

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.

<i>ANNUAL REPORTS</i>	<i>Method of Submission</i>	<i>Submission Frequency Requirements and Information</i>
<p><u>PROGRAM OUTCOMES</u> Program effectiveness measures by outcome indicators</p>	<p align="center">  Web-based on share1app.culturegrants.org </p>	<p>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.</p> <p>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.</p> <p>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.</p>
<p><u>DEMOGRAPHIC REPORT</u> Demographic data on unduplicated residents/clients served</p>	<p align="center">  Web-based on share1app.culturegrants.org </p>	<p>Submitted annually, on January 15 for the year ending December 31.</p> <p>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.</p> <p>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</p>

QUARTERLY REPORTS	Method of Submission	Submission Frequency Requirements and Information
<p><u>REIMBURSEMENT REQUEST</u></p> <p>Costs incurred in the delivery of the program corresponding to eligible costs identified in your contract's scope of work.</p>	<div data-bbox="667 579 818 768" data-label="Image"> </div> <p>Web-based on share1app.culturegrants.org</p> <p>Beginning with Quarter 1, 2015: Complete the share1app Reimbursement Request and service reports online, then, <i>before</i> submitting:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Print; <input type="checkbox"/> Have an authorized signer sign the reimbursement request page; and then <input type="checkbox"/> Upload a signed electronic copy of your quarterly Reimbursement Request in share1app. 	<p>Submitted each quarter: April 15, July 15, October 15, and January 15</p> <p>Is your contract budget based on the Line Item method or based on the Unit Cost method? Check your contract scope of work.</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</p> <p>There is no need to print the Service Unit/Resident/Narrative portions of the PDF.</p>



QUARTERLY REPORTS (Continued)	Method of Submission	Submission Frequency Requirements and Information
<p><u>SERVICE UNIT REPORT</u></p> <p>1. Service Units: <i>Service Units delivered during the quarter.</i></p> <p>2. Residents: <i>Number of Bellevue residents served during the quarter.</i></p> <p>3. Narrative - Success and Challenges: <i>Narrative on successes and challenges.</i></p> <p>4. Uploads: <i>Supporting documents</i></p>	<div data-bbox="667 527 816 716" data-label="Image"> </div> <p data-bbox="578 730 943 793">Web-based on share1app.culturegrants.org</p>	<p data-bbox="976 365 1450 428">Submitted each quarter: April 15, July 15, October 15, and January 15</p> <p data-bbox="976 480 1422 579">All programs complete this report regardless of the method on which your contract budget is based.</p> <p data-bbox="976 632 1458 827">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.</p> <p data-bbox="976 884 1455 1045">Note: If you expect <i>any</i> 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.</p>

2. NOTES FOR COMPLETING THE ANNUAL DEMOGRAPHIC 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 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.
- **# 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.

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:

The screenshot shows a web form with the following fields, each with a red asterisk and a 'C' icon indicating a required field:

- Agency & Program Name * C
- Address * C
- City/State/Zip * C
- Prog. Contact Name * C
- Phone * C
- E-Mail * C

Each field has a corresponding empty input box to its right. Below each input box is the text "This field is required!". A large, semi-transparent "EXAMPLE" watermark is overlaid on the right side of the form.

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.

	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				

EXAMPLE

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 Bellevue Line Item Table 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

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.

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.

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 Point 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.

DATE: _____

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

RE: SCOPE OF WORK # _____

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