu.
4. Responsible for maintaining adequate portion control.
5. Responsible for maintaining proper sanitary conditions in the kitchen.

Qualifications

1. Experience in preparing meals for large numbers of people.
2. Experience in cooking Spanish-style food.
3. Experience in purchasing food based upon a planned menu.

JOB DESCRIPTION

ASSISTANT COOK/CATERER (\$1,680.00)

Responsible for assisting the cook in meal preparation and for cleaning all facilities after every meal.

1. Helps prepare meals under the cook's direction.
2. Helps serve meals to participants.
3. Clears tables and washes dishes.
4. Cleans kitchen, eating area, and restrooms after each meal.
 - a. sweeps and mops floors
 - b. cleans all appliances on a regular basis
 - c. takes out garbage
 - d. puts away dishes
 - e. cleans grease filter on hood of range
 - f. cleans toilet facilities daily

Qualifications

1. Experience in preparing meals for a large number of people.

17. PROJECT TITLE: Hispanic Elderly Nutrition Program -- COSSPO

List of Current Board of Directors: (Indicate Chairperson by an asterisk (*).)

NAME/ADDRESS	TELEPHONE	TERM
Jose M. Calderon, Chairman * 8935 S.W. Rebecca Lane Beaverton, Oregon 97005 Production Control Supervisor Hyster Corp.	Off.280-7698 Hm.644-9250	1982
Elias P. Ramirez, Treasurer 3901 S.E. 146th Ave. Portland, Oregon 97236 Controller of Portland District Corps of Engineers	Off.221-6947	1982
Graciela Gallegos IMPACT 8959 S.W. Barbur Blvd. Suite 102 Portland, Oregon 97219 Director, Northwest Branch	Off.245-9253 Hm.638-8911	1981
Helmuth Tapia 2800 N.E. 101 Court Vancouver, Wash. 98662 433 S.W. Morrison Portland, Oregon 97204 Corbett Building 819 International Marketing Latino America- Contact Lumber Co.	Off.245-7361 Hm.892-8730	1982
Hildy Workman 2524 S.W. Troy Street . 1220 S.W. 3rd. 9th flr Portland, Oregon 97204	Off.221-3942 Hm. 246-7585	1982
Gale Castillo 15040 S.E. Gladstone Portland, Oregon 97236	Off.242-5927 Hm. 761-1670	1982
Jose L. Fernandez M.D. Workers Compensation Dept. Evaluation Division Disability Evaluator State of Oregon 1210 S.E. 141st. St Portland, Oregon 97213	Off.378-3306 1-800-452-7813 Hm. 253-3279	1982

ATTACHMENT #4

NAME/ADDRESS

TELEPHONE

TERM

Felipe Sanchez Paris
 Director Multicultural Education
 Division
 Northwest Regional Educational
 Laboratory
 710 S.W. 2nd Ave.
 Portland, Oregon 97204

Off. 280-7698
 Hm. 644-9250

1982

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Beatriz Andrews
 Title VII Project Director and
 Bilingual Program Coordinator
 at Salem Public Schools
 1740 Highlight Court South
 Salem, Oregon 97302

Off. 399-3258
 Hm. 588-2334

1982

Judge Joseph F. Cenicerros
 Multnomah County Courthouse
 1021 SW 4th
 Portland, Oregon

Off. 248-3546

1982

APPLICANT AGENCY RESUME

149874

Applicant Agency Legal Name: Committee of Spanish Speaking People of Oregon	Date of Incorporation: February 4, 1977
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Type of Organization:

Public _____

Private Non-Profit X

Private-Profit _____

Other (_____) _____

Short Statement of Agency Purpose: To enable people of Hispanic descent to cultivate and exercise their full potential.

Major Agency Bank Account (give name of bank, address and contact person): First State Bank 726 SE Morrison Portland, Oregon 97214 Contact: Roland Nadeau	Fiscal Accounting Arrangement (give name of staff responsible or, if by contract, name of agency, address and contact person): Lucy Boyd, Fiscal Officer COSSPO 1006 SE Grand Portland, Ore. 97214
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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.)

Amount: \$300,000.000
Type: Liability
Insuring Agent: Hecht and Hecht

Are key staff bonded? Yes X No _____
(List individuals, by name and position, who are bonded, amount and name of Insuring Agent.)

Elias Ramirez, Treasurer

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

Three year lease agreement with Vincent, Hufftutter. No excluded activities.

ATTACHMENT #6

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

C.C.S. S.P.L. (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 3 day of June 19 80.

