



City of Bellevue  
Parks & Community Services

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**2011-2012  
CONTRACT MANAGEMENT  
MANUAL**

*Human  
Services  
Fund*



**Human Services Division  
Parks & Community Services  
City of Bellevue  
410 – 110<sup>th</sup> Avenue NE  
P. O. Box 90012  
Bellevue, WA 98009-9012**

**Emily Leslie, Human Services Manager**

*(425-452-6452 / eleslie@bellevuewa.gov)*

**Joseph Adriano, Human Services Grant Coordinator**

*(425-452-6165 / jadriano@bellevuewa.gov)*

**Alex O'Reilly, Human Services Planning Coordinator**

*(425-452-2824 / aoreilly@bellevuewa.gov)*

**Sam Ezadean, Home Loan Specialist**

*(425-452-4069 / sezadean@bellevuewa.gov)*

**Teri Ekstrom, Administrative Assistant**

*(425-452-6884 / tekstrom@bellevuewa.gov)*

**Sonoko Paulson, Administrative Assistant**

*(425-452-6884 / spaulson@bellevuewa.gov)*

**2011-12 CONTRACT MANAGEMENT MANUAL**

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**PART I:**

**THE CONTRACTING PROCESS FOR HUMAN SERVICES**

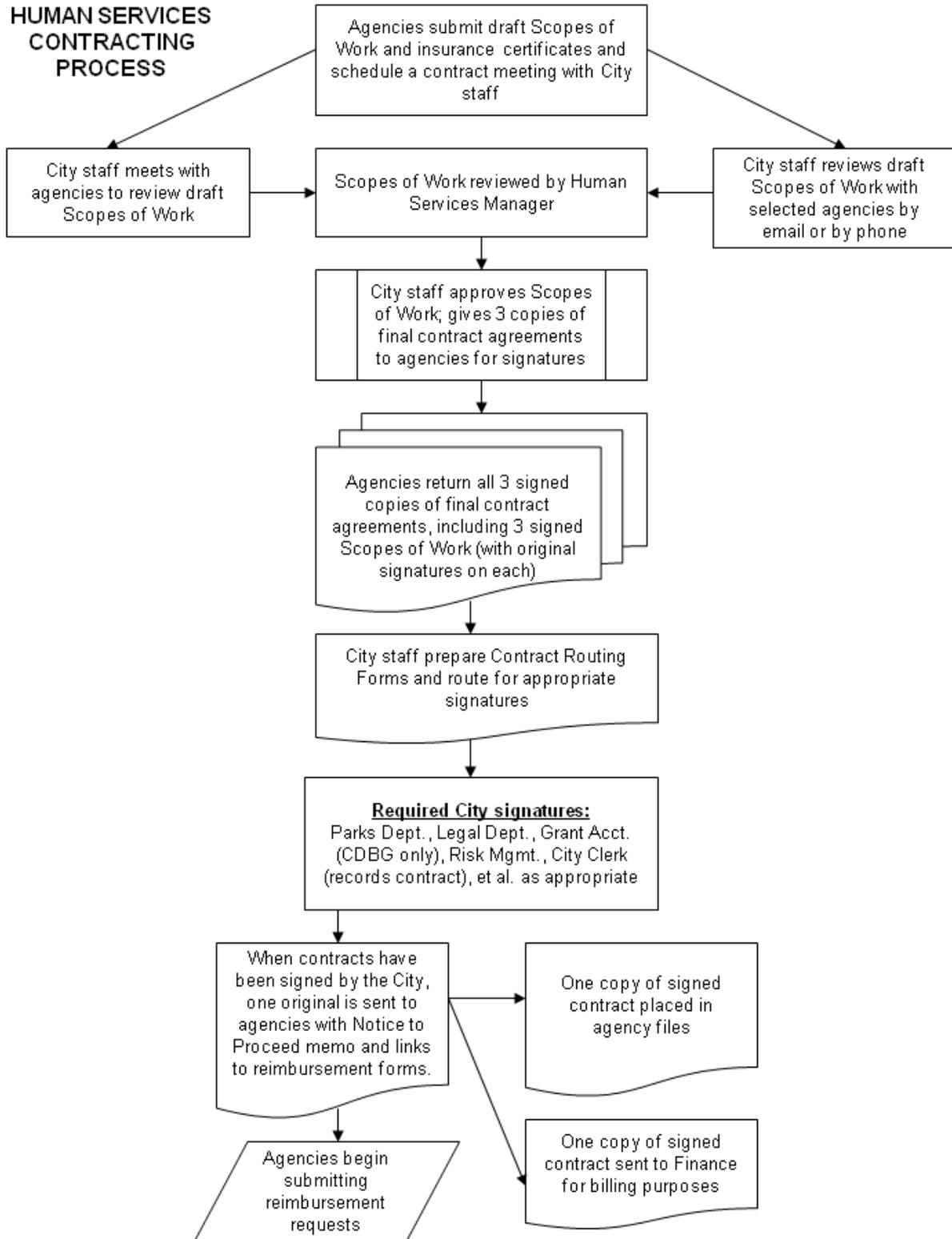
**A. CONTRACT MANAGEMENT CALENDAR**

<b>DATE(S) – Subject to Change</b>	<b>ACTIVITY</b>
<b>December 13, 2010</b>	City Council Approval of Human Services Funding <i>Note: Action on CDBG Funding Recommendations was on December 18, 2010</i>
<b>Week of December 13, 2010</b>	Notice of Grant Awards Sent
<b>December 2010 – January 2011</b>	Finalization of Individual Contract Negotiations with Agencies and/or Agencies Complete Scopes of Work
<b>January 1, 2011</b>	Contract Term Begins (Effective Date)
<b>February 15, 2011</b>	First Progress Report Due (if billing monthly)
<b>April 15, 2011</b>	First Quarterly Report Due
<b>March – December 2011</b>	Contract Monitoring by City Staff
<b>January 2012</b>	Notice to Proceed for Second Year letters are distributed – subject to adequate contract performance in 2011
<b>December 31, 2012</b>	Contract Termination Date

## B. STEPS IN THE CONTRACTING PROCESS FOR HUMAN SERVICES

- ✓ **STEP 1: Prepare Draft Scope of Work:** Each agency should develop a draft of the Scope of Work. The Scope of Work should reflect the information in your application for 2011-2012 funding. If a contract negotiation meeting is necessary, this draft Scope of Work should be e-mailed to the City prior to your contract meeting.
- ✓ **STEP 2: Participate in Contract Meeting with City Staff:** Agencies may be asked to participate in an individual contract meeting with Bellevue Human Services staff. During this meeting, the agency and the City will agree on service units, program accomplishments, outcome measures and the program budget. Also, any special conditions to be attached to the contract will be discussed at this time.
- ✓ **STEP 3: Give Contract Materials to Agencies:** Once the draft Scope of Work has been reviewed and approved by Human Services staff, three copies of the contract agreement will be given to the agency to obtain signatures. (This is contingent on approval of the Human Services Commission's recommendations by the City Council.)
- ✓ **STEP 4: Get Agency Signatures:** Original signatures from the Executive Director will be required on all three copies of the contract. On the Scope of Work, original signatures are required from the agency's Board Chair (for non-profit organizations) or authorized board member, and any staff authorized to sign reimbursement requests. The final signed contracts and Scopes are then submitted to the City of Bellevue for signatures. **Proof of insurance that matches the City's requirements must be received with this submission.**
- ✓ **STEP 5: Route Signed Contracts through City for Signatures:** Once the agency has returned three signed copies of the contracts and provided proof of insurance, the contracts are then reviewed and signed by appropriate City officials. This process can take several weeks.
- ✓ **STEP 6: Send Final Contract and Notice to Proceed to Agencies:** Once the appropriate City signatures have been obtained and the agreement has been recorded by the City Clerk, a *Notice to Proceed* is mailed, along with one original copy of the signed contract.

