City of Bellevue
Parks & Community Services

CONTRACT MANAGEMENT MANUAL

Human Services Fund

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

Emily Leslie, Human Services Manager
(eleslie@bellevuewa.gov)
Joseph Adriano, Human Services Grant Coordinator
(jadriano@bellevuewa.gov)
Alex O'Reilly, Human Services Planning Coordinator
(aoreilly@bellevuewa.gov)
Sam Ezadean, Home Loan Specialist
(sezadean@bellevuewa.gov)
Teri Ekstrom, Administrative Assistant
(tekstrom@bellevuewa.gov)
Sonoko Paulson, Administrative Assistant
(spaulson@bellevuewa.gov)

CONTRACT MANAGEMENT MANUAL

TABLE OF CONTENTS

I: THE CONTRACTING PROCESS FOR HUMAN SERVICES

A.   CONTRACT MANAGEMENT CALENDAR

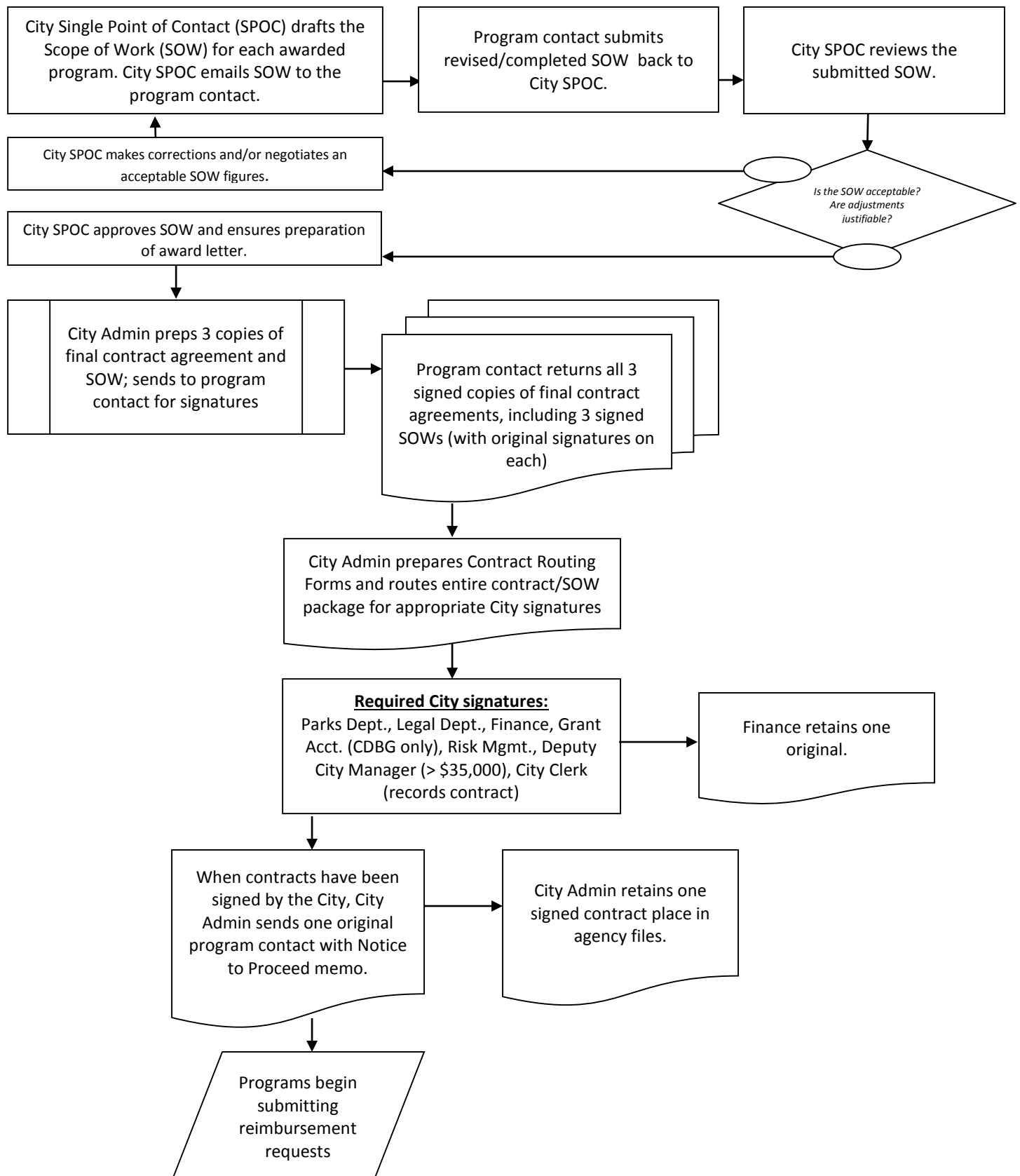| DATE(S) – Subject to Change	ACTIVITY
December	City Council approval of Human Services Funding *Note: Action on CDBG funding recommendations was in October 2012*
December – February	Finalization of individual contract negotiations with agencies to complete scopes of work
January 1 (Year 1)	Contract term begins (effective date)
April 15	First quarterly report due; first Reimbursement Request due
February – December	Contract monitoring by City staffers
January (Year 2)	Notice to Proceed for second year: Notifications are distributed – subject to adequate contract performance in Year 1 and other considerations
December 31 (Year 2)	Contract termination date

