CITY OF ALBUQUERQUE

March 6, 2019

Greetings Community Partners,

The City of Albuquerque Department of Family and Community Services is pleased to provide you with the annual application for contract renewal. There are several elements of this year’s process that differ from the past.

The purpose of this change is to better articulate the measurable impact of the important work you do to support improved well-being for the people of Albuquerque. This contract renewal packet follows the approach taken in the recent RFP process to sharpen the focus on outcomes, and to align project activities with measurable outcome indicators.

Please note that all contract renewal applications will require a narrative and work plan to demonstrate results. Outcome categories include:

• Increased Housing Stability

• Increased Behavioral Health Stability

• Increased Public Safety

• Increased Family Resilience

• Seniors are Able to Age with Dignity

To support your agency’s work to respond to this application for contract renewal, we are offering a meeting to provide technical assistance and answer questions.

Optional Technical Assistance Meeting will take place:

Wednesday, March 13, 2019 from 1:00 to 3:00 p.m.

9th floor of City Hall, City Council Committee Room 9081

This meeting is not mandatory though is encouraged for agencies who are not familiar with the process introduced during this winter’s RFP process.

A paper copy with original signatures is due by 4:00 p.m. Friday, March 22, 2019.

Thank you for all the hard work you do!

Sincerely,

Carol M. Pierce

Attachments: Background info and required forms in *Word*, *Excel* option of Fiscal Forms

Department of Family and Community Services

 Carol M. Pierce, Director

 Timothy M. Keller, Mayor

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**PY19 – Application for Contract Renewal**

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# Outcome Measures and Indicators – Background Information

**New Features of the PY19 Contract Renewal Packet**

This contract renewal packet introduces a focus on outcomes and data-driven results. Though the contracted services may not change, each contract renewal application must articulate the proposed activities in terms of how they lead to measurable results for important indicators of improving the well-being of Albuquerqueans. You will be asked to select Outcomes, describe how services/activities will lead to improved outcomes, and describe how progress will be measured. The results will be summarized for increased accountability and transparency to the public and continuous quality improvement for the Department and agencies.

**Focus on Outcomes**

The City of Albuquerque Department of Family and Community Services is committed to funding high quality, cost effective services that improve well-being through the contracting process. This contract renewal packet sharpens the focus on aligning project activities with measurable outcomes as described below.

This involves a focus on addressing the Social Determinants of Health to achieve greater well-being and equity for all. Substantial evidence confirms the link between social, economic and physical conditions and health outcome disparities. Social Determinants of Health include access to healthcare services, availability of services to support housing and behavioral health stability, lifelong education options, public safety and social services[[1]](#footnote-1). In order to gather information on Albuquerque’s service needs and to develop strategies that address the identified needs, the City may provide a screening tool for potential use at client intake and exit. Further information will be provided during contract development.

The City of Albuquerque is committed to improving overall well-being and incorporating racial equity to in all activities to address longstanding, racially disparate economic and social outcomes.

The Department of Family and Community Services has established priority outcomes for all funded projects to ensure accountability and generate improved outcomes as follows:

1) Increased Housing Stability

2) Increased Behavioral Health Stability;

3) Increased Public Safety;

4) Increased Individual and Family Resilience; and

5) Seniors are Able to Age with Dignity.

**Explanation of Outcomes**

**Increased Housing Stability:** People who have otherwise been precariously housed or experienced homelessness maintain residence in a safe and affordable dwelling.

Indicators of progress during the service period may include:

* Successful placement in housing
* Retention of housing for 6, 12 and 18 months after placement
* Retention in a housing program and/or exit to permanent housing
* Obtainment of affordable housing (e.g., 30% or less of total household income)
* Reduction of homeless events as measured by data collection systems and use of emergency shelters

**Increased Behavioral Health Stability:** People who have otherwise experienced substance use and/or mental health disorders are actively engaged in services that address their identified needs and have reduced or eliminated the utilization of crisis services, are able to maintain employment and have increased daily functioning in the community and at home.