**2011-2012  
CITY OF BELLEVUE  
HUMAN SERVICES  
CONTRACTING  
PROCESS**



## C. CONTRACT HIGHLIGHTS

By signing the contract, your agency is agreeing to carry out the funded program in accordance with a specific set of requirements related to the use of public funds. All of these requirements are included in the contract document. As with all contracts, you should have a full and complete understanding of the agreement. Below are a few highlights of the agreement that are particularly notable:

- **Program Description and Administration:** This is captured in the Scope of Work. All changes to the program description must be approved by the City. Revisions to your budget and/or requests for contract extensions must also be approved. Please refer to those sections of the manual for more details.
- **Hold Harmless and Insurance:** The City will not assume any liability related to the services offered under this contract. All agencies are required to maintain insurance policies as described in Attachment B to the contract. Proof of insurance, naming the City as “Additional Insured” must be provided to the City at the time of contract negotiations. A Certificate of Insurance is required in order to complete the contract.
- **Non-Discrimination:** The contract requires that no discrimination occur on the basis of age, sex, marital status, race, creed, religion, color, national origin or the presence of any sensory, mental or physical handicap.
- **Public Information:** The agency shall acknowledge the source of funds in program or public information as being from the City of Bellevue Human Services Program or, if applicable, from the Community Development Block Grant Program.
- **Service to Bellevue Residents:** Bellevue funds are primarily intended to support service to Bellevue residents and services must be made available to Bellevue residents throughout the contract term, regardless of whether or not contract funds have been expended.
- **Monitoring:** All programs funded by the City of Bellevue are closely monitored. This may include an on-site monitoring visit during the term of the contract. It is recommended that all materials related to this program/project be kept in a file, and cross references noted where information exists in other agency files or bookkeeping. For assistance in setting up program files, please contact the Grant Coordinator. *(For more information, see the Monitoring section of this manual.)*
- **Additional Contract Requirements:** Agencies receiving funds from the City of Bellevue are required to submit an independent financial audit and for non-profit organizations, a roster of the agency’s Board of Directors, including terms and city of residence.
- **Outcome Measures:** Agencies will be required to identify one to three outcomes and associated indicators to be measured during the year. These will be included in the Scope of Work. The outcome results will be reviewed in Fall 2011 as part of the evaluation process undertaken prior to renewing funding for 2012.

**INSTRUCTIONS FOR THE  
BELLEVUE HUMAN SERVICES SCOPE OF WORK**

**SERVICE PROGRAMS**

1. **Program Title:** The program title should be the same as presented in your grant application. By default, this text is imported from your entry provided in the application.
2. **Funds Awarded:** The 2011 and 2012 Bellevue funds awarded to your program.
3. **Agency Information:** Self-explanatory.
4. **Contact Person:** List the person with whom the City should discuss the management of your contract. All correspondence from the City will be directed to this person. If you wish others to receive mailings, please list more than one name, indicating the primary contact person. By default, this text is imported from your entry provided in the application.
5. **Program Location:** Self-explanatory.
6. **Program Summary:** In two to three sentences, summarize the primary activity(ies) for which funding is requested. Include a description of the client population to be served. Also, give the total 2011 program budget for this program. By default, this text is imported from your entry provided in the application.
7. **Program Accomplishments:** Based on your application for 2011-2012 funds, complete the following:
  - a. Project the total number of new/unduplicated clients to be served by the program in 2011. Of this number, estimate the number of unduplicated Bellevue residents to be served. Follow that with the number of unduplicated Bellevue residents supported only by this grant source in 2011. Provide the percentage of those residents served who are low- and moderate-income. A new/unduplicated client is counted only once during the year, with all clients enrolled in the program on January 1<sup>st</sup> able to be counted as new unduplicated clients for that year.
  - b. Identify specific service units to be funded by this grant. The primary service provided should be listed first. In some cases, there may be only one service unit. Identify the type of service followed by the measurable unit of service delivery (for example, Counseling Hours, Crisis Line Calls or Shelter Bednights). For each service unit, list the total number of units to be delivered in 2011 for the program. Then give the total number of units provided to Bellevue residents, followed by the total number supported by the grant funds awarded. Service units for all Bellevue residents will be reported to Bellevue on the monthly *Progress Report*.
8. **Service Unit Definitions:** Explain each service unit listed above, including who is to be served, in what way, for what length of time, and by whom (trained psychiatrist, trained volunteer, etc.).
9. **Authorized signatures:** Do not put signatures on this form until AFTER the City of Bellevue approves the Scope of Work. This will be done either in person at the contract meeting, or in writing if by mail. Do specify by name, the Board Chair/President (for non-profit agencies).

and those persons authorized to sign reimbursement requests (Executive Director, Finance Director, etc.)

10. **Bellevue Funding Reimbursement Method:** You may request the City to pay your agency using either a Line Item or Service Unit Cost method. Complete either Part A (Line Item) or Part B (Service Unit Cost), but not both. Use the grant application budget as a base. Note any adjustments made to reflect current program budget information.
- A. **Line Item Reimbursement Method:** First, list all position titles being paid with this grant and the percentage of salary applied to the grant. Second, describe the costs within each of the other category lists in the budget summary. Please note that all reimbursement requests will need to correspond with the figures identified, and supporting documentation will be required.
- B. **Service Unit Cost Reimbursement Method:** If you are using this reimbursement method, describe in detail the formula used for calculating these costs. The number of units provided must equal the number indicated in the Service Units Goals section.

### **PROGRAM OUTCOMES**

List the outcome(s) and corresponding indicator(s) your agency will track throughout the term of the contract. In general, these should match the outcomes proposed in the grant application and by default, this text is imported from your entry provided in the application. The text may have been revised in an effort to gather more useful information on outcomes and program effectiveness. Even so, to lower the reporting burden among multiple funders, please align the outcome measures with those your program reports to other funders such as King County or the United Way.

<b>(EXAMPLES OF PROGRAM OUTCOMES)</b>	
<b><u>Outcome(s)</u></b>	<b><u>Measurable Indicator(s)</u></b>
<b>1. Improvement in parenting skills</b>	<b>1.1 Reduction of conflict</b>
	<b>1.2 Clear parental expectations for child behavior</b>
	<b>1.3 Use of behavior reinforcement mechanisms</b>
<b>2. Improved school-related behavior</b>	<b>2.1 Grades</b>
	<b>2.2 Attendance</b>
	<b>2.3 Discipline reports</b>

**E. INCOME GUIDELINES**

These guidelines are to be used to determine the percentage of clients served by the program that are low- and moderate-income (Section 7a of the 2011-12 Scope of Work).