By Luis A. Alvarez

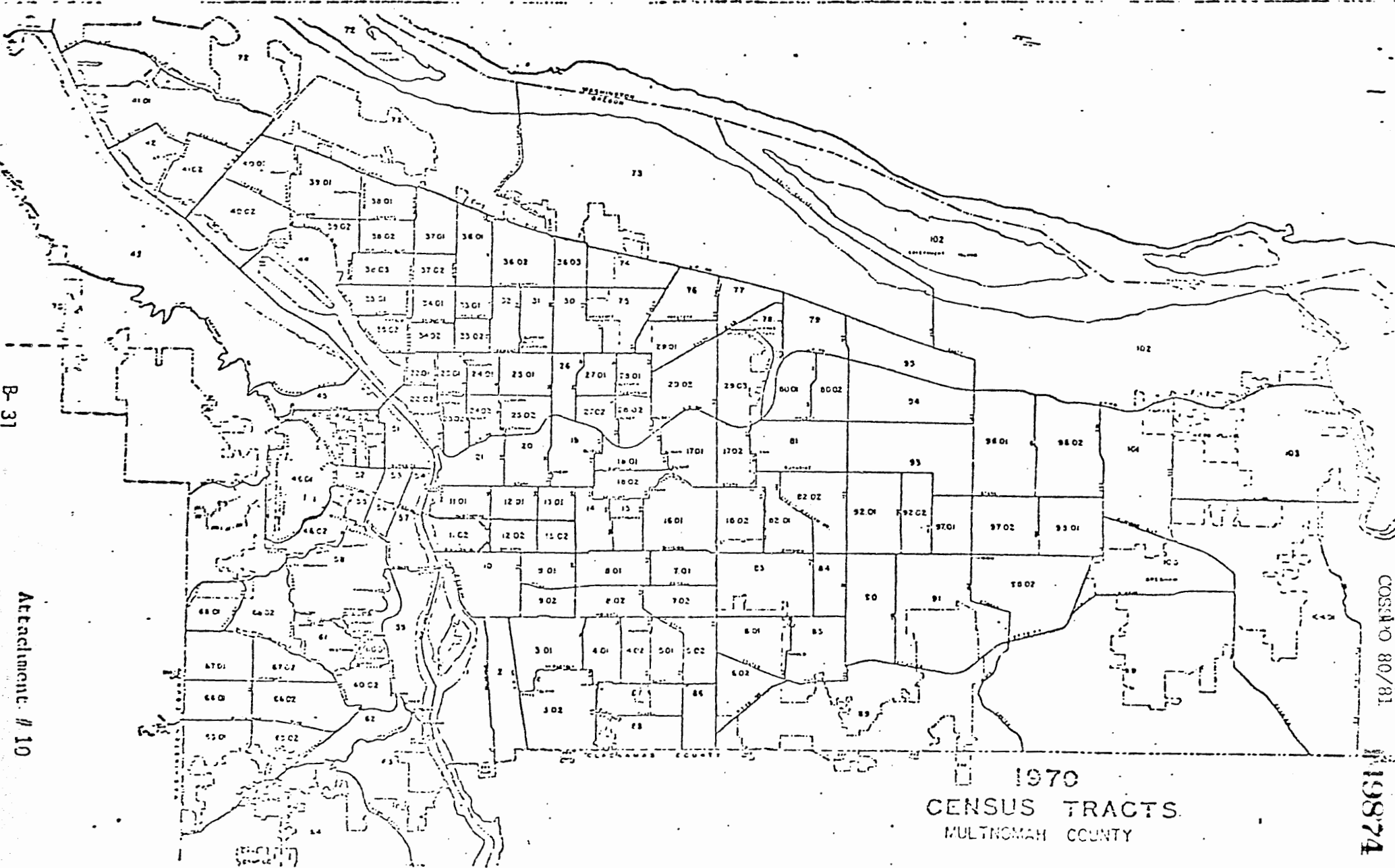
Title Acting Director

1006 SE Grand
Portland, Oregon 97214

Contractor's mailing address

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

COSSPO



B-31

Attachment # 10

COSSPO 80/81

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EXHIBIT C
REQUIRED REPORTING FORMS
AND
PROCEDURES

Completed by 119874

CLIENT INFORMATION FORM

ACTION CODE

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

Intake/Transaction DATE

Mo	Day	Yr

CASE NUMBER

9	14

CLIENT NAME (*)

15	Last	26	27	First	35	M.I.

ADDRESS

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

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

- 1. Male
- 2. Female

(*)ETHNIC GROUP

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

(*)MARITAL STATUS

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

(*)INCOME SOURCE(S)

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

(*)MONTHLY INCOME

84	86

(*)NO. ON INCOME

87

HOUSING TYPE

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

(*)HOUSEHOLD COMP.

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

(*)SIGNIFICANT OTHERS

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

(*)AVAILABLE HELP

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

(*)SELF CARE-LIMITATIONS

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

(*)MOBILITY LIMITATIONS

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

(*)PHYSICAL HEALTH PROB.