B. STEPS IN THE CONTRACTING PROCESS FOR HUMAN SERVICES

✓ *STEP 1:* <u>**Prepare Draft Scope of Work:**</u> Each agency receives a draft of the Scope of Work. The City may draft the Scope of Work to reflect the information in your application for funding. If a contract negotiation meeting is necessary, this draft Scope of Work will be e-mailed to you prior to your contract meeting.

The agency will be asked to review the draft Scope of Work and suggest changes.

✓ *STEP 2:* <u>**Participate in Contract Discussion with City Staff**</u>: Agencies may be asked to participate in an individual contract discussion with Bellevue Human Services staff. During this discussion, 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:* <u>**Give Contract Materials to Agencies:**</u> Once the draft Scope of Work has been reviewed and approved by Human Services staff, 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:* <u>**Get Agency Signatures:**</u> Original signatures from the Executive Director will be required on all 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 anyone authorized to sign reimbursement requests. The agency submits final signed contracts and Scopes to the City of Bellevue for signatures. **Proof of insurance that matches the City's requirements must be received with this submission.**

✓ *STEP 5:* <u>**Route Signed Contracts through City for Signatures:**</u> Once the agency has returned the signed copies of the contracts and provided proof of insurance, the contracts are then reviewed and signed by appropriate City staffers. This process can take several weeks.

✓ *STEP 6:* <u>**Send Final Contract and Notice to Proceed to Agencies:**</u> 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 set of the signed contract.

CITY OF BELLEVUE HUMAN SERVICES SCOPE OF WORK PROCESSING

City Single Point of Contact (SPOC) drafts the Scope of Work (SOW) for each awarded program. City SPOC emails SOW to the program contact.

→ Program contact submits revised/completed SOW back to City SPOC.

→ City SPOC reviews the submitted SOW.

Is the SOW acceptable? Are adjustments justifiable?

City SPOC makes corrections and/or negotiates an acceptable SOW figures.

City SPOC approves SOW and ensures preparation of award letter.

City Admin preps 3 copies of final contract agreement and SOW; sends to program contact for signatures

→ Program contact returns all 3 signed copies of final contract agreements, including 3 signed SOWs (with original signatures on each)

City Admin prepares Contract Routing Forms and routes entire contract/SOW package for appropriate City signatures

Required City signatures:
Parks Dept., Legal Dept., Finance, Grant Acct. (CDBG only), Risk Mgmt., Deputy City Manager (> $35,000), City Clerk (records contract)

→ Finance retains one original.

When contracts have been signed by the City, City Admin sends one original program contact with Notice to Proceed memo.

→ City Admin retains one signed contract place in agency files.

Programs begin submitting reimbursement requests

6

C.   CONTRACT HIGHLIGHTS

By signing the contract, you are agreeing that your agency staff will carry out the funded program in accordance with a specific set of requirements related to the use of public funds. 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, service units, outcomes, and budgets listed therein must be approved by City staff. 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. A Certificate of Insurance is required in order to complete the contract. All agencies are required to maintain insurance policies as described in Attachment B to the contract.
    - Coverage for
        - General Liability
        - Automotive
        - WA Stop Gap
        - Professional Liability, if applicable.
    - Identifies your agency as the insured
    - Identifies the City of Bellevue as the certificate holder
    - Identifies the City of Bellevue as an additional insured