2012 HUD INCOME LIMITS* Median Family Income: \$86,800 Effective 12/1/11	Family Size							
	1	2	3	4	5	6	7	8
30% Median: Very Low Income	18,500	21,150	23,800	26,400	28,550	30,650	32,750	34,850
50% Median: Low Income	30,800	35,200	39,600	44,000	47,550	51,050	54,600	58,100
80% Median: Moderate Income	45,500	52,000	58,500	65,000	70,200	75,400	80,600	85,800

As part of the monitoring process, the City will review the methodology used to qualify your program and/or clients as low- and moderate-income. These income guidelines generally change in the Spring.

**\*NOTE**

The terms “very low-income”, “low-income” and “moderate income” are used by the US Department of Housing and Urban Development (HUD) Community Development Block Program (CDBG) for the income limits at 30%, 50%, and 80% of the median, respectively.

In other contexts, HUD (which generates these income limits) also refers to these categories as “extremely low (30%) income”, “very low (50%) income”, and “low (80%) income”, respectively. However, the income limits are the same.

This revision is based on HUD’s income limits, effective December 1, 2011 and found at the following webpage:  
<http://www.huduser.org/portal/datasets/il/il12/index.html>.

## F. SERVICE UNIT DEFINITIONS AND UNITS OF MEASURE

**INSTRUCTIONS:** *These definitions and units of measure may be used as a basis to develop measurable service units. Use this list to find an appropriate definition to match the services being offered. These definitions should then be tailored to reflect your unique program design. Please contact the City of Bellevue if you want to use a different unit of measure. (NOTE: These are the common service unit definitions used by all North and East county funders.)*

**Adult Day Care:** Provision for older adults or the disabled, a place for mental and physical renewal as well as socialization. Measured by days of care, or in the case of a voucher program, by program slot. (See **Child Care**)

**Advocacy:** Intervention/contact on behalf of a client when the individual cannot represent themselves effectively. Measured by contact. This is calculated by multiplying the number of persons involved in the contact or session by the number of contacts or sessions.

**Case Management:** Comprehensive treatment approach for a single individual involving personal counseling and liaison with other providers to ensure coordination and consistent care. Measured per case manager session. It is presumed that the case manager will deal with one client at a time. If there is more than one client, multiply the number of clients by the number of sessions.

**Child Care** (See also **Therapeutic Day Care**): Supervised care for children. Measured by child care day. A child care day is a full-time unit of program service which usually consists of care of 8 to 12 hours per day. In after school care programs from 6 a.m. to 9 a.m. and 3 p.m. to 6 p.m. each day for five days per week, can equate to full time care day.

**Chore Services/In-Home Care:** Essential transportation, housekeeping, meal preparation, yard work, minor home repair, respite, moving and personal care. Measured per hour of service provided.

**Clothing Bank:** A source of previously used clothing for low- and moderate- income persons. Measured by visit. A visit is counted when individuals referred from social service agencies pick up the number of clothes authorized.

**Counseling (Mental Health, Domestic Violence, Housing, Employment):** In-person individual, family or group consultations with: (1) a professional social worker (with chemical dependency professional certification, where relevant), (2) a psychologist, or a psychiatrist for problem solving, (3) a housing counselor. Specify individual or group giving the size of the group. Measured per counseling hour session. This is calculated by multiplying the number of persons counseled by the number of counseling hours/sessions. Estimate the length of a session if less than one hour.

**Crisis Line:** A centralized toll-free telephone line offering emotional support, crisis intervention and problem solving usually by staff or trained volunteers. Measured by crisis call.

**Dental Care:** Emergency and routine dental care performed by a dentist or dental assistant, including cleaning, education, extractions, fillings, root canals, dentures and follow-up. Measured by client visits.

**Employment Services:** Services in support of a client's obtaining employment including job counseling, help with job seeking and retention skills, job search workshops, development of employability plans, and individualized job development as needed. Measured by client/service

contact. Again, if more than one persons is served at the same time, multiply service contact by the number of persons served.

**Financial Aid:** Interim case assistance for bus fare, vouchers to prevent eviction, tuition waiver, and fees for books and supplies. Measured by individuals or households assisted.

**Food:** Meals, prepared food pack, nutrition services at senior centers or for the homebound, or bags of food given out at food banks. Measured by meal equivalent. The meal equivalent will be negotiated at the time of contracting.

**House Rehabilitation:** Physical rehabilitation of houses to prolong their life and preserve housing units for low- and moderate-income persons. Measured by number of houses or rental units rehabilitated.

**Information and Referral:** Telephone services to improve citizen access to social services such as child care, counseling, etc. Measured by call.

**Interpretation/Translation:** Written and oral interpretations services provided to limited English speaking persons or the hearing impaired. Measured by client contact.

**Legal Services:** In person legal help through self-help workshops, lectures with legal information, limited direct representation (where an attorney meets with an individual representing himself or herself and assists the client directly with court proceedings), or direct representation by a lawyer. Measured by client contact or session. To calculate, if there are several persons in a group session, multiply the number of clients times the number of contacts or sessions.

**Medical Care:** Face-to-face visit with nurse practitioner or doctor for diagnosis and treatment of acute and chronic illness and minor injuries, health screening, preventative health service, and/or linkages to free and low cost ancillary, specialty, and inpatient health service. Measured by patient visit.

**Outreach:** Contacts by telephone or in person to acquaint potential clients with a range of services available, or to demonstrate to possible volunteer providers (e.g. safe homes or chore services) opportunities to provide volunteer services. Measured by telephone call or client/provider contact. If outreach is offered in the form of a group meeting, multiply the meeting times the number present.

**Placement:** Referrals to the next step in the recovery pattern, educational ladder, or training program. Measured when the placement occurs.

**Shelter:** Night of shelter in a homeless shelter, a hotel with a voucher, or a safe home. Measured by bednights. A bednight equals one night of shelter per person.

**Support Group:** Emotional support, efforts to build self-esteem, information about the dynamics of social interactions and/or options available to clients as needed. This does not include professional therapist's intervention. Measured by group counseling hours.

**Technical Assistance:** Assistance/service provided by staff to an outside agency, service or community group, where the staff has a specific level of expertise/knowledge. Measured by hours of service.

**Tenant Services:** Services designed to prevent eviction by teaching rights and responsibilities of

landlords and tenants as well as offering a crisis line. Measured by contact or call, depending on service provided.

**Therapeutic Day Care** (See **Child Care**): Day care for children or adults, plus comprehensive assessment, social work, physical, occupational, speech therapies, special education, foster care placement and coordination or services with Child Protective Services, doctors, Department of Public Health as required. Measured by therapeutic care day.

**Training/Workshops/Classes:** Classroom instruction to provide skills information in a variety of areas specified by the agency. Measured by number of client hours per classroom session.

**Transitional Housing:** Shelter for periods longer than three weeks accomplished either by payment of short term rent subsidy to avert loss of housing or by provision of short term agency provided housing for up to one year. In both cases, clients are pre-screened and followed by a case manager. Measured by bednight.

**Transportation:** Door-to-door transit for the elderly or disabled to appointments. Measured by one-way trip.

**Tutoring:** One-on-one teaching to overcome learning problems or illiteracy. Measured by client tutoring session.

**Youth Services:** A variety of services for persons under the age of 18 with the objective of resolving serious problems at home, in school or in the community, including information and referral, outreach and counseling. Measured by call (information and referral), contact/session (outreach) and hour/session (counseling).