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

(*)MENTAL HEALTH STATUS

- 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

- 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

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

TRANSPORTATION

- | | |
|---|--|
| Usual | (*)Special |
| <input type="checkbox"/> 1. None | <input type="checkbox"/> 1. None |
| <input type="checkbox"/> 2. Walk | <input type="checkbox"/> 2. Gen. pass. |
| <input type="checkbox"/> 3. Own car | <input type="checkbox"/> 3. AAA |
| <input type="checkbox"/> 4. Taxi | <input type="checkbox"/> 4. Other Sponsor |
| <input type="checkbox"/> 5. Bus | <input type="checkbox"/> b. Private provider |
| <input type="checkbox"/> 6. Friend/Rel. | |
| <input type="checkbox"/> 7. Special | |
| <input type="checkbox"/> 8. Center | |
| <input type="checkbox"/> 9. Other | |

DATE CLOSED

Mo.	Day	Yr.
109	114	

REASON FOR CLOSURE

- 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

CCFSS: Direct 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

OFFICE OF THE DIRECTOR - OEA
DEPARTMENT OF HUMAN RESOURCES

TO: OFFICE OF ELDERLY AFFAIRS
772 Commercial Street, S.E.
Salem, Oregon 97310

(B)
DATE: _____

(A)
FROM: _____

(C)
MONTH ENDING: _____

MEAL COUNT

(D) SITE	(E) NO. OF MEALS SERVED	(F) REIMBURSEMENT
(G) TOTALS	MEALS	\$
(J) STATE AGENCY USE ONLY	(H) THIS INCLUDES MEALS SERVED TO INDIVIDUALS UNDER 60.	(I) I CERTIFY THIS REPORT IS CORRECT SIGNED _____ / _____ Date SIGNED _____ / _____ Date

Social Services Division **19874**

Accounting Unit

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

Portland, Oregon 97204

Phone: 248-4752

Contract Agency _____

Address _____

City _____ State _____

Contract # _____ Contract Period: From _____ To _____

Funding Source _____ Service Category _____

Advance Received _____ Reimbursement Request for _____

month & year

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

ATTACH TO THIS INVOICE:

1. Supporting documentation for all costs or expenditures grouped by expenditure object category. (Attach adding machine tape to each group of supporting documents.)

INVOICE & SUPPORTING DOCUMENTS ARE TO BE SUBMITTED TO THE CITY NO LATER THAN THE FIFTEENTH WORKING DAY FOLLOWING MONTH END.

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

Signed _____ Date Signed _____

Title _____ Phone _____

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

COSSFO 80/81

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

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

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

copies of checks
copies of bills
payroll register
etc.

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

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

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

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

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

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

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

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

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

PORTLAND HUMAN RESOURCES BUREAU
SOCIAL SERVICES DIVISION

PROCEDURES FOR CONTRACT MODIFICATIONS

WHY?

Contract modifications are required in the following situations:

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

HOW?

Contracts may be modified in 3 ways:

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

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

PROCEDURE:

A. Initiated by City:

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

2. City staff shall be responsible for obtaining necessary materials from the Contractor or shall prepare revised materials (to include revised contract or project applications pages) and amendment form, as necessary.
 3. Contractor shall review material and indicate approval formally or informally.
 4. If an Ordinance is required:
 - City staff shall prepare and file Ordinance
 - City shall notify Contractor of action on Ordinance
 - If authorized by City Council, Contractor shall sign three (3) copies of amendment (if not already signed) and return to designated City office
 - City staff shall obtain necessary City signatures
 - Amendment goes into effect when both parties have signed and the changes are documented in the City Auditor's Office
 - Fully signed copy shall be returned to the Contractor
 5. If change order procedure is utilized:
 - City staff shall prepare change order
 - Program Staff, Accountant, Division Manager , HRB Executive Director, and Commissioner-in-Charge shall review and indicate approval
 - Contractor shall sign Amendment and return to City
 - Amendment goes into effect when City and Contractor signatures are obtained
- B. Initiated by Contractor:**
1. Contractor shall submit a letter to the Unit Director requesting modification. This letter should contain the following information:
 - a. Specific changes desired (e.g. increase printing by \$500, decrease local travel by \$200 and decrease office supplies by \$300).
 - b. Reason or need for changes (e.g. the newsletter mailing list has doubled so more copies are printed; counselors are carpooling in an effort to save gasoline).
 - c. Statement regarding how these changes will affect the provision of services (e.g. line item changes are more consistent with actual spending patterns and services will continue to be delivered as specified in the contract).

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

a. BUDGET CHANGES

(1) Budget Worksheet

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

current
+ or -
revised

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

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

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

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

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

(SEE SAMPLE)

(2) Budget Justification Sheets

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

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

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

Each budget justification sheet must be completed in full:

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

PROJECT NUMBER - contract number assigned by the City.

