

151796

EXHIBIT C

Required Reporting Forms  
and  
Procedures

OPEN ACCESS SERVICES FOR THE MONTH OF \_\_\_\_\_

151796

NORTHEAST AGING DISTRICT SERVICES

I. Information and Referral

This Month

YTD

- A. Number of simple information requests \_\_\_\_\_
- B. Number of complex information requests \_\_\_\_\_
- C. Number of simple referrals \_\_\_\_\_
- D. Number of complex referrals \_\_\_\_\_

II. District Services

A. Outreach

Number of individuals located \_\_\_\_\_

B. Counseling

1. Number of hours of counseling \_\_\_\_\_
2. Number of individuals served \_\_\_\_\_
3. Number of new individuals \_\_\_\_\_

C. Legal Services/Advocacy

1. Number of hours of advocacy \_\_\_\_\_
2. Number of individuals served \_\_\_\_\_
3. Number of new individuals \_\_\_\_\_

D. Education

<u>Event (Topic)</u>	<u>Date</u>	<u>Total Attended</u>	<u>First Time Attended</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of events this month \_\_\_\_\_ YTD \_\_\_\_\_

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E. Recreation

<u>Event (Topic)</u>	<u>Date</u>	<u>Total Attended</u>	<u>First Time Attended</u>

Number of events this month \_\_\_\_\_ YTD \_\_\_\_\_

## Volunteers:

Estimated number of 60+ volunteers \_\_\_\_\_

Estimated number of minority volunteers \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature\_\_\_\_\_  
Date

AAA

Revised: 6/2/81

151796

ONCE PRINTED, REVISED  
CLIENT TRACKING SYSTEM  
FORMS 101 - 102 - 103  
WILL BE SENT TO CONTRACTOR

# INFORMATION TALLY SHEET

AAA 211 (Revised 1/79)  
 151296  
 Month \_\_\_\_\_

Completed by: \_\_\_\_\_

## TYPE OF CONTACT

Phone: _____	Walk-in: _____	Other: _____	Total: _____
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## TYPE OF SERVICE PROVIDED

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

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

Subject of Request		Information Only	Center Service	Other Agency	Unable to Help	TOTAL
Housing	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						

## REFERRAL LOG

Agency \_\_\_\_\_

Date \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_

[illegible]

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AREA AGENCY ON AGING  
CLIENT REPRESENTATIVE  
RECEIPT

PART A

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

Store or place of business:

\_\_\_\_\_  
\_\_\_\_\_

Amount of funds:

Check \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_

Agreed, the above is correct information

Signature of Client Representative \_\_\_\_\_

Agency \_\_\_\_\_

Signature of Client \_\_\_\_\_

Date: \_\_\_\_\_

(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: \_\_\_\_\_

(Client's Copy)



## REQUEST FOR WAIVER

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

7. Resources Investigated

Services Requested

Outcome

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

DO NOT WRITE BELOW THIS LINE

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

11. Comments:\_\_\_\_\_  
Signature of Reviewer\_\_\_\_\_  
Date

Contract Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Contract # \_\_\_\_\_ Contract Period: From \_\_\_\_\_ To \_\_\_\_\_

Funding Source \_\_\_\_\_ Service Category \_\_\_\_\_

Area Agency on Aging  
Youth Service Centers  
Accounting Unit

522 S. W. Fifth Ave., 8th Fl.

Portland, OR. 97204

Phone: (AAA) 248-4752 (YSC) 248-4356

151706

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				
350	Clothing and Uniforms				
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				
200	Total Materials & Services				
500					
620	Buildings				
630	Improvements				
640	Furniture & Equipment				
600	Total Capital Outlay				
	TOTAL				

ATTACH TO THIS REIMBURSEMENT REQUEST:

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

REIMBURSEMENT REQUEST AND 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 \_\_\_\_\_

Revised 4/3/81

CONTRACTOR RECORD OF NON-CONSUMABLE SUPPLIES PURCHASED  
(Items with a minimum value of \$25.00 per item and a maximum value of \$200.00 per item)



DATE OF PURCHASE	NUMBER OF ITEMS	DESCRIPTION	VENDOR AND INVOICE NUMBER	UNIT COST	TOTAL COST

Authorized Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Revised 6/2/81.

151296

### CONTRACTOR RECORD OF NON-CONSUMABLE SUPPLIES PURCHASED

(Items with a minimum value of \$25.00 per item and a maximum value of \$200.00 per item)



# OREGON

DATE OF PURCHASE	NUMBER OF ITEMS	DESCRIPTION	VENDOR AND INVOICE NUMBER	UNIT COST	TOTAL COST

Authorized Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Revised 6/2/81

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

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

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

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

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

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

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

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

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

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

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

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

PORTLAND HUMAN RESOURCES BUREAU  
SOCIAL SERVICES DIVISION

PROCEDURES FOR CONTRACT MODIFICATIONS

WHY?

Contract modifications are required in the following situations:

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

HOW?

Contracts may be modified in 3 ways:

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

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

PROCEDURE:

A. Initiated by City:

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



2. City staff shall be responsible for obtaining necessary materials from the Contractor or shall prepare revised materials (to include revised contract or project applications pages) and amendment form, as necessary.

3. Contractor shall review material and indicate approval formally or informally.

4. If an Ordinance is required:

- City staff shall prepare and file Ordinance
- City shall notify Contractor of action on Ordinance
- If authorized by City Council, Contractor shall sign three (3) copies of amendment (if not already signed) and return to designated City office
- City staff shall obtain necessary City signatures
- Amendment goes into effect when both parties have signed and the changes are documented in the City Auditor's Office
- Fully signed copy shall be returned to the Contractor

5. If change order procedure is utilized:

- City staff shall prepare change order
- Program Staff, Accountant, Division Manager, HRB Executive Director, and Commissioner-in-Charge shall review and indicate approval
- Contractor shall sign Amendment and return to City
- Amendment goes into effect when City and Contractor signatures are obtained

B. Initiated by Contractor:

1. Contractor shall submit a letter to the Unit Director requesting modification. This letter should contain the following information:

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

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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.

An Ordinance authorizing an amendment to five (5) contracts to continue district senior center services under the Human Resources Bureau, AU 380, Area Agency on Aging in the amount not to exceed \$528,211 for the budget period July 1, 1981, through June 30, 1982, revising budgets, modifying objectives, terms, and conditions, and declaring an emergency.

The City of Portland ordains:

Section 1. The Council finds:

1. Pursuant to Ordinance No. 151654 passed by Council, the Annual Plan of Action was submitted to the State Office of Elderly Affairs to continue services for the elderly in Portland/Multnomah for the period July 1, 1981, through June 30, 1982.
2. Pursuant to a Request of Proposal process schedule, contracts have been executed on a staggered basis with the understanding that budgets, objectives, terms, and conditions would be negotiated annually.
3. Pursuant to Ordinance No. 148355 passed by Council, August 29, 1979, and No. 149873 passed by Council, June 26, 1980, several new contracts were executed with staggered contract periods, budgets, and objectives to be negotiated annually.
4. Funds have been budgeted in the Fiscal Year 1981-82 City Budget to continue these services for the period July 1, 1981, through June 30, 1982, subject to its adoption by Council.
5. Costs of the district senior centers shall not exceed the amounts herein indicated: Friendly House, Inc., \$53,947; Northwest Pilot Project, Inc. \$53,804; Multnomah County Community Action Agency, \$157,022; PACT, \$192,933; and Hollywood Senior Center, \$70,505.
6. It is appropriate, therefore, that the Commissioner of Public Utilities and the Auditor execute on behalf of the City, amendments to the five (5) specified contracts under the Human Resources Bureau, AU 380, Area Agency on Aging, in the amount not to exceed \$528,211 for the budget period July 1, 1981, through June 30, 1982; revising budgets; modifying objectives, terms, and conditions as set forth in Exhibit "A."