<p><b>NOTE:</b>      <b><u>SESSION:</u></b>    <i>A session is a face-to-face interaction for no less than 20 minutes. The exact definition should be provided with your Scope of Work.</i></p> <p>                 <b><u>CONTACT:</u></b>    <i>A contact is a phone or face-to-face interaction for not more than 15 minutes. The exact definition for your agency program should be provided with your Scope of Work.</i></p>
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## **G. INSURANCE REQUIREMENT**

The Contractor shall procure and maintain for the duration of this Agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors. The cost of such insurance shall be paid by the Contractor. Insurance shall meet or exceed the following unless otherwise approved by the City.

### **A. Minimum Insurance**

1. Commercial General Liability coverage with limits not less than \$1,000,000 per occurrence / \$2,000,000 annual aggregate,
2. Stop Gap/Employers Liability coverage with limits not less than \$1,000,000 per accident/disease,
3. Business Automobile Liability coverage with limits not less than \$1,000,000 per accident for any auto,
4. Workers' Compensation coverage as required by the Industrial Insurance Laws of the State of Washington.

### **B. Self-Insured Retentions**

Self-insured retentions must be declared to and approved by the City.

### **C. Other Provisions**

Commercial General Liability policies shall be endorsed to:

1. Include the City, its officials, employees and volunteers as insureds,
2. Provide that such insurance shall be primary as respects any insurance or self-insurance maintained by the City,
3. Each insurance policy shall provide that coverage shall not be canceled except after thirty (30) days' written notice has been given to the City.

### **D. Acceptability of Insurers**

Insurance shall be placed with insurers with a rating acceptable to the City.

### **E. Verification of Coverage**

Contractor shall furnish the City with certificates of insurance required by this clause. The certificates are to be received and approved by the City before work commences. The City reserves the right to require complete, certified copies of all required insurance policies at any time.

### **F. Subcontractors**

Contractor shall require subcontractors to provide coverage which complies with the requirements stated herein.

**PART II:**

**REPORTING AND REIMBURSEMENT**

**A. REPORTING REQUIREMENTS, FORMS AND INSTRUCTIONS**

Following is a list of the reports required by agencies/programs receiving funds from the City of Bellevue.

<b><u>Report</u></b>	<b><u>Data Reported</u></b>	<b><u>Submission Frequency Requirements</u></b>
<b>REIMBURSEMENT REQUEST</b>	Costs incurred in the delivery of the program eligible to be reimbursed by the Bellevue grant.	Submitted <b>quarterly</b> , but may be submitted on a monthly basis if desired by the agency
<b>PROGRESS REPORT</b>	Program accomplishments, both residents assisted and service units delivered by month	Must accompany each Reimbursement Request; submitted <b>monthly or quarterly</b>
<b>DEMOGRAPHIC REPORT</b>	Demographic data on unduplicated residents/clients served by quarter	Must be submitted <b>each quarter</b> : April 15, July 15, October 15, and January 15
<b>SUCCESS AND CHALLENGES</b>	Supplemental narrative on successes and challenges.	Must be submitted <b>each quarter</b> : April 15, July 15, October 15, and January 15
<b>PROGRAM OUTCOMES</b>	Program effectiveness measures by outcome indicators	Results submitted July 15 for the 12 months prior to June 30. This is submitted <b>only once a year</b> .

**NOTE:** The Reimbursement Request form must be submitted on paper to the City. If applicable, the Personnel/Travel Form also must be submitted on paper. This is because these two forms require signatures.

Other forms such as the Service Unit Progress Report, the Demographic Report, and the Annual Outcomes can be submitted via email.

**INSTRUCTIONS FOR COMPLETING THE  
REIMBURSEMENT REQUEST FOR LINE ITEM BUDGETS**

The City of Bellevue allows contractors to request reimbursement by one of two methods: 1) line item budgets or 2) service unit costs. This form is to be used with **Line Item Budgets**.

**Agency Information:** Fill in the proper information about the agency. Be sure to provide the name and phone number of the person with whom the City should contract if there are any questions regarding the reimbursement request.

**Contract No. And Program:** Identify the specific contract by number and title. Agencies with more than one contract with the City must submit separate reimbursement requests for each contract.

**Check for Last Reimbursement:** When you make your final reimbursement request for the year, particularly if it is before year-end, check the box provided. With this information we can begin the grant close-out procedures.

**Cost Categories:**

The column **Original Budget** must be an exact duplicate of the budget found on the second page of the Scope of Work. The numbers in this column should not change during the course of the year.

If during the course of the year an amendment to the contract changes the contract budget, these revised figures should be reflected in the **Revised Budget** column. The numbers in this column supersede the numbers in the **Original Budget** column. If more than one amendment affecting the budget has occurred, the latest amendment is to be reflected in this column.

**Total Requested** is the amount requested from Bellevue for each line item. The amounts are then summed at the bottom of the column. This sum is the amount you are requesting from the City.

**Cumulative to Date** shows the total requested for each line item to date, e.g., including the current request.

**Award Balance** is the amount of each line item outstanding after the current reimbursement request is paid. The total of the **Award Balance** and **Cumulative to Date** columns should equal either the **Original** or **Revised Budget** column.

**Documentation:** All costs for which reimbursement is requested must be documented. If you are requesting reimbursement for personnel or travel (mileage) costs, you must fill out and attach the Personnel and Travel Reimbursement form. This form will constitute the documentation for those two categories of costs. **All other costs must be supported by photocopies of receipts, invoices, or checks.** If the City is to pay for part of a cost, indicate on the documentation the percent to be charged to the City. For instance, if the City is charged 20% of the monthly phone bill, indicate on the photocopied bill "20% Bellevue" and the amount.

**Authorized Signature:** This signature must be that of the persons identified on the bottom of the first page of the Scope of Work as having authority to sign reimbursement requests. No other signature will be accepted without prior written notification to the City.

**PLEASE DOUBLE CHECK ARITHMETIC AS ERRORS WILL DELAY PAYMENT. THE CITY'S PAYMENT TERM IS THIRTY DAYS, AND IT NORMALLY REQUIRES FOUR WEEKS TO PAY REIMBURSEMENT REQUESTS. THE FOUR WEEK PROCESSING TIME DOES NOT BEGIN UNTIL ALL DISCREPANCIES ARE RESOLVED.**



# REIMBURSEMENT REQUEST

## Line Item Budget

**City of Bellevue**

Human Services Division

Parks & Community Services

<b>To:</b> GRANT COORDINATOR CITY OF BELLEVUE Human Services Division Parks & Community Services P. O. Box 90012 BELLEVUE, WA 98009-9012	<b>FROM:</b> AGENCY _____ ADDRESS _____ CITY/STATE/ZIP _____ CONTACT _____ PHONE _____ FAX _____ E-MAIL _____
--	--

**Contract No.** \_\_\_\_\_ **Program Title** \_\_\_\_\_

**THE COSTS AS PRESENTED IN THIS REQUEST WERE INCURRED BETWEEN THE TIME PERIOD OF**  
**(Dates)** \_\_\_\_\_ **to** \_\_\_\_\_  
 Check here if this is the final reimbursement request

Please note that supporting documentation is needed when submitting request for reimbursement under lines 2 - 7.