- **_Non-Discrimination:_** The contract compliance with all federal, state and local laws prohibiting discrimination. Such laws include that no discrimination can occur on the basis of age, sex, marital status, race, creed, religion, color, national origin, sexual orientation 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:_** The primary target population of the Bellevue Human Services Fund is Bellevue residents. Your agency agrees to make services, as described in the Scope, available to all City of Bellevue residents throughout the term of the Agreement. You can ensure that a person is a City of Bellevue resident by checking the jurisdiction for their address at this website: http://gismaps.kingcounty.gov/parcelviewer2
    - Emerging, coordinated regional initiatives such as Family Housing Connection may make aspects of this requirement a challenge. We recognize that Bellevue residents are served by funding from and in other jurisdictions, and increasingly this fact may be illustrated through tools such as Safe Harbors HMIS. We also recognize that programs providing homeless housing are part of a regional service delivery system. Reducing length of stay and increasing percent of exit rates will be prioritized over (or in lieu) of residents served.

- **_Monitoring:_** All programs funded by the City of Bellevue are closely monitored. This

7

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.

- ***<u>Additional Contract Requirements:</u>*** 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. If your agency does not have an independent financial audit, the City will require some acceptable form of financial review that is common among our neighboring jurisdictions.

- ***<u>Outcome Measures:</u>*** Agencies will be required to identify up to two 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 of Year 1 as part of the evaluation process undertaken prior to renewing funding for Year 2.

D.   INSTRUCTIONS FOR THE BELLEVUE HUMAN SERVICES SCOPE OF WORK

1.   Program Title: The program title should be the same as presented in your grant application. By default, this information is imported from your entry provided in the application.

2.   Annual Term and Funds Awarded: The Year 1 and Year 2 Bellevue funds awarded to your program.

    Scope of Work ID#: Unique identifier if currently assigned by the City.

3.   Single Point of Contact: List the person with whom the City should discuss the management of your contract. By default, this information is imported from your entry provided in the application. <u>Correspondence from the City Human Services Division will be directed to this person</u>. As the single point of contact, this person should facilitate communications between their agency co-workers and City staff. The single point of contact should distribute information from the City to interested persons throughout the agency. They should also convey agency concerns to the City. (E.g., in electronic communications with the City, the single point of contact should either be in the "To" line or in the "CC" line.

    This is to ensure that there is one responsible party at each agency for each scope of work, one who will facilitate communications between the agency and the City. This is also to minimize the confusion that often accompanies too many distinct contacts receiving and sending different messages in one program or agency.

4.   Program Description: This is a summary of the primary activity(ies) for which funding is awarded. Include a description of the client population to be served. Also, give the total Year 1 program budget for this program. By default, this information is imported from your entry provided in the application.

5.   Contract Goals: Based on your application for funds, complete the following:

    a.   **Unduplicated Clients Served:**
      o   Project the percentage of clients who are low- or moderate income.

      o   Project the total number of new/unduplicated clients to be served by the program annually.

      o   Of this number, estimate the number of unduplicated Bellevue residents to be served.

      o   Follow that with the number of unduplicated Bellevue residents supported only by Bellevue Human Services funding. A new/unduplicated client is counted only once during the year, with all clients enrolled in the program on January 1st able to be counted as new unduplicated clients for that year.

    b.   **Service Unit Descriptions and Deliverables**
      o   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

9

Bednights).

- o For each service unit, list the total number of units to be delivered in Year 1 for the program, regardless of funding source.

- o Then give the total number of units provided to Bellevue residents regardless of funding source

- o Then provide the total number of units that can be supported by Bellevue Human Services grant funds awarded. Service units for all Bellevue residents will be reported to Bellevue on the monthly *Progress Report*, regardless of funding source.

- o Explain each service unit listed above, including how the unit is measured, who is to be served, in what way, for what length of time, and by whom (trained psychiatrist, trained volunteer, etc.).

c. 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 information 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.

6. **Bellevue Funding Reimbursement Method**: There are two methods of reimbursement.

a. <u>Line Item Reimbursement Method:</u> 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. This is the preferred method.

b. <u>Service Unit Cost Reimbursement Method:</u> If you must use this reimbursement method, describe in detail the formula used for calculating these costs and explain why the line item method will not work for your program. The number of units provided must equal the number indicated in the Service Units Goals section.

c. See the Reporting and Reimbursement section below for more information.

7. **Authorized signatures:** Do <u>not</u> 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. <u>Do specify by name, the Board Chair/President or authorized board member (for non-profit agencies), and those persons authorized to sign reimbursement requests (Executive Director, Finance Director, etc.)</u>

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 5a of the Scope of Work).