## EXHIBIT A

A - 1	Friendly House, Inc.	\$53,947
A - 2	Northwest Pilot Project	53,804
A - 3	Multnomah County Community Action Agency	157,022
A - 4	PACT	192,933
A - 5	Hollywood Senior Center	70,505

# ORDINANCE No.

151796

NOW, THEREFORE, the Council directs:

- a. The Commissioner of Public Utilities and the Auditor are hereby authorized to execute on behalf of the City, amendments to the five (5) specified contracts under the Human Resources Bureau, AU 380, Area Agency on Aging in the amount of \$528,211 to continue services for the elderly for the period July 1, 1981, through June 30, 1982, by revising budgets, modifying objectives, terms, and conditions as set forth in Exhibit "A."
- b. The Mayor and the Auditor are, hereby, authorized to draw and deliver warrants chargeable to the Fiscal Year 1981-82 City Budget, Human Resources Bureau, AU 380, Area Agency on Aging when demand is presented and approved by the proper authorities.

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

Passed by the Council, **JUN 24 1981**  
Commissioner Margaret Strachan  
BP:lgj  
6/9/81

Attest:

  
Auditor of the City of Portland

THE COMMISSIONERS VOTED AS FOLLOWS:		
	Yeas	Nays
JORDAN	/	
LINDBERG	/	
SCHWAB	/	
STRACHAN	/	
IVANCIE	/	

FOUR-FIFTHS CALENDAR	
JORDAN	
LINDBERG	
SCHWAB	
STRACHAN	
IVANCIE	

Calendar No. ~~1988~~ <sup>2029</sup>

# ORDINANCE No. 151796

## Title

An Ordinance authorizing an amendment to five (5) contracts to continue district senior center services under the Human Resources Bureau, AU 380, Area Agency on Aging in the amount not to exceed \$528,211 for the budget period July 1, 1981 through June 30, 1982, revising budgets, modifying objectives, terms, and conditions, and declaring an emergency.

JUN 17 1981

CONTINUED TO JUN 24 1981

JUN 12 1981

Filed \_\_\_\_\_

GEORGE YERKOVICH

Auditor of the CITY OF PORTLAND

By *Gordon L. Powell*  
Deputy

INTRODUCED BY
COMMISSIONER STRACHAN
NOTED BY THE COMMISSIONER
Affairs
Finance and Administration
Safety
Utilities <i>Margaret Strachan jp</i>
Works

BUREAU APPROVAL
Bureau: Human Resources
Prepared By: <i>BP</i> Date: Barbara Patrick 6/9/81
Budget Impact Review:
<input checked="" type="checkbox"/> Completed <input type="checkbox"/> Not required
Bureau Head <i>Erma E. Hepburn</i> Erma E. Hepburn

CALENDAR
Consent Regular X

NOTED BY
City Attorney
City Auditor
City Engineer



THE COMMISSIONERS VOTED AS FOLLOWS:		
	Yeas	Nays
JORDAN	/	
LINDBERG	/	
SCHWAB	/	
STRACHAN	/	
IVANCIE	/	

FOUR-FIFTHS CALENDAR	
JORDAN	
LINDBERG	
SCHWAB	
STRACHAN	
IVANCIE	

2029  
Calendar No. ~~1988~~

# ORDINANCE No. 151796

## Title

An Ordinance authorizing an amendment to five (5) contracts to continue district senior center services under the Human Resources Bureau, AU 380, Area Agency on Aging in the amount not to exceed \$528,211 for the budget period July 1, 1981 through June 30, 1982, revising budgets, modifying objectives, terms, and conditions, and declaring an emergency.

JUN 17 1981

CONTINUED TO JUN 24 1981

JUN 12 1981

Filed \_\_\_\_\_

GEORGE YERKOVICH

Auditor of the CITY OF PORTLAND

By *George Yerovich*  
Deputy

INTRODUCED BY
COMMISSIONER STRACHAN

NOTED BY THE COMMISSIONER
Affairs
Finance and Administration
Safety
Utilities <i>Margaret Strachan pp</i>
Works

BUREAU APPROVAL
Bureau: Human Resources
Prepared By: <i>BP</i> Date: Barbara Patrick 6/9/81
Budget Impact Review:
<input checked="" type="checkbox"/> Completed <input type="checkbox"/> Not required
Bureau Head: <i>Erma E. Hepburn</i>

CALENDAR
Consent Regular <input checked="" type="checkbox"/>

NOTED BY
City Attorney
City Auditor
City Engineer

RECEIVED

Nov 3 8 42 AM 1981

151797

GEORGE YERKOVICH, AUDITOR  
CITY OF PORTLAND, ORE.

# ACCEPTANCE

BY [Signature]

Portland, Oregon, June 25, 1981

GEORGE YERKOVICH  
Auditor of the City of Portland,  
Room 202, City Hall  
Portland, Oregon 97204

Dear Sir:

This is to advise the City of Portland, Oregon, that I hereby accept the terms and provisions of Ordinance No. 151797, passed by Council June 24, 1981, vacating certain portions of NW 20th Avenue and NW Savier Street, under certain conditions,

and in consideration of the benefits to be received thereunder by me I hereby agree to abide by and perform each and all of the terms and provisions thereof applicable to me.

Very truly yours,

CONSOLIDATED FREIGHTWAYS

(CORPORATE  
SEAL)

[Signature: N.R. Benke]

1625 NW 20th, Portland, OR 97209  
Address

Approved as to form:  
APPROVED AS TO FORM

[Signature: Christopher P. Thompson]  
City Attorney  
CITY ATTORNEY

\*When an acceptance is required from a firm or corporation the Acceptance must be signed by an officer of the firm or corporation stating his or her official title, and corporations must affix the corporate seal.

MODIFIED PROJECT NARRATIVE  
as of  
July 1, 1981

PROJECT APPLICATION  
HUMAN RESOURCES BUREAU  
City of Portland

EXHIBIT A

151796

1. Project Title Northeast Aging District Services

2. Type of Application (check one) New ☐ Continuing ☒

3. Applicant Agency:

Name Hollywood Senior Center

Address 1820 N.E. 40th Avenue

Portland, Oregon 97212

Phone Number 288-8303

Project Director Lawrence Schuck

Official Authorized to Bind Agency James Douglas

Financial Officer Lawrence Schuck, Director

4. Contract Period: From 7/1/80 To 6/30/84

5. Budget Period: From 7/1/81 To 6/30/82

6. City Support Requested \$70,505

PROJECT NARRATIVE1. Summary of Project

*Describe in 300-400 words the project plan presented in this application. The summary should be able to stand by itself as a clear and complete description of the project.*

*Address:*

- Statement of Problem (Provide a concise description of the conditions and problems to be addressed by the project. Use quantifiable, measurable terms.)*
- Project Goals (State the intent of the project to change, reduce, or eliminate the problem(s) identified above.)*
- Strategies for Delivering Services (Describe the general approach to meeting the goals stated above.)*

## STATEMENT OF PROBLEMS

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 prematurely, 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, low-income, 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 reported.

PROJECT NARRATIVE

## PROJECT GOALS

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.

## STRATEGIES FOR DELIVERING SERVICES

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 Northeast Community for social, educational, 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 services 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 scheduling, counseling, advocacy, outreach, individual needs assessment, education and recreation.

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.

## Hollywood Senior Center

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 Hollywood Senior Center 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: These elderly individuals 60 years of age and older who are functionally impaired and resource limited to the extent that services are necessary to maintain independent living are a priority to access and array of AAA services. Case management is provided for 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. Case management clients are given priority for services within the AAA service delivery system.

Eligibility Criteria: Services such as information and referral, outreach, individual assessment, advocacy, crisis/emergency services, recreation and education are provided to residents of Multnomah County who are age 60 and older without eligibility limitations. Eligibility for case management, escort, transportation, friendly visiting, chore/home maintenance, shopping assistance, counseling, housekeeping and money management is established through a needs assessment performed by a trained staff person which determines: 1) that the individual is in need of services to sustain independent living; 2) that the individual is not eligible for those services from another agency legally responsible for their provision; 3) that the individual does not have friends or relatives able and willing to provide the services for him/her; 4) that, net income levels not exceed 125% of poverty guidelines plus a 10% inflation factor (\$474/month for single persons and \$629/month for couples). In exceptional circumstances and with express approval (see waiver request procedures) of the Area Agency on Aging Contracts Unit, services may be provided to individuals who do not meet all of the aging criteria.