Possible indicators of progress during the service period may include:

* Progress on individual treatment plans
* Progress and completion of education and/or training
* Increase of stable employment and income
* Obtainment of supportive housing with case management
* Reduction of crisis events and utilization of crisis services (metrics include 911 calls, emergency and inpatient hospital use, detox services, or interactions with the criminal justice system).

**Increased Public Safety:** Adult and/or juvenile criminal justice system involvement is reduced or eliminated for people who have otherwise been arrested, incarcerated or court involved.

Indicators of progress during the service period may include:

* Reduction of interactions with the criminal justice system (metrics include 911 calls, arrest, court involvement, incarceration)
* Increase in compliance with parole and probation
* Increase in employment and educational attainment

**Increased Individual and Family Resilience:** Family resilience refers to the functioning of the family system in dealing with adversity**.**[[2]](#footnote-2)Improved resilience applies to all individuals to become able to withstand and rebound from disruptive life challenges, becomes strengthened and more resourceful.

Indicators of progress during the service period may include:

* Increase in family employment and income
* Increase in food security
* Increase in pay equity
* Reduction of domestic violence or maltreatment
* Increase of community services such out-of-school-time enrichment activities
* Young parents engage with programs that increase parenting skills
* Continued or increased enrollment in health insurance including Medicaid
* Increased linkages to and engagement with health services
* Individuals gain employment and training experience
* Individuals complete high school or equivalence
* Youth are linked to programming and complete services adapted to their learning needs
* Families and individuals increase engagement with out-of-school-time enrichment activities and other community services

**Seniors are Able to Age with Dignity:** Vulnerable seniors access and utilize the appropriate care and support resources of their choice so they age in place and maintain health, safety, independence and dignity. Seniors maintain connection to their community and access services that support their health and well-being.

Indicators of progress during the service period may include:

* Increased/maintained access to home-based services and supports to age in place
* Reduced/maintained nutritional risk score
* Engage with community services, social events and educational opportunities

**Community Building**

In addition to the above outcomes, the City is dedicated to helping all our residents and neighborhoods to be their best selves. Contractors are expected to engage with the community and build productive relationships with their neighbors as they provide services to improve outcomes for all of Albuquerque. Examples include, but are not limited to, joining the local Neighborhood Association, updating neighbors on services and progress, maintaining their surroundings as clean and litter free, reminding participants to maintain respect of the neighborhood and promptly responding to any 311 inquiries.

**Important Criteria for Application to Renew Contracts: Focus on Outcomes**

* Describes how services impact at least one out of the four outcomes described, and suggest at least one measurable progress indicator per outcome.
* Provides an explanation of the Project design, including the evidence/logic basis for how the proposed activities and outputs are connected to improved outcomes for the target population.
* May also describe proposed practices (for instance, trauma-informed care, harm reduction, a person-centered approach, community collaboration, etc.) and their connection to yielding improved outcomes.
* Specifies the number of clients to be served (outputs) for each major activity aligned with requested City funds.
* The specific plan utilizing [**Attachment C: Applicant Work Program Summary**](#_Toc2588198) to describe: (1) a summary of the project; (2) the major activities and sub-activities to be performed associated with the requested City budget; (3) the specific and measurable number of outputs associated with the requested City budget (4) links activities and outputs to the stated outcomes; and (5) provide a time frame to accomplish.
* If applicable, describe how the agency works with the community to be a good neighbor as these services are provided in the community.

May include a description of the level of experience and training required to conduct activities and a list of personnel (by position) responsible to conduct the activities. This list would correspond to the list in [**APPENDIX #4: *Instructions for* Program Budget Detail Form – Personnel**](#_Toc2608800)

# Glossary of Terms:

**Outcome** means the specific benefit to well-being that results from the activity or services provided by your organization (for instance *Increased Housing Stability)*

**Outcome Indicator** means a measurable marker of progress to represent improvement as a result of the activity or services provided by your organization (for instance, % of customers who obtain and maintain permanent housing upon completion of the program as a measurable indicator of Increased Housing Stability).