2015 HUD INCOME LIMITS* Median Family Income: $89,600 Effective 3/6/15	Family Size							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
30% Median: Very Low Income	18,850	21,550	24,250	26,900	29,100	32,570	36,730	40,890
50% Median: Low Income	31,400	35,850	40,350	44,800	48,400	52,000	55,600	59,150
80% Median: Moderate Income	46,100	52,650	59,250	65,800	71,100	76,350	81,600	86,900

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. The federal government changes the income guidelines.

*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. .

This revision is based on HUD's income limits, effective March 6, 2015 and found at the following webpage: http://www.huduser.org/portal/datasets/il/il15/index.html.

F. SERVICE UNIT DEFINITIONS AND UNITS OF MEASURE

The current list of service unit definitions can be found at this webpage:

http://share1app.culturegrants.org/navigation/links/page/service-unit-definitions

If you expect *any* one of your Service Unit categories to in any way fall short of their targets as you have identified in your contract's scope of work, contact the City immediately.

G. INSURANCE REQUIREMENT

Your agency must provide a certificate of insurance with your contract for routing at the City. Your agency staff should liaison with your insurance provider. Your agency should provide the certificate (and accompanying endorsements) at the beginning of the contract period, and send updates to the City as they occur. The cost of such insurance shall be paid by the Contractor. Insurance shall meet or exceed the following unless otherwise approved by the City.

1. Minimum Insurance:
   - Commercial General Liability coverage with limits not less than $1,000,000 per occurrence/$2,000,000 annual aggregate.
   - Business Automobile Liability Coverage with limits not less than $1,000,000 per accident for any auto.
   - Stop Gap/Employer's Liability coverage with limits not less than $1,000,000 per accident/disease.
   - Workers' Compensation coverage as required by the Industrial Insurance Laws of the State of Washington.
2. Additional Insurance:
   - Consultant's Errors & Omissions or Professional Liability with limits not less than $1,000,000 per claim and as an annual aggregate.
3. Self-Insured Retentions:
   - Self-insured retentions must be declared to and approved by the City.
4. Other Provisions:
   - Commercial General Liability policies must be endorsed to:
     - Contractor or its Insurance Agent/Broker shall notify the City of any cancellation, or reduction in coverage or limits, of any insurance within seven (7) days of receipt of insurers' notification to that effect.
       - Include the City, its officials, employees and volunteers as additional insureds.
       - Provide that such insurance shall be primary as respects any insurance or self-insurance maintained by the City.
5. Acceptability of Insurers:
   - Insurance shall be placed with insurers with a rating acceptable to the City.
6. 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.
7. Subcontractors:
   - Contractor shall require subcontractors to provide coverage which complies with the requirements stated herein.

II. REPORTING AND REIMBURSEMENT

A. REPORTING REQUIREMENTS AND FORMS

1. REPORT SUBMISSION SCHEDULE

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

ANNUAL REPORTS	*Method of Submission*	*Submission Frequency Requirements and Information*
PROGRAM OUTCOMES Program effectiveness measures by outcome indicators	Web-based on share1app.culturegrants.org	Submitted **annually**, on January 15 for the most recent 12 month-period ending June 30. However, if by January 15 your program has complete data for the most recent year ending December 31, we can accept the latter data instead. If submitting a County or United Way outcomes report, upload a copy of your report through share1app. Ensure that these other outcomes statements match those you included in your contract. There is no need to print out this portion, nor is there a need to send it to the City. There is no need to email it to the City. Once you complete this portion in share1app, it is done.
DEMOGRAPHIC REPORT Demographic data on unduplicated residents/clients served	Web-based on share1app.culturegrants.org	Submitted **annually**, on January 15 for the year ending December 31. There is no need to print out this portion, nor is there a need to send it to the City. There is no need to email it to the City. Once you complete this portion in share1app, it is done. If you did not save a copy of that blank demographic data spreadsheet, it is still available for download by going to this link: http://go.usa.gov/7SXm