OBJECTIVE	PERFORMANCE INDICATORS	PROGRAM ELEMENTS/STAFFING PATTERNS
<p>2. Increase knowledge of services and resources for elderly residents by providing information (simple)* and information (complex)* services in response to 2,028 requests for information and assistance during the period July 1, 1981 - June 30, 1982.</p>	<p>Number of information (simple) services provided.</p> <p>Number of information (complex) services provided.</p>	<ol style="list-style-type: none"> <li>1. Maintain personnel capable of providing information assistance.               <p>Ongoing - Director - .005 FTE Services Coordinator - .005 FTE</p> </li> <li>2. Provide staff supervision, training and evaluation.               <p>Ongoing - Director - .005 FTE Services Coordinator - .01 FTE</p> </li> <li>3. Maintain an up-to-date file of community resources.               <p>Ongoing - I &amp; R Specialist - .10 FTE</p> </li> <li>4. Provide information, both simple and complex, on available resources to individuals in response to a direct request.               <p>Ongoing - Director - .0075 FTE Services Coordinator - .10 FTE I &amp; R Specialist - .22 FTE Case Management Specialists - .11 FTE</p> </li> <li>5. Supervise volunteers and older workers who provide simple information in response to a direct request.               <p>Ongoing - I&amp;R Specialist - .01 FTE</p> </li> <li>6. Provide information at nutrition sites - one session per month at each of 2 nutrition sites in the Northeast Aging Service District.               <p>Ongoing - Case Management Specialists - .01 FTE</p> </li> <li>7. Provide reports and maintain records on information services to project administration.               <p>Monthly - Director - .0025 FTE Services Coordinator - .05 FTE I &amp; R Specialist - .05 FTE Case Management Specialists - .01 FTE</p> </li> </ol>

\* 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).



# OBJECTIVE

# PERFORMANCE INDICATORS

# PROGRAM ELEMENTS/STAFFING PATTERNS

2. Increase knowledge of services and resources for elderly residents by providing information (simple)\* and information (complex)\* services in response to 2,028 requests for information and assistance during the period July 1, 1981 - June 30, 1982.

Number of information (simple) services provided.

Number of information (complex) services provided.

8. Maintain information service records to ensure contract compliance and quality and submit to the City.

Monthly - Services Coordinator - .01 FTE

9. Process all agency accounts paid out and accounts receivable and maintain records of all budgeting transactions.

Monthly - Bookkeeper - .06 FTE

\* 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).

OBJECTIVE	PERFORMANCE INDICATORS	PROGRAM ELEMENTS/STAFFING PATTERNS
<p>3. Increase Access to needed services among elderly residents through the provision of referral (simple)* and referral (complex)* in response to 440 requests for the period July 1, 1981 - June 30, 1982.</p>	<p>Number of referrals (simple) services provided.</p> <p>Number of referrals (complex) services provided.</p>	<ol style="list-style-type: none"> <li>Maintain personnel capable of providing referral services.               <ul style="list-style-type: none"> <li>Ongoing - Director - .005 FTE</li> <li>Services Coordinator - .005 FTE</li> </ul> </li> <li>Provide staff supervision, training and evaluation.               <ul style="list-style-type: none"> <li>Ongoing - Director - .005 FTE</li> <li>Services Coordinator - .01 FTE</li> </ul> </li> <li>Maintain accessible file of up-to-date resources available for referral.               <ul style="list-style-type: none"> <li>Ongoing - I &amp; R Specialist - .08 FTE</li> </ul> </li> <li>Implement the referral service by accepting new referrals and by making appropriate referrals to service-providing agencies, and providing follow-up to ensure delivery of service.               <ul style="list-style-type: none"> <li>Ongoing - Services Coordinator - .16 FTE</li> <li>I &amp; R Specialist - .30 FTE</li> <li>Case Management Specialists - .05 FTE</li> </ul> </li> <li>Monitor quality of service and submit reports monthly to the City.               <ul style="list-style-type: none"> <li>Monthly - Services Coordinator - .01 FTE</li> </ul> </li> <li>Provide reports and maintain records on referral services to project administration.               <ul style="list-style-type: none"> <li>Monthly - Services Coordinator - .04 FTE</li> <li>I &amp; R Specialist - .04 FTE</li> <li>Case Management Specialists - .01 FTE</li> </ul> </li> <li>Maintain resource file and provide linkage for individuals to receive minor home repair assistance and yardwork.               <ul style="list-style-type: none"> <li>Ongoing - Services Coordinator - .20 FTE</li> </ul> </li> </ol>

\* 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),

OBJECTIVE	PERFORMANCE INDICATORS	PROGRAM ELEMENTS/STAFFING PATTERNS
3. Increase Access to needed services among elderly residents through the provision of referral (simple)* and referral (complex)* in response to 440 requests for the period July 1, 1981 - June 30, 1982.	<p>Number of referrals (simple) services provided.</p> <p>Number of referrals (complex) services provided.</p>	<p>8. Provide referral services at nutrition sites - one session per month at each of 2 nutrition sites in the Northeast Aging Service District.</p> <p>Monthly - Case Management Specialists - .01 FTE</p> <p>9. Process all agency accounts paid out and accounts receivable and maintain records of all budgeting transactions.</p> <p>Monthly - Bookkeeper - .06 FTE</p>

\* Provision of information and referral services is to be in accordance with definitions and standards published May, 1978, by the National Alliance of Information and Referral Services (AIRS),

## OBJECTIVE

PERFORMANCE  
INDICATORS

## PROGRAM ELEMENTS/STAFFING PATTERNS

4. Improve access of all older people to services and community resources by the provision of a needs assessment in their homes of 56 unduplicated older people during the period of July 1, 1981 through June 30, 1982.

Number of assessments made for non-case management clients.

Number of unduplicated individuals receiving services.

Number of hours of assessment

1. Maintain personnel to provide individual needs assessments.
  - Ongoing - Director - .01 FTE
  - Services Coordinator - .005 FTE
2. Provide staff supervision, training and evaluation.
  - Ongoing - Director - .01 FTE
  - Services Coordinator - .01 FTE
3. Accept referrals from individuals, family members or agencies and make arrangements to do a home visit.
  - Ongoing - Services Coordinator - .03 FTE
  - Case Management Specialists - .01 FTE
4. Perform an in-home visit and comprehensive needs assessment to determine what services are required to meet the individual's needs.
  - Ongoing - Case Management Specialists - .045 FTE
5. Discuss the availability of resources with the individual and make referrals when appropriate.
  - Ongoing - Case Management Specialists - .03 FTE
6. Provide follow-up with individuals or agencies to determine the outcome of the referral and provide advocacy if required to facilitate delivery of service.
  - Ongoing - Case Management Specialists - .01 FTE
7. Completion of required Client Tracking System forms submitted to project administration.
  - Monthly - Case Management Specialists - .005 FTE
8. Monitor quality of service and maintain records on individual needs assessments and submit to the City.
  - Monthly - Services Coordinator - .005 FTE
9. Process all agency accounts paid out and accounts receivable and maintain records of all budgeting transactions.
  - Monthly-Bookkeeper-.01 FTE

OBJECTIVE	PERFORMANCE INDICATORS	PROGRAM ELEMENTS/STAFFING PATTERNS
<p>5. Maintain access to needed services among elderly residents by providing 124 different individuals who meet the established needs criteria with 1,011 hours of Level I case management and with an average caseload of 94 during the period July 1, 1981 through June 30, 1982.</p>	<p>Number of different persons with a service plan.</p> <p>Number of different persons with overdue reassessments.</p> <p>Number of persons served.</p> <p>Number of hours of service provided.</p>	<p>1. Maintain personnel to provide case management services for Level I individuals.</p> <p>Ongoing - Director - .01 FTE Services Coordinator - .005 FTE</p> <p>2. Provide training, supervision and evaluation for personnel working in case management Level I.</p> <p>Ongoing - Director - .01 FTE Services Coordinator - .005 FTE</p> <p>3. Accept referrals for individuals who are in need of case management Level I services.</p> <p>Ongoing - Services Coordinator - .03 FTE I &amp; R Specialist - .01 FTE</p> <p>4. Conduct in-home interviews with the client to assess client needs, identify available resources, and explore alternative courses to meet the identified needs.</p> <p>Ongoing - Case Management Specialists - .28 FTE</p> <p>5. Develop a written service plan according to AAA standards for all Level I clients.</p> <p>Ongoing - Case Management Specialists - .08 FTE</p> <p>6. Implement service plans for Level I clients and monitor activities as set forth in the service plan.</p> <p>Ongoing - Case Management Specialists - .10 FTE</p> <p>7. Maintain a case file on all case management Level I clients.</p> <p>Ongoing - Case Management Specialists - .04 FTE</p> <p>8. Reassess the client's situation on a regular basis (at least every 6 months) to determine progress towards goals and provide advocacy if required to facilitate delivery of service.</p> <p>Ongoing - Case Management Specialists - .10 FTE</p>