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

(3) Miscellaneous Comments on Budget Changes

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

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

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

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

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

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

b. SERVICE CHANGES

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

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

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

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

c. OTHER PROGRAM OR MANAGEMENT CHANGES

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

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

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

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

The Contract change order becomes effective when all City signatures have been obtained.
 - c. If Unit Staff does not support the request, the Contractor shall be notified. The request may be denied or additional information or documentation may be requested.

SCHEDULE OF MODIFICATIONS

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

1. Urban Indian Council, Inc. \$50,000
2. Japanese Ancestral Society, Inc. \$50,000
3. Committee of Spanish Speaking
People of Oregon, Inc. \$62,500

ORDINANCE NO. **149874**

An Ordinance authorizing agreements with Urban Indian Council, Inc. at a cost not to exceed \$50,000; Japanese Ancestral Society, Inc. at a cost not to exceed \$50,000; and the Committee of Spanish Speaking People of Oregon, Inc. at a cost not to exceed \$62,500, to provide nutrition and access services for elderly residents of Portland/Multnomah County for the period July 1, 1980 through June 30, 1981, under the Human Resources Bureau, and declaring an emergency.

The City of Portland ordains:

Section 1. The Council finds:

1. Pursuant to Ordinance No. , the City approved the Fiscal Year 1980-81 Annual Plan of Action for Aging Services which includes the provision for nutrition and access services for the elderly in Portland/Multnomah County, under the Human Resources Bureau.
2. Pursuant to Ordinance No. 148394, the City authorized Contract No. 18174, with Urban Indian Council, Inc.; and Contract No. 18190 with Japanese Ancestral Society, Inc. to provide nutrition and support services for the elderly in Portland/Multnomah County for the period September 1, 1979 through June 30, 1980.
3. Pursuant to Ordinance No. 148359, the City authorized Contract No. 18168 with the Committee of Spanish Speaking People of Oregon, Inc., to provide social services for the elderly in Portland/Multnomah County for the period September 1, 1979 through June 30, 1980.
4. Funds have been budgeted and are available in the Fiscal Year 1980-81 City Budget to continue these services for the period July 1, 1980 through June 30, 1981, subject to its adoption by City Council.
5. A match provided by the contractor is included in each contract, as follows, for the period July 1, 1980 through June 30, 1981: Urban Indian Council, Inc., \$3790; Japanese Ancestral Society, Inc., \$2920; and the Committee of Spanish Speaking People of Oregon, Inc., \$3398.
6. Urban Indian Council, Inc., Japanese Ancestral Society, Inc., and the Committee of Spanish Speaking People of Oregon, Inc., 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, on behalf of the City, execute agreements with Urban Indian Council, Inc., at a cost not to exceed \$50,000; Japanese Ancestral Society, Inc., at a cost not to exceed \$50,000; and the Committee of Spanish Speaking People of Oregon, Inc., at a cost not to exceed \$62,500, to provide nutrition and access services for elderly residents of Portland/Multnomah County for the period July 1, 1980 through June 30, 1981, under the Human Resources Bureau, similar in form to Exhibit "A"/

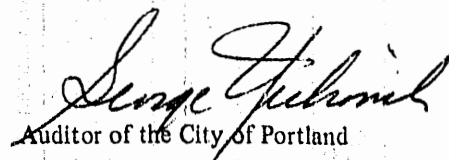
ORDINANCE No.

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 Urban Indian Council, Inc., at a cost not to exceed \$50,000; Japanese Ancestral Society, Inc., at a cost not to exceed \$50,000; and the Committee of Spanish Speaking People of Oregon, Inc., at a cost not to exceed \$62,500, to provide nutrition services and access services for elderly residents of Portland/Multnomah County for the period July 1, 1980 through June 30, 1981, under the Human Resources Bureau, similar in form to Exhibit "A".

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

Passed by the Council, **JUN 26 1980**
Commissioner Francis Ivancie
Erma Hepburn:sr
June 20, 1980


Auditor of the City of Portland

Calendar No. ²⁰⁶⁸

ORDINANCE No. 149874

Title

An Ordinance authorizing agreements with Urban Indian Council, Inc., at a cost not to exceed \$50,000; Japanese Ancestral Society, Inc., at a cost not to exceed \$50,000; and the Committee of Spanish Speaking People of Oregon, Inc., at a cost not to exceed \$62,500, to provide nutrition and access services for elderly residents of Portland/Multnomah County for the period July 1, 1980 through June 30, 1981, under the Human Resources Bureau, 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 Gordon Croell
Deputy

INTRODUCED BY
Commissioner Francis Ivancie

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

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

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