QUARTERLY REPORTS	Method of Submission	Submission Frequency Requirements and Information
REIMBURSEMENT REQUEST Costs incurred in the delivery of the program corresponding to eligible costs identified in your contract's scope of work.	Web-based on share1app.culturegrants.org **Beginning with Quarter 1, 2015**: Complete the share1app Reimbursement Request and service reports online, then, *before* submitting: ❑ Print; ❑ Have an authorized signer sign the reimbursement request page; and then ❑ **Upload** a signed electronic **copy** of your quarterly Reimbursement Request in share1app.	Submitted **each quarter**: April 15, July 15, October 15, and January 15 Is your contract budget based on the Line Item method or based on the Unit Cost method? Check your contract scope of work. • **If your contract budget is based on the Line Item method, you will also have to complete the** <u>Bellevue Line Item Table</u> **in share1app.** It can be found within the Reimbursement Request web form. • **If your contract budget is based on the Service Unit Cost method**, just complete the share1app Reimbursement Request. You may omit the Line Item Table. **Supporting documentation** for line item expenses is required. Before clicking on "submit" be sure to upload copies of supporting documentation in share1app using the Uploads section in the Service Unit Report. If applicable, upload through share1app a signed electronic **copy** of the Personnel/Travel Form, available at http://goo.gl/ZJQe2o or http://tiny.cc/ptform. There is no need to print the Service Unit/Resident/Narrative portions of the PDF.

QUARTERLY REPORTS (Continued)	Method of Submission	Submission Frequency Requirements and Information
SERVICE UNIT REPORT 1. **Service Units:** *Service Units delivered during the quarter.* 2. **Residents:** *Number of Bellevue residents served during the quarter.* 3. **Narrative - Success and Challenges:** *Narrative on successes and challenges.* 4. **Uploads:** *Supporting documents*	Web-based on share1app.culturegrants.org	Submitted **each quarter**: April 15, July 15, October 15, and January 15 All programs complete this report regardless of the method on which your contract budget is based. There is no need to print out this portion, nor is there a need to send it to the City. There is no need to email or upload it for the City. Once you complete this portion in share1app, it is done. **Note**: If you expect *any* one of your Service Unit categories to in any way fall short of their targets as you have identified in your contract's scope of work, contact the City immediately.

2. NOTES FOR COMPLETING THE ANNUAL DEMOGRPAHIC REPORT (WEB-FORM)

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.

SECTION 1: Total Unduplicated Households and Individuals; Income; Homeless
Enter figures for each data variable, in the row of each city to which you are reporting.
Enter the number of new clients entering the program each quarter. Also enter the number of households of which these individuals are a part.

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.

Income is based on the total gross yearly income for the household. Categories are based on HUD matrix which uses area median income level to determine income categories. This matrix is updated annually and is included in this manual (see Contents). Programs may need to collect and verify actual income to determine eligibility for certain programs, but will report to funders using the HUD matrix.

Regarding homeless individuals, the term "homeless" generally 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.

SECTION 2: Age - Youth and Young Adult and SECTION 2a: Age - Adult
Enter figures for each data variable, in the row of each city to which you are reporting.
Enter the number of clients in each age category. This should reflect their age at the moment of intake.

SECTION 3: Gender, Disability
Enter figures for each data variable, in the row of each city to which you are reporting.
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.

Enter as 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.

SECTION 4: Race, Part I and SECTION 4a: Race, Part II
Enter figures for each data variable, in the row of each city to which you are reporting.
When individuals select more than one category, they should be entered in the "Multi-Racial" answer category.

SECTION 5: Refugee, Immigrant; Limited English Proficiency
Enter figures for each data variable, in the row of each city to which you are reporting.
Enter 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.

Enter 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.

SECTION 6: US Military Service
Enter figures for each data variable, in the row of each city to which you are reporting.
- In the first column of this section, enter the number of persons with US Military Service (Active, Past or Present) 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 column of this section, enter the number served who were the spouses of military personnel or veterans.
- In the third column of this section, enter the number served who were non-spouse dependents of military personnel or veterans.
- Use the fourth column to tally clients with all others, including those with no spousal or dependent relationship with military personnel or veterans.

NOTE: We ask for data on Bellevue residents served, regardless of funding source. However, if reporting such data presents a particular administrative burden and if it is more efficient for your program to report solely on Bellevue residents served through Bellevue funds, we can accept that your program reports the latter instead.

3. NOTES FOR COMPLETING THE ANNUAL OUTCOMES REPORT (WEB-FORM)

The Outcomes Report will be submitted **annually**, on January 15 for the most recent 12 month-period ending June 30. However, if by January 15 your program has complete data for the most recent 12-month period ending December 31, we can accept the latter data instead.

This flexibility is in order to accommodate programs that already complete Outcomes reports for different funders which have varying timelines, such as King County or United Way. If submitting a County or United Way outcomes report, submit your most recently completed report. Ensure that these other outcomes statements match those you included in your contract.