OBJECTIVE	PERFORMANCE INDICATORS	PROGRAM ELEMENTS/STAFFING PATTERNS
<p>5. Maintain access to needed services among elderly residents by providing 124 different individuals who meet the established needs criteria with 1,011 hours of Level I case management and with an average caseload of 94 during the period July 1, 1981 through June 30, 1982.</p>	<p>Number of different persons with a service plan.</p> <p>Number of different persons with overdue reassessments.</p> <p>Number of persons served.</p> <p>Number of hours of service provided.</p>	<p>9. Prepare a written plan review at a minimum for each reassessment.</p> <p>Ongoing - Case Management Specialists - .04 FTE</p> <p>10. Schedule transportation for Case Management Level I clients.</p> <p>Ongoing - I &amp; R Specialist - .035 FTE</p> <p>11. Submit to project administration the client tracking system forms to document the case activity.</p> <p>Monthly - Case Management Specialists - .06 FTE I &amp; R Specialist - .005 FTE</p> <p>12. Maintain records on Case Management Level I and submit to the City the required paperwork.</p> <p>Monthly - Services Coordinator - .01 FTE</p> <p>13. Process all agency accounts paid out and accounts receivable and maintain records of all budgeting transactions.</p> <p>Monthly - Bookkeeper - .06 FTE</p>

OBJECTIVE	PERFORMANCE INDICATORS	PROGRAM ELEMENTS/STAFFING PATTERNS
<p>6. Maintain access to needed services among elderly residents by providing 43 different individuals who meet the established needs criteria with 730 hours of Level II case management and with an average caseload of 33 during the period July 1, 1981 through June 30, 1982.</p>	<p>Number of different persons with a case plan.</p> <p>Number of different persons with overdue reassessments.</p> <p>Number of persons served.</p> <p>Number of hours of service provided.</p>	<ol style="list-style-type: none"> <li>1. Maintain personnel to provide case management services for Level II individuals.               <p>Ongoing - Director - .01 FTE Services Coordinator - .005 FTE</p> </li> <li>2. Provide training, supervision and evaluation for personnel working in case management Level II.               <p>Ongoing - Director - .01 FTE Services Coordinator - .005 FTE</p> </li> <li>3. Accept referrals for individuals who are in need of case management Level II services.               <p>Ongoing - Services Coordinator - .03 FTE I &amp; R Specialist - .01 FTE</p> </li> <li>4. Conduct in-home interviews with the client to assess client needs, identify available resources, and explore alternative courses to meet the identified needs.               <p>Ongoing - Case Management Specialists - .16 FTE</p> </li> <li>5. Develop a written case plan according to AAA standards for all Level II clients.               <p>Ongoing - Case Management Specialists - .04 FTE</p> </li> <li>6. Implement case plans for Level II clients and monitor activities as set forth in the case plan.               <p>Ongoing - Case Management Specialists - .10 FTE</p> </li> <li>7. Maintain a case file on all case management Level II clients.               <p>Ongoing - Case Management Specialists - .04 FTE</p> </li> <li>8. Reassess the client situation on a regular basis (at least every 3 months) to determine progress towards goals and provide advocacy if required to facilitate delivery of service.               <p>Ongoing - Case Management Specialists - .08 FTE</p> </li> </ol>

OBJECTIVE	PERFORMANCE INDICATORS	PROGRAM ELEMENTS/STAFFING PATTERNS
<p>5. Maintain access to needed services among elderly residents by providing 43 different individuals who meet the established needs criteria with 730 hours of Level II case management and with an average caseload of 33 during the period July 1, 1981 through June 30, 1982.</p>	<p>Number of different persons with a case plan.</p> <p>Number of different persons with overdue reassessments.</p> <p>Number of persons served.</p> <p>Number of hours of service provided.</p>	<p>9. Prepare a written plan review at a minimum for each reassessment.</p> <p>Ongoing - Case Management Specialists - .04 FTE</p> <p>10. Schedule transportation for Case Management Level II clients.</p> <p>Ongoing - I &amp; R Specialist - .035 FTE</p> <p>11. Submit to project administration the client tracking system forms to document the case activity.</p> <p>Monthly - Case Management Specialists - .04 FTE I &amp; R Specialist - .005 FTE</p> <p>12. Maintain records on Case Management Level II and submit to the City the required paperwork.</p> <p>Monthly - Services Coordinator - .01 FTE</p> <p>13. Process all agency accounts paid out and accounts receivable and maintain records of all budgeting transactions.</p> <p>Monthly - Bookkeeper - .05 FTE</p>



OBJECTIVE	PERFORMANCE INDICATORS	PROGRAM ELEMENTS/STAFFING PATTERNS
<p>7. To increase the access to and utilization of appropriate services by homebound, isolated and/or at risk elderly through the provision of 50 units of outreach services during the period July 1, 1981 through June 30, 1982.</p>	<p>Number of unduplicated elderly individuals identified as isolated, homebound and/or at risk.</p>	<ol style="list-style-type: none"> <li>1. Maintain personnel to provide outreach services.               <ul style="list-style-type: none"> <li>Ongoing - Director - .01 FTE</li> <li>Services Coordinator - .005 FTE</li> </ul> </li> <li>2. Provide staff supervision, training and evaluation.               <ul style="list-style-type: none"> <li>Ongoing - Director - .01 FTE</li> <li>Services Coordinator - .005 FTE</li> </ul> </li> <li>3. Develop and coordinate an effective, systematic outreach program that attempts to reach the most at-risk elderly and includes an organized recording and reporting procedure.               <ul style="list-style-type: none"> <li>Ongoing - Services Coordinator - .03 FTE</li> </ul> </li> <li>4. Identify hard-to-reach elderly individuals who reside in the NE Aging Service District by utilizing a systematic outreach plan.               <ul style="list-style-type: none"> <li>Ongoing - Case Management Specialists - .07 FTE</li> </ul> </li> <li>5. Assist on a one-to-one basis those identified through outreach in gaining access to needed services.               <ul style="list-style-type: none"> <li>Ongoing - Case Management Specialists - .035 FTE</li> </ul> </li> <li>6. Identify those individuals who may need more extensive follow-up and/or services and perform the follow-up to ensure that the elderly individual is receiving the needed services.               <ul style="list-style-type: none"> <li>Ongoing - Case Management Specialists - .035 FTE</li> </ul> </li> <li>7. Maintain records of outreach activities and submit the reports to the project administration.               <ul style="list-style-type: none"> <li>Monthly - Case Management Specialists - .01 FTE</li> </ul> </li> <li>8. Submit records on outreach activities to the City.               <ul style="list-style-type: none"> <li>Monthly - Services Coordinator - .01 FTE</li> </ul> </li> <li>9. Process all agency accounts paid out and accounts receivable and maintain records of all budgeting transactions.               <ul style="list-style-type: none"> <li>Monthly - Bookkeeper - .02 FTE</li> </ul> </li> </ol>