**Output** means the number of participants or service units (for instance number of households who receive Supportive Housing vouchers)

**Output count** involves persons who are *actively* engaged in the service (for instance, number people who engage according to plan with a case manager)

**Actively engaged in services** means that a person is participating at the tier of service indicated by their individual plan and/or the best practice intensity for the service model. Client files must document the service record that justifies reimbursement in the contracted budget. (For instance, Tier 1 service of weekly in-person contact with case manager).

# Attachment A: PY18 Program Accomplishments

**Name of Agency:**

**Name of Program:**  **Contract Amount:**

* Current contractual numbers to be served annually:
* Year to date numbers actually served as of

 (date)

|  |  |  |
| --- | --- | --- |
| Current contractual scope  | Annual Goal | Year to date actual output achieved as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: (date) |
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Comments:

[ ]  No changes to program as described in PY18 contract’s final scope of services. Please provide narrative information on Outcomes as described in [**Attachment B: Outcomes Narrative.**](#_Toc2268357)

[ ]  Proposed changes to project. Any proposed changes to scope of services contained in the PY18 contract must be justified in the written narrative and approved by the City of Albuquerque before the execution of the PY19 contract. Please provide narrative information on Outcomes and on Proposed Project Changes as described in [**Attachment D: Proposed Changes to the Project.**](#_Toc2268360)

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# Attachment B: Outcomes Narrative

**Required Narrative for All Applications for Contract Renewal**

The written narrative describing Outcomes should not exceed three (3) double-spaced pages and the written narrative describing changes from the PY18 contract should not exceed two (2), typewritten in 12 pt. font, on 8 1/2" x 11", numbered pages. Appendices or non-required attachments (not counted in page limit) such as job descriptions, agency brochures, or news clips may be included if copied onto 8 1/2 x 11 paper. To expedite handling, please do not use covers, binders, or tabs.

Please refer to the Sections titled [**Outcome Measures and Indicators – Background Information and**](#_Toc2588193)

**Glossary of Terms** for an explanation.

**The following OUTCOME DESCRIPTION section is required for all PY19 contract renewals, regardless of whether changes are requested. 3-page Maximum.**

**OUTCOME DESCRIPTION (Required)**

The purpose of this narrative is to provide agencies with an opportunity to adequately explain the intended outcomes of the services and the associated measurable indicators. This will bring all contracts into alignment with the Department’s focus on outcomes and accountability to demonstrate improved customer well-being as a result of the City’s investment in social service contracts.

* **Outcomes**

Please indicate at least one Outcome that your project is focused on attaining.

For each selected Outcome, please provide at least one measurable indicator of progress. You may use one of the listed indicators from the [**Outcome Measures and Indicators – Background Information**](#_Toc2588193) section or propose other indicators that you can report on. You will be asked to describe the activities, number served, and measurement tools associated with these Outcomes and Indicators in the [**Attachment C: *Instructions* to Complete the Applicant Work Program Summary**](#_Toc2588197).

Department Outcomes:

* + - Increased Housing Stability
		- Increased Behavioral Health Stability
		- Increased Public Safety
		- Increased Individual and Family Resilience
		- Seniors are Enabled to Age with Dignity

In your narrative, please provide a Table as shown below to summarize Outcomes and Measurable Progress Indicators

|  |  |
| --- | --- |
| **Select at least one Outcome for your proposed contract renewal (Note that each Outcome is NOT required)** | **For each selected Outcome, provide at least one Measurable Progress Indicator for the Selected Outcome** |
|  |  |
|  |  |

* **Service Delivery:**

Describe the Project design (e.g., Housing First) and client interaction practices (e.g., trauma-informed care) and include the evidence/logic basis for how the proposed activities and outputs are connected to improved outcomes for the target population.

If applicable, provide the name of the service model used under this contract and the recommended best practice intensity to yield improved outcomes for this model (e.g., 3 tiers of service, Tier 1: weekly client interaction).

Describe how the staff assigned to provide City-funded services bring the level of experience and training required to conduct activities if necessary to demonstrate the agency’s capacity to deliver the intended outcomes.

If applicable, describe the role of collaborating agencies to provide complementary services.