- For Outcome Area #1, select the outcome as identified in your application and your scope of work.

- What were the indicators you used to measure progress toward realizing this outcome? I.e., how will you know that a change has occurred? For example, "55% of participants will show an increased score on the Global Assessment of Functioning." (Max. 700 characters and spaces).

- Describe your data collection methods. For example, "Clients undergo the Global Assessment of Functioning at intake and every six months thereafter while participating in the program. The assessment is administered by clinical professionals." (Max. 700 characters and spaces).

- **# Participants enrolled in program:** Enter the number of clients that are eligible for this outcome. This is generally <u>not</u> 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.

- **# Participants measured for the outcome:** 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.

- **# Participants who achieved the outcome:** Enter the number of clients that achieved the outcome as measured through the indicator.

- **Target Success Rate:** Enter the target success rate as noted in your Scope of Work.

- **Actual Success Rate:** The system will automatically divide the number of clients achieving the outcome by the number of measured clients.

- Repeat this for Outcome Area #2, if your scope of work lists a second outcome.

18

4. NOTES FOR COMPLETING THE QUARTERLY REIMBURSEMENT REQUEST (WEB-FORM)

The City of Bellevue is dispensing with the use of its paper reimbursement request form. The City will now use the share1app Reimbursement Request form beginning with Quarter 1, 2015.

The share1app Reimbursement Request form is the same as it was throughout the last program cycle. The City of Bellevue was the only one not accepting that form for payment, at the time.

STEP 1: Agency Information

Everyone should complete this portion. The form still asks for the same contact information:

STEP 2: Reimbursement Request Table

Everyone should complete this portion, which is the Reimbursement Request table.

Enter the dollar amounts for the city from which you are requesting funds for your program for the quarter noted above. Complete rows only for cities with which your program has a contract and from which you are requesting a reimbursement for your program for this quarter.

The following components make up the Reimbursement Request table.
- **CONTRACT ID#:** For Bellevue, enter the Contract Identification # (a.k.a. GF#).
- **ORIGINAL BUDGET:** For Bellevue, enter the original budget (i.e., contract value) of the contract established between your program and the City. This is the award amount from a city to your program.
- **REIMBURSEMENT REQUEST:** For Bellevue, enter the amount your program is requesting for the current quarter only.
- **BALANCE REMAINING:** For Bellevue, enter the balance remaining on your contract after the current quarter's reimbursement.

19

	Contract ID# (if applicable)	Original Budget (Contract Value; Award Amount)	Reimbursement Request, This Quarter	Budget/Contract Value: Balance Remaining After This Quarter's Reimbursement
Auburn				
Bellevue	GF123	10,000	2,500	7,500
Burien				
Covington				
Des Moines				
Federal Way				
Issaquah				
Kenmore				
Kent				
Kirkland				
Redmond	7696	12,592	12,592	0
Renton				
Sammamish				
SeaTac				
Shoreline				
Tukwila				

CITY-SPECIFIC PROCESSING: All agencies will complete the Reimbursement Request form and the Service Unit Report form in share1app. While all the cities will use the Service Unit Report, various cities will have different methods for processing Reimbursement Requests.

- **Bellevue will use the share1app-generated PDF.**
- Before submitting, print the reimbursement request page;
- Obtain the signature of the authorized signer as listed in your scope of work; and
- **Upload** a signed electronic **copy** with your quarterly submission in share1app.
- Supporting documentation for line item expenses is required. Upload copies of receipts or other supporting documentation in share1app (see Service Unit Report below).
- North/East Pooled Contract Agencies, please note: Your contract is administered by the City of Bellevue on behalf of North/East Cities. Please follow Bellevue's requirements.

STEP 3: Line Item Table

If your contract is based on the Line Item method, complete the <u>Bellevue Line Item Table</u> in share1app, found on the Reimbursement Request web form. Be sure that your expenses match your contract's budget. (Skip, if you do not use the Line Item method in your contract's budget.) The following components make up the Line Item Table.

- **BUDGET:** Review your contract's scope of work for the line item budget amount for Personnel, Office/Operating, Purchased Services, Communications, etc. Ensure that those amounts are entered in the "Budget" column of the Bellevue Line Item Table.
- **REQUESTED THIS QUARTER:** Enter the amount requested from Bellevue for that line item, for the current quarter only. **Note:** The total of all line item amounts should equal the amount requested from Bellevue in the Reimbursement Request Table, under "Reimbursement Request, This Quarter"
- **CUMULATIVE REQUESTED THROUGH THIS QUARTER:** This should be the amount requested for that line item year-to-date (including the current quarter).
- **BALANCE REMAINING:** This should be the amount remaining for each line item after the current quarter.