OBJECTIVE	PERFORMANCE INDICATORS	PROGRAM ELEMENTS/STAFFING PATTERNS
8. Assist an individual whose rights are being abridged or who is having difficulty in obtaining needed goods and services by providing 285 units of Legal Services/Advocacy to 75 unduplicated individuals during the period July 1, 1981 through June 30, 1982.	# of hours of Legal Services/Advocacy provided each month in support of case management (Level I & II clients). Number of hours of Legal Services/Advocacy provided each month to individuals other than case management clients. # of individuals receiving Legal Services/Advocacy each month and unduplicated individuals YTD.	<ol style="list-style-type: none"> <li>1. Maintain personnel to provide Legal Services/Advocacy. Ongoing - Director - .01 FTE Services Coordinator - .005 FTE</li> <li>2. Provide staff supervision, training and evaluation. Ongoing - Director - .01 FTE Services Coordinator - .005 FTE</li> <li>3. Accept referrals from individuals needing advocacy and evaluate the situation to determine who can best meet person's needs. Refer on if necessary. Ongoing - Services Coordinator - .01 FTE Case Management Specialists - .01 FTE I &amp; R Specialist - .005 FTE</li> <li>4. Assist individual by obtaining pertinent information and representing or interceding on behalf of the individual whose rights are being abridged or who is having difficulty in obtaining needed goods and/or services. Ongoing - Services Coordinator - .045 FTE I &amp; R Specialist - .025 FTE Case Management Specialists - .14 FTE</li> <li>5. Provide follow-up to ascertain whether the needs were met by the assistance given. Ongoing - Services Coordinator - .01 FTE I &amp; R Specialist - .005 FTE Case Management Specialists - .02 FTE</li> <li>6. Attend training sessions as required to better represent individuals needing Legal Services/Advocacy. Ongoing - Services Coordinator - .01 FTE I &amp; R Specialist - .01 FTE Case Management Specialists - .02 FTE</li> <li>7. Maintain reports on Legal Services/Advocacy performed and submit to the project administration</li> </ol>

OBJECTIVE	PERFORMANCE INDICATORS	PROGRAM ELEMENTS/STAFFING PATTERNS
<p>8. Assist an individual whose rights are being abridged or who is having difficulty in obtaining needed goods and services by providing 285 units of Legal Services/Advocacy to 75 unduplicated individuals during the period July 1, 1981 through June 30, 1982.</p>		<p>Monthly - Services Coordinator - .005 FTE  I &amp; R Specialist - .005 FTE  Case Management Specialists - .01 FTE</p> <p>8. Maintain records on Legal Services/Advocacy and submit to the City.  Monthly - Services Coordinator - .01 FTE</p> <p>9. Process all agency accounts paid out and accounts receivable and maintain records of all budgeting transactions.  Monthly - Bookkeeper - .02 FTE</p>

OBJECTIVE	PERFORMANCE INDICATORS	PROGRAM ELEMENTS/STAFFING PATTERNS
<p>9. Provide direct guidance and assistance in the utilization of needed health and social services, and help in coping with personal problems which threaten personal health and social functioning by providing 180 hours of counseling for 45 unduplicated individuals during the period of July 1, 1981 through June 30, 1982.</p>	<p># of hours of counseling provided each month in support of case management (Level I &amp; II clients).</p> <p># of hours of counseling provided each month to individuals other than case management clients.</p> <p># of individuals receiving counseling each month and unduplicated individuals YTD.</p>	<p>1. Maintain personnel to provide counseling services.</p> <p>Ongoing - Director - .01 FTE Services Coordinator - .005 FTE</p> <p>2. Provide staff supervision, training and evaluation.</p> <p>Ongoing - Director - .01 FTE Services Coordinator - .005 FTE</p> <p>3. Intake and assessment of potential clients for counseling.</p> <p>Ongoing - Services Coordinator - .02 FTE I &amp; R Specialist - .015 Case Management Specialists - .02 FTE</p> <p>4. Individual counseling sessions.</p> <p>Ongoing - Services Coordinator - .04 FTE I &amp; R Specialist - .02 FTE Case Management Specialists - .09 FTE</p> <p>5. Client follow-up to determine success of counseling.</p> <p>Ongoing - Services Coordinator - .015 FTE I &amp; R Specialist - .01 FTE Case Management Specialists - .03 FTE</p> <p>6. Maintain reports on counseling services provided and submit to project administration.</p> <p>Monthly - Services Coordinator - .005 FTE I &amp; R Specialist - .005 FTE Case Management Specialists - .01 FTE</p> <p>7. Maintain records on counseling services provided and submit to the City.</p> <p>Monthly - Services Coordinator - .01 FTE</p> <p>8. Process all agency accounts paid out and accounts receivable and maintain records of all budgeting transactions.</p> <p>Monthly - Bookkeeper - .02 FTE</p>

OBJECTIVE	PERFORMANCE INDICATORS	PROGRAM ELEMENTS/STAFFING PATTERNS
<p>10. Provide instruction on a group or individual basis on subjects of interest or need through either formal academic courses or informal methods, with a view toward either vocational or personal enrichment by providing 80 units of education for 600 participants during the period of July 1, 1981 through June 30, 1982.</p>	<p># of educational events</p> <p># of participants</p>	<ol style="list-style-type: none"> <li>1. Maintain personnel to provide educational activities. Ongoing - Director - .01 FTE</li> <li>2. Provide personnel direction/supervision and work programs for all assigned staff. Ongoing - Director - .01 FTE</li> <li>3. Develop ongoing communication with community agencies and individuals to inform them of educational activities. Ongoing - Director - .05 FTE</li> <li>4. Develop a schedule of educational events to include dates, times, locations, and subjects. Monthly - Director - .05 FTE</li> <li>5. Assign personnel to implement schedule of educational events. Ongoing - Director - .01 FTE</li> <li>6. Monitor educational events to ensure contract compliance and quality of service. Monthly - Director - .01 FTE</li> <li>7. Submit monthly reports to the City. Monthly - Director - .01 FTE</li> <li>8. Process all agency accounts paid out and accounts receivable and maintain records of all budgeting transactions. Monthly - Bookkeeper - .03 FTE</li> </ol>

OBJECTIVE	PERFORMANCE INDICATORS	PROGRAM ELEMENTS/STAFFING PATTERNS
11. Provide leisure time activities in a group setting by providing 400 units of recreational activity for 10,000 participants during the period of July 1, 1981 through June 30, 1982.	# of recreational events  # of participants	<ol style="list-style-type: none"> <li>1. Maintain personnel to provide recreational activities. Ongoing - Director - .01 FTE</li> <li>2. Provide personnel direction/supervision and work programs for all assigned staff. Ongoing - Director - .01 FTE</li> <li>3. Develop ongoing communication with community agencies and individuals to inform them of recreational events. Ongoing - Director - .06 FTE</li> <li>4. Develop a schedule of recreational events to include dates, times, locations and subjects. Monthly - Director - .0825 FTE</li> <li>5. Assign personnel to implement schedule of recreational events. Ongoing - Director - .01 FTE</li> <li>6. Monitor recreational events to ensure contract compliance and quality of service. Monthly - Director - .01 FTE</li> <li>7. Submit monthly reports to the City. Monthly - Director - .01 FTE</li> <li>8. Process all agency accounts paid out and accounts receivable and maintain records of all budgeting transactions. Monthly - Bookkeeper - .04 FTE</li> </ol>

4. Center Organization (Briefly describe the staffing pattern, operating hours, and official holidays. Describe safety and accountability procedures regarding center coverage and emergencies.)

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. 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, case management, and other social service programs. She supervises the staff of these programs. She provides back-up on information and referral services as does the Director, Case Management Specialists and trained volunteers. She 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 older workers through the SCSEP program 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, Memorial Day, Independence Day, Labor Day, Veteran's Day Thanksgiving, and Christmas.

In case of an emergency (winter storm, etc.) the center staff will make every effort to keep the center open and accessible and to provide telephone coverage. Attempts will be made to establish contact with our at-risk frail elderly. If for some reason, the center has to be closed in an emergency, the AAA and Tri-County Community Council I & R will be notified.

5. Contracting Agency Involvement (Describe support services to be provided for this project. Discuss the role of the contracting agency in the areas of fund-raising, advocacy, and provision of support services to the Center program.)

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.

With the support of local businesses and the local community, the center continues to have ongoing fund-raising events. The Hollywood Senior Center also raises funds through private contributions. The center provides support to the city contract through its other resources.

Because the Hollywood Senior Center has established its credibility within the community, senior citizens are familiar with our services and know we are available to act in an advocacy role to assist with problems facing individuals and the community.



6. Community Participation (Describe the citizen involvement in planning this project and the ways the community will be involved in the project's operation. Describe staff, Advisory Council, and Corporate Board relationships.)

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 of the Hollywood Senior Center 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 Hollywood Boosters.
4. Volunteers are utilized on a routine basis to provide services to seniors.