COST CATEGORIES	ORIGINAL BUDGET	REVISED BUDGET (if applicable)	TOTAL REQUESTED	CUMULATIVE TO DATE	AWARD BALANCE
1 Personnel					\$ -
2 Office or Operating Supplies (Attach Receipts)					\$ -
3 Consultant or purchased services (submit substantiating bills)					\$ -
4 Construction contracts and/or real property acquisition (submit substantiating bills)					\$ -
5 Communications					\$ -
6 Travel and training					\$ -
7 Other (Detail)					\$ -
					\$ -
<b>GRAND TOTAL</b>	\$ -	\$ -		\$ -	\$ -

I CERTIFY THAT THE ABOVE COSTS IN THE AMOUNT OF \$ \_\_\_\_\_ HAVE BEEN INCURRED AND PAYMENT HAS BEEN MADE OR IS NOW DUE AND THAT NECESSARY RECEIPTS OR INVOICES ARE ATTACHED. A PROGRESS REPORT IS ATTACHED.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE (AS SET FORTH IN THE AGREEMENT)

\_\_\_\_\_  
 DATE



City of Bellevue  
 Human Services Division  
 Parks & Community Services

## PERSONNEL AND TRAVEL REIMBURSEMENT

Agency: \_\_\_\_\_  
 Contract No.: \_\_\_\_\_ Reimbursement for period of: \_\_\_\_\_

**PERSONNEL:**

Employee	Gross Pay	% Paid by Bellevue Grant	Amount Requested

Total amount requested for personnel: \$ \_\_\_\_\_ -

**TRAVEL:**

Employee	Cost per mile	Total Mileage	Amount Requested
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

Total amount requested for travel: \$ \_\_\_\_\_ -

I certify that records, e.g. payroll forms and mileage logs, are available for auditing purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS FOR COMPLETING THE  
REIMBURSEMENT REQUEST FOR SERVICE UNIT COST BUDGETS**

The City of Bellevue allows contractors to request reimbursement by one of two methods: 1) line item budgets or 2) service unit costs. This form is to be used with **Service Unit Cost Budgets**.

**Agency Information:** Fill in the proper information about the agency. Be sure to provide the name and phone number of the person with whom the City should contract if there are any questions regarding the reimbursement request.

**Contract No. And Program:** Identify the specific contract by number and title. Agencies with more than one contract with the City must submit separate reimbursement requests for each contract.

**Reimbursement Calculations:**

Identify, from the Scope of Work, the service units that your agency and the City have agreed upon as the service units to be paid. List them in the **Service Unit** column. These should never change during the course of the year unless a contract amendment is agreed upon which changes them.

The **Original Budget** and **Cost Per Unit** columns should be identical to the corresponding numbers presented in the Scope of Work. These will only change if a contract amendment changing them is agreed upon by both the agency and the City. If during the course of the year an amendment to the contract changes the contract budget, these revised figures should be reflected in the **Revised Budget** column. The numbers in this column supersede the numbers in the **Original Budget** column. If more than one amendment affecting the budget has occurred, the latest amendment is to be reflected in this column.

Show the number of service units in the **# Units** column and multiply that by the **Cost Per Unit**. This will provide the **Total Requested** amount for each type of service unit. The sum of these amounts represents the total amount requested for reimbursement and should be written in the space at the bottom of the column. This sum is the amount you are requesting from the City.

**Cumulative to Date** shows the total requested for each line item to date, e.g., including the current request.

**Award Balance** is the amount of each line item outstanding after the current reimbursement request is paid. The total of the **Award Balance** and **Cumulative to Date** columns should equal either the **Original** or **Revised Budget** column.

**Authorized Signature:** This signature must be that of the persons identified on the bottom of the first page of the Scope of Work as having authority to sign reimbursement requests. No other signature will be accepted without prior written notification to the City.

**PLEASE DOUBLE CHECK ARITHMETIC AS ERRORS WILL DELAY PAYMENT. THE CITY'S PAYMENT TERM IS THIRTY DAYS, AND IT NORMALLY REQUIRES FOUR WEEKS TO PAY REIMBURSEMENT REQUESTS. THE FOUR WEEK PROCESSING TIME DOES NOT BEGIN UNTIL ALL DISCREPENCIES ARE RESOLVED.**



# REIMBURSEMENT REQUEST

## Service Unit Cost Budget

**City of Bellevue**  
 Human Services Division  
 Parks & Community Services

<b>TO: GRANT COORDINATOR</b>  CITY OF BELLEVUE Human Services Division Parks & Community Services P. O. Box 90012 Bellevue, WA 98009-9012	<b>FROM:</b> <b>AGENCY</b> <b>ADDRESS</b> <b>CITY/STATE/ZIP</b> <b>CONTACT</b> <b>PHONE</b> <b>FAX</b> <div style="text-align: right; margin-top: 20px;"><b>E-MAIL</b></div>
---	--

**CONTRACT NO.** \_\_\_\_\_ **PROGRAM TITLE** \_\_\_\_\_

**THE COSTS AS PRESENTED IN THIS REQUEST WERE INCURRED BETWEEN THE TIME PERIOD OF:**  
**(DATES)** \_\_\_\_\_ **TO** \_\_\_\_\_

Check here if this is the final reimbursement request

Service Unit	Original Budget	Revised Budget	# of Units	X	Cost Per Unit	=	Total Requested	Cumulative to Date	Award Balance
1.				X		=	\$ -		\$ -
2.				X		=	\$ -		\$ -
3.				X		=	\$ -		\$ -
4.				X		=	\$ -		\$ -
5.				X		=	\$ -		\$ -
<b>Grand Total</b>	\$ -	\$ -					\$ -	\$ -	\$ -

I CERTIFY THAT THE ABOVE COSTS IN THE AMOUNT OF  
 HAVE BEEN INCURRED AND PAYMENT HAS BEEN MADE OR IS NOW DUE  
 AND THAT NECESSARY RECEIPTS OR INVOICES ARE ATTACHED.  
 A PROGRESS REPORT IS ALSO ATTACHED.

\_\_\_\_\_  
 AUTHORIZED SIGNATURE (AS SET FORTH IN THE AGREEMENT)

\_\_\_\_\_  
 DATE

## INSTRUCTIONS FOR COMPLETING THE PROGRESS REPORT

The purpose of this form is to demonstrate the level of program accomplishment achieved each month. The level of accomplishment will be compared with the contract goals as stated in Section 7a and 7b of your Scope of Work.

It is not expected that each month the percent of dollars expended will match the percent of work completed. However, as the project progresses these percentages should be synchronized. The Bellevue funds are awarded for an entire year. It is, therefore, anticipated that Bellevue funds will be utilized with other funds supporting the program throughout the entire year.

**NO REQUESTS FOR REIMBURSEMENT WILL BE PROCESSED WITHOUT A PROGRESS REPORT.** The form must have each month reported and be submitted with each Request for Reimbursement whether monthly or quarterly.

### 1. BASIC DATA

Contract No. -- Place your 2011 contract number in this space (GF-xxx).

Program Title -- Use the Program Title as stated in the approved Scope of Work.