CITY OF BELLEVUE	BUDGET	REQUESTED THIS QUARTER	CUMULATIVE REQUESTED THROUGH THIS QUARTER	BALANCE REMAINING
Personnel	8,000	2,000	2,000	6,000
Office/Ops				0
Purch'd Svc				0
Communication				0
Travel/Training				0
Other	2,000	500	500	1,500
TOTAL (this quarter)	10,000	2,500	2,500	7,500

EXAMPLE

STEP 4: Supporting Documentation

Finally, if your contract is based on the **Line Item** method, you will have to upload copies of supporting documentation. Upload copies of receipts or other supporting documentation in share1app. **There is a section for uploading items** near the bottom of the Service Unit Report web-form (see Service Unit Report web-form information in the next section).

If one of your line items is **Personnel or Travel**, you may choose to upload supporting documents, such as copies of payroll. Because that can be an administratively complicated task, Bellevue has long made available the Personnel/Travel Reimbursement Form which you can use as a substitute for payroll documents as support for Personnel expenses, for example.
- This form is still available for download at http://goo.gl/ZJQe2o or http://tiny.cc/ptform. **Sign and upload the signed copy to share1app**. Mail no forms unless we request it.

21

5. NOTES FOR COMPLETING THE QUARTERLY SERVICE UNITS REPORT (WEB-FORM)

The purpose of this form is to demonstrate the level of program accomplishment achieved each quarter. The level of accomplishment will be compared with the contract goals as stated in your Scope of Work.

- Refer both to your submitted application as well as contract and scope of work.

- **Service Unit** - Use the pull-down menu to identify the service unit category for which you applied and which is included in your contract and scope of work.

- **Annual Unit Goal** – This is the "Units for Bellevue Residents with Funds Awarded" as identified in your contract and scope of work.

- **Actual Units** - Enter the number of actual service units provided to Bellevue residents, regardless of the funding source.

- **Year-to-date Units** - For each city, this cell should contain the number of units provided to Bellevue residents year-to-date, including the current quarter.

- **Narrative: Successes, Challenges, and Additional Information** - Please provide a brief narrative (required by Bellevue) to provide context regarding your service unit numbers. This text can highlight 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 individuals. (NOTE: Please protect confidentiality by changing/disguising names.) You may also use this section to enter additional information, such as clarifications regarding service unit figures entered above. Max. 5,000 characters.

- **Number of Residents** – Under "Annual # of Residents," enter your scope of work figure for "Bellevue Residents with Funds Awarded." Under "Actual # of Residents" for the quarter, enter the actual number of Bellevue residents who were served by this program with any of the above service units (regardless of funding source).

- **Uploads** – Use the upload option in share1app to upload copies of signed share1app Reimbursement Request form, the signed Bellevue Personnel/Travel form, or copies of receipts and other supporting documentation the should accompany your reports.

QUARTERLY REQUESTS FOR REIMBURSEMENT WILL NOT BE PROCESSED WITHOUT A SERVICE UNIT REPORT SUBMITTED ONLINE.

22

B. **CHANGING YOUR SCOPE**

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.

4. **Signature Authorization:** If you are changing authorized signers from those listed in the signed scope of work to new individuals, a current authorized signer along with the new signer must together complete the form on the following page. Scan and email (or upload to your reports section on share1app.culturegrants.org) the completed form for the City to process reimbursements with the new authorized signer. Be sure to mark the check box for adding this signature authorization.

5. **Designating a New Single Pont of Contact:** If you are designating a new single point of contact, also use the form on the following page. Again, a current authorized signer along with the new signer must together complete the form on the following page. The former contact person's information will no longer be used, and that individual will no longer be the single point of contact. Scan and email (or upload to your reports section on share1app.culturegrants.org) the completed form for the City to process reimbursements with the new authorized signer. Be sure to mark the check box for recognizing the new single point of contact.

23

DATE: _____

Grant Coordinator
City of Bellevue
Parks & Community Services Department
P.O. BOX 90012
Bellevue, WA 98009-9012

RE: SCOPE OF WORK #_____

    Organization and Program: _____

Dear Grant Coordinator:

Please recognize one or more of the following changes relative to the scope of work identified above (check where applicable):

❑ For billing purposes, please add the name of _____ to the list of authorized signatures. Her/his signature is below, and s/he will be submitting reports with billings according to the Contract Management Manual.