7. Coordination (Describe the coordination of 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 frail elderly, to include the following:

1. The Area Agency on Aging for training, information and funding assistance.\*
2. Tri-Met, Red Cross, FISH and Project Linkage for transportation services.+
3. Metropolitan Family Services for housekeeper and homemaker services.+
4. All AAA contract centers for information sharing and client information.+
5. Legal Aid, 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 in Northeast Portland.+
11. The Urban League Energy Assistance Project for the low-income energy assistance program.+
12. Multnomah County Community Action Agency for the low-income energy assistance program.+
13. Metropolitan Arts Commission for special cultural events.+
14. Project Linkage for friendly visiting and in-home assistance.+
15. The Portland Police Crime Prevention Program for telephone reassurance.+
16. VITA for assistance with income tax form completion.+
17. Volunteers from the Hollywood Senior Center are utilized on a routine basis to provide services to frail elderly.

Key: \* indicates written agreement  
+ indicates informal agreement

HSC  
15-0396

EXHIBIT B  
Budgets and Attachments

1. Funding Recap (List all sources of funding by amount and source)a. City Support Requested

III-B	35,253
City/County General Fund	35,252
Subtotal	70,505
Required Match (Cash and/or Inkind)	3,917
Program Income	2,000
Subtotal	76,422

## Other Resources:

Cash In-Kind

Source of revenue: Volunteers ☐ ☒ (one only)Funding source: III-BService category: Information & ReferralAdministration: \$ 400Service: \$ 400Total \$ 800Source of revenue: Volunteers ☐ ☒Funding source: General FundService category: Information & ReferralAdministration: \$ 400Service: \$ 400Total \$ 800

	Cash	In-Kind	
Source of revenue: <u>Volunteers</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Funding source: <u>General Fund</u>			
Service category: <u>Case Management I</u>			
Administration: <u>\$ 400</u>			
Service: <u>\$ 400</u>			
Total			\$ <u>800</u>
Source of revenue: <u>Volunteers</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Funding source: <u>General Fund</u>			
Service category: <u>Case Management II</u>			
Administration: <u>\$ 400</u>			
Service: <u>\$ 400</u>			
Total			\$ <u>800</u>
Source of revenue: <u>Fund-Raising</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Funding source: <u>III-B</u>			
Service category: <u>Information &amp; Referral</u>			
Administration: <u>\$ 316</u>			
Service: <u>\$ 250</u>			
Total			\$ <u>566</u>
Source of revenue: <u>Fund-Raising</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Funding source: <u>General Fund</u>			
Service category: <u>Information &amp; Referral</u>			
Administration: <u>\$ 442</u>			
Service: <u>\$ 250</u>			
Total:			\$ <u>692</u>

	Cash	In-Kind
Source of revenue: <u>Fund-Raising</u>	<u>/X/</u>	<u>/</u>
Funding source: <u>General Fund</u>		
Service category: <u>Case Management I</u>		
Administration: <u>\$ 379</u>		
Service: <u>\$ 250</u>		
Total:		\$ <u>629</u>
Source of revenue: <u>Fund-Raising</u>	<u>/X/</u>	<u>/</u>
Funding source: <u>General Fund</u>		
Service category: <u>Case Management II</u>		
Administration: <u>\$ 316</u>		
Service: <u>\$ 250</u>		
Total:		\$ <u>566</u>
Source of revenue: <u>Fund-Raising</u>	<u>/X/</u>	<u>/</u>
Funding source: <u>III-B</u>		
Service category: <u>Education</u>		
Administration: <u>\$ 190</u>		
Service: <u>\$ -0-</u>		
Total:		\$ <u>190</u>
Source of revenue: <u>Fund-Raising</u>	<u>/X/</u>	<u>/</u>
Funding source: <u>III-B</u>		
Service category: <u>Recreation</u>		
Administration: <u>\$ 353</u>		
Service: <u>\$ -0-</u>		
Total:		\$ <u>353</u>

		<u>Cash</u>	<u>In-Kind</u>
Source of revenue:	<u>Fund-Raising</u>	<u>/X/</u>	<u>/</u>
Funding source:	<u>III-B</u>		
Service category:	<u>Individual Needs Assessment</u>		
Administration:	<u>\$ 63</u>		
Service:	<u>-0-</u>		
Total			\$ <u>63</u>
Source of revenue:	<u>Fund-Raising</u>	<u>/X/</u>	<u>/</u>
Funding source:	<u>III-B</u>		
Service category:	<u>Outreach</u>		
Administration:	<u>\$ 126</u>		
Service:	<u>-0-</u>		
Total			\$ <u>126</u>
Source of revenue:	<u>Fund-Raising</u>	<u>/X/</u>	<u>/</u>
Funding source:	<u>III-B</u>		
Service category:	<u>Legal Services/Advocacy</u>		
Administration:	<u>\$ 189</u>		
Service:	<u>-0-</u>		
Total			\$ <u>189</u>
Source of revenue:	<u>Fund-Raising</u>	<u>/X/</u>	<u>/</u>
Funding source:	<u>III-B</u>		
Service category:	<u>Counseling</u>		
Administration:	<u>\$ 126</u>		
Service:	<u>-0-</u>		
Total:			\$ <u>126</u>

151796

	Cash	In-Kind
Source of revenue: <u>SCSEP - Older</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Workers		
Funding source: <u>III-B</u>		
Service category: <u>Information &amp; Referral</u>		
Administration: <u>-0-</u>		
Service: <u>\$ 250</u>		
Total:		\$ <u>250</u>
Source of revenue: <u>SCSEP-Older</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Workers		
Funding source: <u>General Fund</u>		
Service category: <u>Information &amp; Referral</u>		
Administration: <u>-0-</u>		
Service: <u>\$ 250</u>		
Total:		\$ <u>250</u>
Source of revenue: _____	<input type="checkbox"/>	<input type="checkbox"/>
Funding source: _____		
Service category: _____		
Administration: _____		
Service: _____		
Total:		\$ _____
Source of revenue: _____	<input type="checkbox"/>	<input type="checkbox"/>
Funding source: _____		
Service category: _____		
Administration: _____		
Service: _____		
Total:		\$ _____
Subtotal:		\$ <u>7,200</u>
TOTAL		\$ <u>83,622</u>



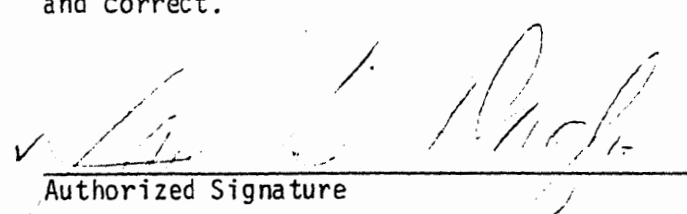
- b. FUNDING STATEMENT: (Briefly describe the duration of funding from each source of match and other resources listed above)

The volunteer support as well as financial contributions and fund-raising have been ongoing as resource categories for several years and will continue for the foreseeable future. CETA funded positions (SCSEP) have been applied for with no guarantee that they will be filled. Match will be provided through the voluntary contributions of center members and friends.

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Statement of Certification

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

✓  \_\_\_\_\_  
Authorized Signature

Date May 1, 1981

\* Northeast Aging District Services  
 Hollywood Senior Center  
 7/1/81-6/30/82

APPROPRIATION UNIT  
 LINE ITEM WORKSHEET

151796

Code	Object Title	Title III-B	Title III-B	Gen. Fund	Gen. Fund	
		I & R Admin.	I & R Services	I & R Admin.	I & R Services	
110	Full-Time Employees	487	7,640	686	10,771	
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits	58	917	83	1,292	
190	Less-Labor Turnover					
100	Total Personal Services	545	8,557	769	12,063	
210	Professional Services					
220	Utilities	12	48	12	60	
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies	24	96	36	132	
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education	---	20	---	30	
420	Local Travel	12	30	12	42	
430	Out-of-Town Travel					
440	Space Rental	48	144	72	216	
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	72	204	96	276	
580	Intra-Fund Services					
590	Other Services-Internal					
200-500	Total Materials & Services	168	542	228	756	
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	713	9,099	997	12,819	5/1/81