Date -- Indicate the date on which the report is submitted to the City of Bellevue.

Prepared By -- Indicate the name and email of the person to be contacted concerning this report.

### 2. PROGRAM MEASURES

Please report the number of service units provided to all Bellevue residents, regardless of funding source.

Service Units -- Fill in the name of the service unit and the actual number of services provided to all Bellevue residents in the appropriate months. The service unit categories reported must be the same as those listed in the Scope of Work. Use only the yellow-highlighted cells. Subtotals and totals will automatically calculate.

Goal -- This is the number of service units the agency has committed to provide with the funds granted, and should be taken from the Scope of Work. This number never changes unless there is a contract amendment approved by the City.

### 3. PROGRAM NARRATIVE

This is your opportunity to provide a narrative interpretation of your progress. Explain significant project developments and instances of under or over performance. If the project is behind schedule, please explain why, and give the action steps that you will take to increase services. Also use this space to highlight trends and issues you are encountering in the course of providing services.

# PROGRESS REPORT: SERVICE UNITS AND PROGRAM ACCOMPLISHMENTS



List each service unit category shown in the Bellevue contract Scope of Work (Attachment A of the contract).  
Report all service units **delivered to Bellevue residents**, regardless of the funding source.

A. CONTACT INFORMATION																		
Contract No.: _____				Program Title: _____								Date: _____						
Prepared By: _____												Phone: _____						
B. SERVICE UNITS	Jan	Feb	Mar	Quarter 1	Apr	May	June	Quarter 2	July	Aug	Sept	Quarter 3	Oct	Nov	Dec	Quarter 4	Yr to Date	Contract Goal
1 _____				0				0				0				0	0	
2 _____				0				0				0				0	0	
3 _____				0				0				0				0	0	
C. PROGRAM NARRATIVE																		

<b>CITY USE ONLY</b>	Quarter 1 Resident Subtotal	0	Quarter 2 Resident Subtotal	0	Quarter 3 Resident Subtotal	0	Quarter 4 Resident Subtotal	0	YTD Total	0
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## PROGRAM SUCCESSES AND CHALLENGES

Please provide a brief narrative highlighting a success story related to the funded program and services. This could be a story of an individual client/participant, how they achieved their goals, and/or how your program helped that client/participant. This could also be a story of the challenges faced by individual clients. The objective here is to communicate a sense of the real, personal impact that your program is having on individual Bellevue residents. (NOTE: Please protect confidentiality by changing/disguising names.)

City of Bellevue  
Human Services Division  
Parks & Community Services

### A. CONTACT INFORMATION

Contract No.: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Program Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_

### B. PROGRAM SUCCESS STORY OR CHALLENGE

Large empty text area for providing a success story or challenge.

## DEMOGRAPHIC FORM INSTRUCTIONS

While we are very committed to receiving complete information on the clients served, we understand that data may be missing for a variety of legitimate and unavoidable reasons including client unwillingness to answer, etc. Please enter the numbers for all the other answer categories in each group. The "Unknown" answer category will be automatically calculated for each demography group (e.g., Age Group) based on the total number of households or individuals.

If you are not filling out the form in Excel, please do not fill in the "Unknown" categories for any demographic group.

### **Total Number of New Households Served**

This number must be accurate. It helps calculate the "unknown" in each household related category. Enter the number of new households entering the program each quarter. A household is an individual living alone or a social unit that resides together and shares funds and resources. Each household is reported only one time during the program year. Ongoing households from the previous program year are carried over and reported only during the first quarter in the new program year.

### **Total Number of New Individuals Served**

This number must be accurate. It helps calculate the "unknown" in each individual related category. Enter the number of new clients entering the program each quarter. Each client is reported only one time during the program year. Ongoing clients from the previous program year are carried over and reported only during the first quarter in the new program year.

### **Living Situation (Households)**

#### **A. Living in Unincorporated King County**

It is expected that this sort of information may not be readily available or easily accessible for service providers or clients. As such, best efforts will be appreciated but precision will not be required.

- **Inside City Limits** - Count client households living in incorporated areas e.g., in the city limits of Bellevue.
- **Outside City Limits** - Count client households known to not live in incorporated areas such as the unincorporated area south of I-90 that is surrounded by Bellevue.
- **Outside King County** - Count clients known to live outside of King County (may have moved but still in service, for example).

For precision, you can find information on specific addresses at <http://www.metrokc.gov/gis/imap>.

### **I. Household Composition**

#### **A. Single Adult Household**

Count as the number of households in which there is a single adult with no children and no partners. Report single females separately from single males.

#### **B. Households with Minors (children under 18 years old)**

Count the number of households in which there are minor children (under 18) living. Report single female head of household, single male head of household and two parent households separately. Grandparents raising children should be considered as "Other Related Adults" households.

#### **C. Shared Adult Households with No Minors**

Count as the number of households where there are two or more adults living together with no children. Report separately households where the adults are married/partnered and those where

the adults are otherwise related. Adults are partners if they are unmarried but living together in a committed relationship (regardless of gender).

## **II. Household Income Level (per HUD Guidelines)**

This is based on the total gross yearly income for the household. Categories are based on HUD matrix which uses the King County's median income level to determine income categories. This matrix is updated annually. Programs may need to collect and verify actual income to determine eligibility for certain programs, but will report to funders using the HUD matrix.

## **III. Living Situation (Individuals)**

### **A1. Homeless**

Generally, the term “homeless” refers to a lack of shelter or stable housing—with those in emergency shelters and transitional housing being considered homeless. However, if the agency is contracted to provide homeless services, consult the agency contract requirements to identify any specific definition. Contracted definitions supersede any other interpretation.

### **Geographic Location**

Enter zip codes of clients. When logging the zip codes “For homeless households record the five digit zip code of the apartment, room or house where they last lived for 90 days or more,” per Federal Guidelines.

## **IV. Age Groups**

Enter the number of clients in each age category. This should reflect their age at the moment of intake.

## **V. Gender**

Enter the number of clients in each category. Transgender is defined as an individual whose gender, gender display, or gender identity differs from the perceived norm. Such an individual may – or may not – have undergone or be currently undergoing gender-altering surgery or transgender counseling. Other may be used if an individual does not identify with the available categories.

## **VI. Persons with Disabilities**

Enter as “Yes” the number of clients with disabilities. This is self-reported by clients with the exception of programs where status is determined by a caseworker or other professional. A client with a disability has a physical, sensory or mental impairment that substantially limits one or more major life activities. "Major life activities" are functions such as caring for one's self, performing manual tasks, walking, seeing, breathing, learning and working. Clients who are developmentally disabled, chronically ill, hearing or visually impaired, or homebound, and/or have diagnosed emotional disorders are included in this category. Children/youth in this category include those in special education classes and those receiving SSI.

## **VII. Ethnicity**

Enter as “Yes” the number of clients who identify themselves as being Latino or Hispanic.

## **VIII. Race**

These categories are based on the U.S. Census Bureau's categories. When individuals select more than one category, they should be entered in the “Multi-Racial” answer category. “Total Non-White/Non-Caucasian” is calculated by adding up the first six categories (“American Indian or Alaska Native” through “Multi-Racial”). The form will automatically determine this number.