    Signature to be added: _____

❑ Please recognize that our agency hereby designates a **new** single point of contact. (The former contact person's information should no longer be used, and that individual is no longer the single point of contact.) The new single point of contact is as follows:

Name	
Email	
Address, City, Zip	

Sincerely,

_____
Signature of EXISTING SIGNER ON CURRENT CONTRACT OR SCOPE

_____
Print Name of EXISTING SIGNER ON CURRENT CONTRACT OR SCOPE

24

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.

Below are the questions found on the Contract Monitoring form. You will be contacted by City staff if your agency is scheduled to have a contract monitoring visit.

- Is the program on track to meet contract goals?
- Is there a current insurance certificate on file?
- Are there noticeable red flags or concerns?
- Give an overview of the funded program.
- Is there anything current or forthcoming that could affect the agency's performance related to the City's contract?
- Describe program staff and roles, as well as any changes in staffing.
- Describe program successes or best practices.
- Provide an overview of the data collection process, from the moment a client enters the agency through how data is collected and reported to the City.
  - How is demographic information collected and verified, particularly regarding income and city residency? How is data collected and reported regarding performance measures? For example, unduplicated clients, number of visits to food or clothing bank, hours of services, number of crisis calls, bed nights. How is data collected and reported regarding outcomes? Are there additional quality assurance steps taken to ensure that the data is correct?
- Describe the agency policy/practice for storing files to preserve confidentiality.
- Were there any problems identified in the most recent agency audit? If so, how did the agency address the concerns?
- There are a number of different types of boards, such as working/programmatic; governing/policy; fundraising; technical/constituency; or power board. How would you classify your board and what is their primary role?
- Are there any areas in which you would like to receive technical assistance?
- Documents for review:
  - Chart showing name, position, and role of major program staff
  - Most recent financial audit
  - Records of payment and supporting documents (e.g., timesheets, payroll report)
  - Sample client file (including forms used for intake)
  - Insurance certificate
  - Name and title of staff authorized to sign City forms
  - List of the board of directors, including city of residence and any vacant positions

25

PART III.A. POOLED CONTRACTS PROGRAM (POOLED CONTRACT AGENCIES ONLY)

This section applies to contracts managed through the North and East Cities Human Services Pooled Contract Program. Cities from North and East King County have awarded funding to a small subset of agencies. If your contract is a Pooled Contract, those award amounts can be found in the contract scopes of work.

Various cities' awards are managed through one contract between your agency and the City of Bellevue. As that is so, most of this contract management manual is applicable to Pooled Contract Agencies.

Throughout the year, you will submit reports to the City as mentioned earlier. Each scope of work in your contract represents a separate funding award, requiring its own periodic reports. Data for each of the cities can be incorporated together in one web-form report per program. Follow the notes regarding online reporting as noted in the preceding pages. Though reports are submitted online, requests for reimbursement must be submitted to the City on paper. In order for the City of Bellevue to authorize payment, the required online reporting web-forms must also have been submitted and approved by the Cities participating in the pooled contract.

Reimbursement Requests
Because your Pooled Contract is through the City of Bellevue on behalf of many cities, you will only complete the Bellevue line in the Reimbursement Request. As a matter of past practice, we did not breakout the Pool reimbursement request for each city, and we plan to continue this practice even when switching to the share1app Reimbursement Request form. Refer to the Reimbursement Request section earlier for further information on completing the web form.

As noted in Section D6, the City of Bellevue allows contractors to request reimbursement by one of two methods: 1) line item budgets or 2) service unit costs. Use only one method. See the preceding pages for instructions regarding the reimbursement request forms.

Single Points of Contact
Staffers from the Cities of Bellevue, Kirkland, and Redmond work together to manage the Pooled Contract Program. A staffer from Bellevue, Kirkland, or Redmond has been designated to be the Pooled Contract Program contact between the various cities and your agency. If you have concerns about your contract, reports, or other programmatic matters, they should be directed to that identified City staffer who will triage issues and direct them appropriately throughout the participating Pooled Program cities.

Each scope of work lists the person with whom the City should discuss the management of your contract, called the "Single Point of Contact." By default, this information is imported from the program contact information provided in your application. Correspondence from the City regarding the Pooled Contract Program will be directed to this person. As the single point of contact, this person should facilitate communications between their agency co-workers and City staff. The single point of contact should distribute information from the City to interested persons throughout the agency.