Northeast Aging District Services  
Hollywod Senior Center  
7/1/81-6/30/82

APPROPRIATION UNIT  
LINE ITEM WORKSHEET

151796

Code	Object Title	Gen. Fund Case Mgmt. I Admin	Gen. Fund Case Mgmt I Services	Gen. Fund Case Mgmt II Admin	Gen. Fund Case Mgmt II Services	
110	Full-Time Employees	658	9,335	658	6,935	
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits	79	1,120	79	832	
190	Less-Labor Turnover					
100	Total Personal Services	737	10,455	737	7,767	
210	Professional Services					
220	Utilities	12	60	12	48	
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies	36	111	19	96	
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities—External					
410	Education	---	25	---	25	
420	Local Travel	12	180	12	120	
430	Out-of-Town Travel					
440	Space Rental	48	192	36	156	
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	72	252	48	168	
580	Intra-Fund Services					
590	Other Services—Internal					
200- 500	Total Materials & Services	180	820	127	613	
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	917	11,275	864	8,380	5/1/81

Northeast Aging District Services  
Hollywood Senior Center

APPROPRIATION UNIT  
LINE ITEM WORKSHEET

151796

7/1/81-6/30/82

Code	Object Title	Title III-B Indiv. Need Assessment Admin.	Title III-B Indiv. Need Assessment Services	Title III-B Outreach Admin.	Title III-B Outreach Services	
110	Full-Time Employees	164	1,610	235	2,210	
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits	20	193	28	265	
190	Less-Labor Turnover					
100	Total Personal Services	184	1,803	263	2,475	
210	Professional Services					
220	Utilities	6	18	6	18	
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies	6	24	6	34	
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education					
420	Local Travel	---	48	---	48	
430	Out-of-Town Travel					
440	Space Rental	12	36	12	60	
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	12	48	12	72	
580	Intra-Fund Services					
590	Other Services-Internal					
200- 500	Total Materials & Services	36	174	36	232	
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	220	1,977	299	2,707	5/1/81

Northeast Aging District Services  
Hollywood Senior Center  
7/1/81-6/30/82

APPROPRIATION UNIT  
LINE ITEM WORKSHEET

151796

Code	Object Title	Title III-B Legal Services/ Advocacy Admin.	Title III-B Legal Svcs/ Advocacy Services	Title III-B Counseling Admin.	Title III-B Counseling Services	
110	Full-Time Employees	450	4,019	384	3,419	
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits	54	482	46	410	
190	Less-Labor Turnover					
100	Total Personal Services	504	4,501	430	3,829	
210	Professional Services					
220	Utilities	6	42	6	30	
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies	6	59	6	49	
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education				25	
420	Local Travel	---	84	---	84	
430	Out-of-Town Travel					
440	Space Rental	12	96	12	84	
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	12	120	12	96	
580	Intra-Fund Services					
590	Other Services-Internal					
200- 500	Total Materials & Services	36	401	36	368	
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	540	4,902	466	4,197	5/1/81

Northeast Aging District Services  
Hollywood Senior Center  
7/1/81 - 6/30/82

APPROPRIATION UNIT  
LINE ITEM WORKSHEET

151796

Code	Object Title	Title III-B Education Admin.	Title III-B Education Services	Title III-B Recreation Admin.	Title III-B Recreation Services	TOTAL CITY SUPPORT
110	Full-Time Employees	355	1,920	472	1,920	54,328
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits	43	230	57	230	6,518
190	Less-Labor Turnover					
100	Total Personal Services	398	2,150	529	2,150	60,846
210	Professional Services					
220	Utilities	12	468	---	512	1,388
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies	12	13	---	18	783
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education					125
420	Local Travel	14	36	---	41	775
430	Out-of-Town Travel					
440	Space Rental	36	1,644	---	2,040	4,956
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	12	48	---	---	1,632
580	Intra-Fund Services					
590	Other Services-Internal					
200- 500	Total Materials & Services	86	2,209	-0-	2,611	9,659
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	484	4,359	529	4,761	70,505

5/1/81

Northeast Aging District Services  
Hollywood Senior Center  
7/1/81 - 6/30/82

APPROPRIATION UNIT  
LINE ITEM WORKSHEET

151796

Code	Object Title	Cash Match Indiv. Needs Assessment Admin.	Cash Match Outreach Admin.	Cash Match Advocacy Admin.	Cash Match Counseling Admin.	Cash Match Education Admin.
110	Full-Time Employees	494	423	208	274	605
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits	59	51	25	33	73
190	Less-Labor Turnover					
100	Total Personal Services	553	474	233	307	678
210	Professional Services					
220	Utilities					
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies					
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities—External					
410	Education					
420	Local Travel					
430	Out-of-Town Travel					
440	Space Rental					
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					
200- 500	Total Materials & Services	-0-	-0-	-0-	-0-	-0-
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	553	474	233	307	678

5/1/81

Northeast Aging District Services  
Hollywood Senior Center  
7/1/81 - 6/30/82

APPROPRIATION UNIT  
LINE ITEM WORKSHEET

154796

Code	Object Title	Cash Match Recreation Admin.	Cash Match Recreation Services	TOTAL MATCH	Program Income Education Services	Program Income Recreation Services
110	Full-Time Employees	488	816	3,308		
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits	59	98	398		
190	Less-Labor Turnover					
100	Total Personal Services	547	914	3,706		
210	Professional Services					
220	Utilities	12	76	88	150	180
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies	12		12		
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education					
420	Local Travel	15		15		
430	Out-of-Town Travel					
440	Space Rental	24		24	550	670
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				200	250
570	Telephone Services	12	60	72		
580	Intra-Fund Services					
590	Other Services-Internal					
200- 500	Total Materials & Services	75	136	211	900	1,100
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	622	1,050	3,917	900	1,100

5/1/81



Northeast Aging District Services  
Hollywood Senior Center  
7/1/81 - 6/30/82

APPROPRIATION UNIT  
LINE ITEM WORKSHEET

151796

Code	Object Title	TOTAL PROGRAM INCOME	Other Resources Cash	Other Resources In-Kind	TOTAL CONTRACT	
110	Full-Time Employees		360		58,596	
120	Part-Time Employees		2,400	3,700	5,500	
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits				6,916	
190	Less-Labor Turnover					
100	Total Personal Services		2,760	3,700	71,012	
210	Professional Services					
220	Utilities	330	100		1,906	
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services					
310	Office Supplies		250		1,045	
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education				125	
420	Local Travel				790	
430	Out-of-Town Travel					
440	Space Rental	1,220	290		6,490	
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	450			450	
570	Telephone Services		100		1,804	
580	Intra-Fund Services					
590	Other Services-Internal					
200- 500	Total Materials & Services	2,000	740	-0-	12,610	
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	2,000	3,500	3,700	83,622	

## CONTRACT BUDGET JUSTIFICATION

## PERSONNEL

CONTRACT NO. 18754DATE 5/1/81PROJECT TITLE Northeast Aging District ServicesAGENCY Hollywood Senior CenterInformation & Referral  
Service Category (if applicable)FUNDING SOURCE Title III-B

Administration

(A) Number of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full- time equivalent)	(D) % of time on Project	(E) Number of Months on Project	(F) Cost (A x C x D x E)
1	Director	1600	.009	12	159
1	Services Coordinator	1140	.0208	12	284
1	I & R Specialist	875	.0042	12	44

SUB-TOTAL, PERSONNEL

487

12 \* % FRINGE BENEFITS

58

TOTAL, PERSONNEL

545

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'



151796

CONTRACT NO. 18754

DATE 5/1/81

AGENCY Hollywood Senior Center

## Information & Referral

FUNDING SOURCE      General Fund

Service Category (if applicable)

## Administration

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

151796

CONTRACT NO. 18754

DATE 5/1/81

AGENCY Hollywood Senior Center

FUNDING SOURCE General Fund

Information & Referral
Service Category (if applicable)
Services

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

PERSONNEL

DATE 5/1/81

157598

Case Management I  
Service Category (if applicable)  
Administration

[illegible]

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## CONTRACT BUDGET JUSTIFICATION

## PERSONNEL

CONTRACT NO. 18754

DATE 5/1/81

PROJECT TITLE Northeast Aging District Services

AGENCY Hollywood Senior Center

FUNDING SOURCE Title III-B

Information & Referral  
Service Category (if applicable)

## Administration

[illegible]

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'