If your project involves people who congregate at a program site to receive services, please describe efforts to be a good neighbor.

* **Measuring Progress**: Describe time points to collect data on measurable indicators of progress.

# Attachment C: *Instructions* to Complete the Applicant Work Program Summary

**The Work Plan requires activities to be aligned with outcomes and outputs must be specific and related to achieving the outcomes.**

1. Enter the name of the agency.
2. Enter the project title, from the Proposal Summary and Certification form.
3. If the work summary is submitted as a renewal, check the box “renewal”; if it is submitted as part of a request for work program revision, check the box marked “revision.”
4. Measurable Results: List the major project tasks/activities, the outputs for each that will be associated with City funds only, outcomes, outcome indicators and measurement tools.
5. Under the column headed “Major Project Activities and Services,” enter the major tasks or activities to be undertaken through the project.
6. Under Timeframe, enter the quarters in the fiscal year that these activities will be performed / services will be provided
7. Outputs: For each task listed, enter the measurable outputs of the task in the column headed “Outputs from Requested City Funds” with the service units that match the requested City funding level and proposed budget allocation in the Budget Forms. The expectation is that funding of service outputs are directly associated with the budget allocation and must not reflect funding from multiple sources per service unit.
8. Outcomes refer to outcomes described at the beginning of this packet. Each program must include at least one outcome that can be incorporated into a scope of work.
9. Outcome progress indicators may be selected from the provided list, or the applicant may propose alternative outcome indicators. At least
10. Measurement Tool(s) is the method or tool you will use to collect data and report on outputs and outcomes.

Applicants should not try to include every project activity, but should restrict their entries to major activities for which measurable objectives can be provided and for which they will be accountable in the contract. Please separate different outputs associated with an activity in different rows.

Multiple outcomes associated with an activity may be listed in one row.

Applications that do not align activities and outputs and outcomes will be returned to applicants for re-submittal thereby increasing the risk that contracts will not be executed by the start of the fiscal year.

# Attachment C: Applicant Work Program Summary

Applicants are encouraged to format the Work Program Summary in landscape orientation to improve readability.

|  |
| --- |
|  |
| 1.Agency Name: |
|  |
| 2. Project Title | 3. Applicant Type New Renewal Revised  |
|  |
| 1. Measurable Results: List the major project tasks/activities, the outputs for each that will **be associated with City funds only**, outcomes, outcome indicators and measurement tools
 |
| Major Project Activitiesand Services | Timeframe | Outputs from Requested City Funds  | Outcomes | Outcome Progress Indicator | Measurement Tool(s) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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*Please format in landscape and add rows and pages as necessary*

# Attachment D: Proposed Changes to the Project (if applicable)

**Only Required if Program Changes are Requested**

Only if changes to the project are requested, the following sections are required to explain changes for the PY19 contract as compared with the current PY18 contract. Maximum two (2) pages.

**1. Rationale for Changing Project**

The applicant should (1) describe why the change is needed and (2) how the change will benefit the program. Updated Project should clearly be related to the original RFP and should improve the delivery of services.

 **2. Project Methods, Activities and Outcomes**

Describe specific plans for conducting the project that identifies the solution to the defined problem, including (1) characteristics of the project, (2) major activities and sub-activities to be performed and the evidence basis for those activities, (3) service outputs (number of participants or service units) that will be provided with the requested City funds (4) describe specific and measurable outcome indicators for each task, (5) time frame within which outputs and outcomes are to be accomplished, and (6) personnel (by position) who will complete the tasks, including the specific responsibilities and levels of experience and training required. Project methods and the evidence or logic basis of how these project methods are related to achieving outcomes should also be described. This description should be aligned with [**Attachment C: Applicant Work Program Summary**](#_Toc2608793).

 **3. Plan for Monitoring and Evaluation**

The applicant should: (1) describe a specific plan through which the agency will monitor staff performance in attaining the objectives of each task or activity in a timely manner; and (2) outline an evaluation plan which will be used to measure the impact of these activities in relationship to project goals.