**IX. Refugee/Immigrant**

Enter as “Yes” the number of clients who have voluntarily migrated to this country from another country or who have left their native country for reasons of safety. This category is not intended to capture information regarding legal resident status or citizenship.

**X. Limited-English Proficiency**

Enter as “Yes” the number of clients with a reduced or restricted ability to communicate using the English language, or with virtually no ability to communicate using the English language.

**XIII. Veterans/Military Status**

- In the first row of this section, enter the number of military personnel or veterans served during the quarter. This includes National Guard and Reserve members. Also considered as veterans are those who served in the Philippine Army during WW II.
- In the second row of this section, enter the number served who were the spouses of military personnel or veterans.
- In the third row of this section, enter the number served who were non-spouse dependents of military personnel or veterans.
- Use the fourth row to tally clients with no personnel, spousal or dependent relationship with military personnel or veterans.



# Demographic Report Human Services Fund 2011-12

City of Bellevue  
Parks & Community Services

Agency Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Project Name: \_\_\_\_\_ Contact Phone/Email: \_\_\_\_\_

Description	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	YTD Total
Total New Households Served:	0	0	0	0	0
Total New Individuals Served:	0	0	0	0	0

<b>Household Information</b>					
<b>Unincorporated Area Residence</b>					
Inside City Limits (Any King County City)	0	0	0	0	0
Outside City Limits (unincorporated)	0	0	0	0	0
Outside King County	0	0	0	0	0
Unknown (must be > or = 0)	0	0	0	0	0
<b>I. Household Composition</b>					
<b>A. Single Person Households (household =1)</b>					
Female Adult	0	0	0	0	0
Male Adult	0	0	0	0	0
Single Minor Under Age 18	0	0	0	0	0
Subtotal	0	0	0	0	0
<b>B. Households with Minors under 18</b>					
Single Parent Female Head of Household	0	0	0	0	0
Single Parent Male Head of Household	0	0	0	0	0
Two Parent Households	0	0	0	0	0
Other Related Adults	0	0	0	0	0
Subtotal	0	0	0	0	0
<b>C. Shared Adult Households with no minors</b>					
Partnered/Married	0	0	0	0	0
Other Related Adults	0	0	0	0	0
Subtotal	0	0	0	0	0
<b>D. Unknown Household Composition</b>					
	0	0	0	0	0
<b>II. Household Income Level</b>					
Very Low (<30% Median)	0	0	0	0	0
Low (<50% Median)	0	0	0	0	0
Moderate (<80% Median)	0	0	0	0	0
Above Moderate (>80% Median)	0	0	0	0	0
Unknown (cannot be a minus number)	0	0	0	0	0

<b>Individual Information</b>						
<b>III. Living Situation</b>						
<b>A1. Homeless</b>						
Yes	0	0	0	0	0	0
No	0	0	0	0	0	0
Unknown (cannot be a minus number)	0	0	0	0	0	0
<b>Geographic Location (Zip Code)</b>						
98004						
98005						
98006						
98007						
98008						
Other (King County)						
Other (Outside King County)						
Other (Unknown)	0	0	0	0	0	0
Subtotal of Bellevue Zip Codes	0	0	0	0	0	0
<b>IV. Age Group</b>						
0 to 5	0	0	0	0	0	0
6 to 10	0	0	0	0	0	0
11 to 13	0	0	0	0	0	0
14 to 17	0	0	0	0	0	0
18 to 24	0	0	0	0	0	0
25 to 34	0	0	0	0	0	0
35 to 54	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0
65 to 74	0	0	0	0	0	0
75 to 84	0	0	0	0	0	0
85 and over	0	0	0	0	0	0
Unknown (cannot be a minus number)	0	0	0	0	0	0
<b>V. Gender</b>						
Female	0	0	0	0	0	0
Male	0	0	0	0	0	0
Transgendered/Other	0	0	0	0	0	0
Unknown (can not be a minus number)	0	0	0	0	0	0
<b>VI. Persons with Disabilities</b>						
Yes	0	0	0	0	0	0
No	0	0	0	0	0	0
Unknown (cannot be a minus number)	0	0	0	0	0	0
<b>VII. Ethnicity</b>						
Hispanic, Latino Ethnicity - Yes	0	0	0	0	0	0
Hispanic Latino Ethnicity - No	0	0	0	0	0	0
Unknown (cannot be a minus number)	0	0	0	0	0	0
<b>VIII. Race</b>						
American Indian or Alaska Native	0	0	0	0	0	0
Asian, Asian-American	0	0	0	0	0	0
Black, African-American, Other African	0	0	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0	0
White or Caucasian	0	0	0	0	0	0
Other Race	0	0	0	0	0	0
Multi-Racial (2+ identified)	0	0	0	0	0	0
Unknown (cannot be a minus number)	0	0	0	0	0	0
<b>IX. Refugee/Immigrant</b>						
Yes	0	0	0	0	0	0
No	0	0	0	0	0	0
Unknown (cannot be a minus number)	0	0	0	0	0	0
<b>X. Limited-English Proficiency</b>						
Yes	0	0	0	0	0	0
No	0	0	0	0	0	0
Unknown (cannot be a minus number)	0	0	0	0	0	0
<b>XI. US Military Service (Active Past or Present)</b>						
US Military (past or present)	0	0	0	0	0	0
Spouses or partners of persons with active military service	0	0	0	0	0	0
Active military, minor dependents	0	0	0	0	0	0
Has not ever had military service	0	0	0	0	0	0
Unknown (cannot be a minus number)	0	0	0	0	0	0

## OUTCOME FORM INSTRUCTIONS

Fill in the Contact Information and the Outcomes Information sections just as they appear in your contract Scope of Work. Use one page for each outcome being reported (agency information can be filled in once for the first outcome).

PLEASE NOTE: If you are reporting the SAME outcome measures to one of the funders listed below, you may submit a copy of their form(s) to Bellevue instead of this form:

1. Two King County Community Services Division Six-Month Outcome Forms covering the periods July 1 to December 31 of the previous year AND January 1 to June 30 of the current year; or,
2. United Way of King County Outcome Report for the same time period.

### I. Outcome Results

*Enrolled:* Indicate the total number of clients enrolled in the program during the reporting term.

*Eligible:* Enter the number of clients that are eligible for this outcome. This is generally not the same as the number enrolled. Usually clients must receive a certain amount of service or remain in the program for a sufficient period of time before the program is likely to have a significant impact on them. Only clients who reach this threshold are considered “eligible” for outcome measurement.

*Measured:* Indicate the number of clients for whom you have completed the outcome data. This number helps funders determine the attrition rate and the success of data collection methodologies.

*Achieved:* Enter the number of clients that achieved the outcome as measured through the indicator.

*Success Rate:* Divide the number of clients achieving the outcome by the number of clients for whom you have complete data. This will give you the success rate. Enter the percentage (e.g. 90%).

### II. Narrative

*Describe your interpretation or explanation of the outcome data.*

This narrative allows the agency to provide its interpretation of the outcome numbers. They can provide explanation of over or under performance and the factors influencing performance. If the agency has any comparative data (from other program evaluations, national statistics or benchmark studies), it can reference that here. Many agencies and programs do not have comparison data AND THIS IS OKAY.