151796

CONTRACT NO. 18754

DATE 5/1/81

AGENCY Hollywood Senior Center

## Information & Referral

FUNDING SOURCE      General Fund

Service Category (if applicable)

## Administration

SUB-TOTAL, PERSONNEL	686
12 * % FRINGE BENEFITS	83
TOTAL, PERSONNEL	769

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151796

CONTRACT NO. 18754

DATE 5/1/81

PROJECT TITLE Northeast Aging District Services

AGENCY Hollywood Senior Center

FUNDING SOURCE General Fund

## Information & Referral

Service Category (if applicable)

[illegible]

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151796

CONTRACT NO. 18754

DATE 5/1/81

PROJECT TITLE Northeast Aging District Services

AGENCY Hollywood Senior Center

## Case Management I

FUNDING SOURCE      General Fund

Service Category (if applicable)

## Administration

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

151796

CONTRACT NO. 18754

DATE 5/1/81

PROJECT TITLE Northeast Aging District Services

AGENCY Hollywood Senior Center

FUNDING SOURCE	General Fund
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Case Management I

Service Category (if applicable)

## Services

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\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

151796

CONTRACT NO. 18754

DATE 5/1/81

PROJECT TITLE Northeast Aging District Services

AGENCY Hollywood Senior Center

FUNDING SOURCE      General Fund

Case Management II  
Service Category (if applicable)  
Administration

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

151796

CONTRACT NO. 18754

DATE 5/1/81

PROJECT TITLE Northeast Aging District Services

AGENCY Hollywood Senior Center

## Case Management II

FUNDING SOURCE General Fund

Service Category (if applicable)

(A) Number of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full- time equivalent)	(D) % of time on Project	(E) Number of Months on Project	(F) Cost (A x C x D x E)
1	Services Coordinator	1140	.03	12	410
2	Case Mgmt. Spec.	1000	.25	12	6,000
1	I & R Specialist	875	.05	12	525
SUB-TOTAL, PERSONNEL					6,935
12 * % FRINGE BENEFITS					832
TOTAL, PERSONNEL					7,767

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151796

CONTRACT NO. 18754

DATE , 5/1/81

PROJECT TITLE Northeast Aging District Services

AGENCY Hollywood Senior Center

FUNDING SOURCE      III-B

Individual Needs Assessment  
Service Category (if applicable)

## Administration

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

151796

CONTRACT NO. 18754

DATE 5/1/81

PROJECT TITLE Northeast Aging District Services

AGENCY Hollywood Senior Center

## Individual Needs Assessment

FUNDING SOURCE III-B

Service Category (if applicable)

## Services

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'



151796

CONTRACT NO. 18754

DATE 5/1/81

PROJECT TITLE Northeast Aging District Services

AGENCY Hollywood Senior Center

Outreach

FUNDING SOURCE III-B

Service Category (if applicable)

[illegible]

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151796

PERSONNEL

CONTRACT NO. 18754

DATE 5/1/81

PROJECT TITLE Northeast Aging District Services

AGENCY Hollywood Senior Center

Outreach

FUNDING SOURCE III-B

Service Category (if applicable)

## Services

[illegible]

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

151296

CONTRACT NO. 18754

DATE 5/1/81

PROJECT TITLE Northeast Aging District Services

AGENCY Hollywood Senior Center

FUNDING SOURCE      III-B

~~Legal Services/Advocacy~~  
Service Category (if applicable)

[illegible]

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151796

CONTRACT NO. 18754

DATE 5/1/81

PROJECT TITLE Northeast Aging District Services

AGENCY Hollywood Senior Center

Counseling  
Service Category (if applicable)

FUNDING SOURCE III-B

## Administration

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

151796

PERSONNEL

DATE 5/1/81

AGENCY Hollywood Senior Center

Service Category (if applicable)

## Services

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

151796

CONTRACT NO. 18754

DATE 5/1/81

AGENCY Hollywood Senior Center

Service Category (if applicable)

FUNDING SOURCE III-B

## Administration

[illegible]

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

151796

CONTRACT NO. 18754  
PROJECT TITLE Northeast Aging District Services  
AGENCY Hollywood Senior Center  
FUNDING SOURCE III-B

DATE 5/1/81

### Education

Service Category (if applicable)

## Services

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'



151796

CONTRACT NO. 18754  
PROJECT TITLE Northeast Aging District Services  
AGENCY Hollywood Senior Center  
FUNDING SOURCE III-B

DATE 5/1/81

## Recreation

Service Category (if applicable)

[illegible]

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151796

CONTRACT NO. 18754

DATE 5/1/81

AGENCY Hollywood Senior Center

FUNDING SOURCE III-B

## Services

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

151 796

CONTRACT NO. 18754

DATE 5/1/81

PROJECT TITLE Northeast Aging District Services

AGENCY Hollywood Senior Center

TOTAL CITY SUPPORT

FUNDING SOURCE	TOTAL CITY SUPPORT
1. FEDERAL	
2. STATE	
3. COUNTY	
4. CITY	
5. OTHER	
TOTAL	

Service Category (if applicable)

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

151796

CONTRACT NO. 18754

DATE 5/1/81

PROJECT TITLE Northeast Aging District Services

AGENCY Hollywood Senior Center

## Individual Needs Assessment

FUNDING SOURCE      Cash Match

Service Category (if applicable)

## Administration

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

## 151796

CONTRACT NO. 18754

DATE 5/1/81

AGENCY Hollywood Senior Center

Service Category (if applicable)

FUNDING SOURCE Cash Match

[illegible]

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151796

CONTRACT NO. 18754

DATE 5/1/81

AGENCY Hollywood Senior Center

Legal Services/Advocacy

FUNDING SOURCE      Cash Match

Service Category (if applicable)

## Administration

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

151796

CONTRACT NO. 18754

DATE 5/1/81

AGENCY Hollywood Senior Center

Counseling

FUNDING SOURCE	Cash Match
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Service Category (if applicable)

## Administration

[illegible]

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151706

CONTRACT NO. 18754

DATE 5/1/81

AGENCY Hollywood Senior Center

Education

FUNDING SOURCE Cash Match

Service Category (if applicable)

## Administration

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'



151796

CONTRACT NO. 18754

DATE 5/1/81

AGENCY Hollywood Senior Center

Service Category (if applicable)

FUNDING SOURCE Cash Match

(A) Number of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full- time equivalent)	(D) % of time on Project	(E) Number of Months on Project	(F) Cost (A x C x D x E)
1	Director	1600	.0254	12	488
SUB-TOTAL, PERSONNEL					488
12 * % FRINGE BENEFITS					59
TOTAL, PERSONNEL					547

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PERSONNEL

151796

DATE 5/1/81

AGENCY Hollywood Senior Center

Service Category (if applicable)

## Services

\* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

## CONTRACT BUDGET JUSTIFICATION

151796

## MATERIALS AND SERVICES

CONTRACT NO. 18754DATE 5/1/81PROJECT TITLE Northeast Aging District ServicesAGENCY Hollywood Senior CenterInformation & Referral  
Service Category (if applicable)FUNDING SOURCE III-B

Administration

CODE	DESCRIPTION OF ITEM AND BASIS FOR EVALUATION	ITEM TOTAL	CATEGORY TOTAL
220	Utilities @ \$1 per month	12	12
310	Office Supplies @ \$2 per month	24	24
420	Local Travel: 52 miles @ 23 ¢ per mile	12	12
440	Space Rental: @ \$4 per month	48	48
570	Telephone Services @ \$6 per month	72	72

# CONTRACT BUDGET JUSTIFICATION

151796

## MATERIALS AND SERVICES

CONTRACT NO. 18754

DATE 5/1/81

PROJECT TITLE Northeast Aging District Services

AGENCY Hollywood Senior Center

Information & Referral

Service Category (if applicable)

FUNDING SOURCE III-B

Services

CODE	DESCRIPTION OF ITEM AND BASIS FOR EVALUATION	ITEM TOTAL	CATEGORY TOTAL
220	Utilities @ \$ 4 per month	48	48
310	Office Supplies @ \$ 8 per month	96	96
410	Education: Training/Workshops	20	20
420	Local Travel: 130 miles @ 23 ¢ per mile	30	30
440	Space Rental @\$12 per month	144	144
570	Telephone Services @ \$ 17 per month	204	204