*Describe any problems you had with data collection.*

This question provides agencies a chance to explain problems experienced with the indicators or tools. It should also be used to explain the agency’s plans to address the problems in future data collection cycles.

# HUMAN SERVICES OUTCOMES

Funder  
Reporting to: [City of Bellevue](#)

Reporting Period: \_\_\_\_\_ to \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

Agency:	Contract #:		
Program:	Contact Person:		
	Phone No:	E-mail:	

## OUTCOME INFORMATION

Community Goal Area <small>(Pick from drop-down list)</small>	Outcome Statement <small>(one per box - duplicate page for add'l outcomes)</small>	Measureable Indicator(s)	Measurement Tool(s)

## OUTCOME RESULTS

	Client Stage	Definitions									Collection Period		
											Total	Goal	%
A	Enrolled	Number of participants enrolled in this program											
C	Eligible	Number that received sufficient service to affect outcome											
D	Measured	Number of participants measured for the outcome											
E	Achieved	Number of participants that achieved the outcome											
F	Success Rate	Achieved / Measured										#DIV/0!	

**NARRATIVE**

(THIS FORM SHOULD BE COMPLETED FOR EACH OUTCOME REPORTED)

**Describe your interpretation or explanation of the outcome data:** Explain over or under-performance. Describe factors or causes affecting performance. Indicate how your performance compares with any available regional or national data, or benchmark studies.

**Describe any problems you had with data collection. Note any strategies you are implementing to improve the process.**

## B. CHANGING YOUR CONTRACT

1. **Work Program Changes:** All work program changes must be approved by the City of Bellevue. Changes in the program accomplishment projections over the year are not generally considered program changes, but are performance issues. These changes should be discussed in the last section of the Program Accomplishments form, under "Program Narrative."

Program changes include changes in identified service units, change in target groups, change in program structure and design which affect the service units to be provided.

A letter must be sent to the City of Bellevue describing the program change, explaining why it needs to be made and how it will affect performance projections and/or the approved budget. If a program change entails a revision to the approved budget, then the instructions for budget revisions (outlined below) must be followed.

2. **Minor Budget Revisions:** Minor budget revisions are those changes to the budget which do not alter the intent of the program, and involve an increase of 10% or less in any budget category (provided a corresponding decrease occurs in one or more of the other categories.) This type of budget revision can be made by the person authorized to sign the Reimbursement Request Form and does not require City approval, but must be noted on the subsequent Reimbursement Request Form.
3. **Major Budget Revisions:** These are revisions which would change the program intent and/or involved a change of more than 10% to any budget category. These changes must be requested in writing and be given written approval by the City.

### **C. CONTRACT MONITORING**

The grant application, contract and the required agency reports all assist the City in monitoring the progress and effectiveness of the program receiving grant funds. Another monitoring tool used regularly by the City is the on-site monitoring visit.

The purpose of the visits is to examine the various procedures of the agency that are in place to ensure that: 1) the agency is able to accurately report service units to the City of Bellevue; 2) the agency is able to verify who their clients are in terms of Bellevue residency and income levels; and 3) the reimbursement requests received by the City are for legitimate program-related expenses.

Each year, city staff schedule several on-site contract monitoring visits. On the following pages is the contract monitoring checklist used by the City. You will be contacted by City staff if your agency is scheduled to have a contract monitoring visit.



# CONTRACT MONITORING FORM HUMAN SERVICES GENERAL FUND

Agency:  
Program Name:

Award:

Address Of Site Visit:  
Contact Person:

Phone:

2011 Contract:  
Amendments:

Filing #:  
Date:

Contract Monitor:

Date Of Visit:

## **A. PROGRAM:**

- 1. Are current program operations consistent with that described in the funding application and contract?
- 2. Is the program on track to meet contract goals?
- 3. Are volunteers involved in the delivery of the program? In what capacity? Training? Qualifications?
- 4. Are services accessible/culturally appropriate for persons of color and non-English speaking persons?
- 5. How are persons with disabilities served?
- 6. Is the program serving low- and moderate-income persons?
- 7. How is client income verified? Does the agency have current income guidelines?
- 8. Is there a policies and procedures manual for the program?
- 9. How does the program coordinate services with other providers? What type of services and with which providers?

## **B. ADMINISTRATION**

- 1. Within the last year, have there been any changes in program administration or authorized billing signatures?
- 2. Is the contract file orderly and complete?

3. Are client files orderly and complete?
4. Are client files appropriately secured and confidential?
5. Is there a nondiscrimination policy regarding *service delivery* and *employment* which complies with all federal, state and local laws prohibiting discrimination on the basis of age, sex, marital status, race, religion, creed, color, national origin or the presence of any sensory, mental or physical handicap?
6. Is there a policy of retaining records for at least three years?
7. Is there a policy or statement regarding conflicts of interest?
8. Are there written records of employee qualifications, training, and evaluation?
9. Is there an administrative policies and procedures manual?
10. Do agency publications identify Bellevue as a funding source?
11. Are the activities performed serving Bellevue residents? What percent of the total clients served are Bellevue residents?
12. Is the liability insurance current at the required level of not less than \$1,000,000? What is the certificate expiration date?
13. Has an independent annual audit been performed by a CPA? What was the date of most recent audit?
14. Has the agency responded to any concerns identified in the most recent audit?
15. Current board of directors list, including length of term and city of residence.

**C. REPORTING REQUIREMENTS**

1. Are Performance Measure Reports completed correctly?
2. Do Performance Measure Report numbers match source documents?
3. Are Demographic Reports completed correctly?
4. Do Demographic Report numbers match source documents?

5. Are systems in place to ensure that costs reimbursed by the City were actually incurred in the implementation of the contracted project?

--	--	--

6. Will reimbursements be within 10% of the contracted budget?

--	--	--

7. Have reimbursement requests been accurate?

--	--	--

8. Do reimbursement requests match source documents?

--	--	--

9. Is the Outcomes Report completed correctly?

--	--	--

10. Do program outcome results match source documents?

--	--	--

**D. OTHER**

1. Are there other issues that need resolution?

--	--	--



## CITY OF BELLEVUE

### ON-SITE CONTRACT MONITORING

#### Preparing for Monitoring Visit – Checklist of Materials

- ✓ Program Outcome Results and methodology – most recent report submitted to City
- ✓ Method used to verify client income, e.g. intake form
- ✓ Policies and Procedures Manual for program funded by the City
- ✓ City of Bellevue contract file
- ✓ Client files – Bellevue residents (*confidentiality statement will be signed, if necessary*)
- ✓ Agency policies:
  - \_\_\_ Nondiscrimination in service delivery and employment
  - \_\_\_ Conflicts of interest – staff and/or board
  - \_\_\_ Record retention
- ✓ List of agency employees by ethnicity, e.g. report submitted to King County
- ✓ Administrative Policies and Procedures Manual for agency
- ✓ Agency publications which identify Bellevue as funding source, e.g. annual report, brochure, etc.
- ✓ Copy of most recent independent audit (if not already submitted to the City)
- ✓ Copy of current list of board of directors, including length of term and city of residence.
- ✓ Source documents for completing and process for gathering numbers for:
  - \_\_\_ Monthly Progress Reports
  - \_\_\_ Quarterly Reports
  - \_\_\_ Reimbursement Requests
  - \_\_\_ Program Outcome Results