# Attachment E: Insurance Coverage *Instructions*

The Contractor shall procure and maintain at its expense until final payment by the City for Services covered by the Agreement, insurance in the kinds and amounts hereinafter provided with insurance companies authorized to do business in the State of New Mexico, covering all operations under this Agreement, whether performed by it or its agents. Before commencing the Services, the Contractor shall furnish to the City a certificate or certificates in form satisfactory to the city showing that it has compiled with this Section. All certificates of insurance shall provide that thirty (30) days written notice be given to Director, Risk Management Department, City of Albuquerque, PO Box 1293, Albuquerque, New Mexico 87103, before a policy is canceled, materially changed, or not renewed. Various types of required insurance may be written in one or more policies. **With respect to all coverages required other than professional liability or workers' compensation, the City shall be named an additional insured.** Kinds and amounts of insurance are as follows:

**A. Commercial General Liability Insurance.** A commercial general liability insurance policy with combined limits of liability for bodily injury or property damage as follows:

 $1,000,000 Per Occurrence

 $1,000,000 Policy Aggregate

 $1,000,000 Products Liability/Completed Operations

 $1,000,000 Personal and Advertising Injury

 $ 50,000 Fire - Legal

 $ 5,000 Medical Payments

Said policy of insurance must include coverage for all operations performed for the City by the Contractor, and contractual liability coverage shall specifically insure the hold harmless provisions of this Agreement.

**B. Automobile Liability Insurance.** An automobile liability policy with liability limits in amounts not less than $1,000,000 combined single limit of liability for bodily injury, including death, and property damage in any one occurrence. Said policy of insurance must include coverage for the use of all owned, non-owned, hired automobiles, vehicles and other equipment both on and off work.

**C. Workers' Compensation Insurance.** Workers' Compensation Insurance for its employees in accordance with the provisions of the Workers' Compensations Act of the State of New Mexico. If you are not required to carry Workers’ Compensation coverage, you will need to sign and return the Worker’s Comp Statement enclosed in this packet.

**D. Professional Liability:**  Professional liability shall be maintained for all staff providing behavioral health services in an amount not less than $1,000,000 combined single limit of liability per occurrence with a general aggregate of $1,000,000.

**Please remember that we must have original certificates for all Comprehensive, General Liability, Auto and Property insurance and Workers’ Compensation**. Worker’s Compensation coverage can be noted on the same certificate as other insurance, or on a separate form. If you are not required to carry Workers Compensation coverage, you will need to sign and return the waiver form enclosed in this packet.

Please be sure to have your agent actually mail the certificates to the Department of Family and Community Services, Attention: *[NAME OF YOUR PROGRAM SPECIALIST*], PO Box 1293, 5th. Floor, Room 504, Albuquerque, New Mexico 87103 so that we may attach the certificates to the final contracts for processing. The Risk Manager shall be named the certificate holder.

For your reference please find enclosed, a sample certificate that is acceptable as to form. Please use this as a guide when submitting your form. Submission of insurance certificates properly prepared will expedite the processing of your contract.

Contractors funded through the Department must have current Certificates of Insurance on file with the City.

If you have any questions, please contact your assigned Program Specialist.

**WORKERS’ COMPENSATION STATEMENT**

I, ,

 (name of individual)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (title or capacity) (company name)

hereby certify that I employ fewer than three employees and am, therefore, not subject to the provisions of the Workers’ Compensation Act of the State of New Mexico. I further certify that should I employ three or more persons during the term of my contract with the City, I will comply with the provisions of the New Mexico Workers’ Compensation Act and provide proof of such compliance to the City of Albuquerque.

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

Title:

Date:

**WAIVER OF AUTOMOBILE INSURANCE REQUEST**

I, , hereby certify that neither I, nor employees or contractors employed by this agency, use vehicles in other than a commuting capacity. I further certify that should I, or any employees or contractors employed by this agency, use vehicles in any manner other than a commuting capacity, the agency will comply with the City of Albuquerque’s Automobile Insurance requirements.

**Agency/Organization:**

Typed Name of Authorized Official of the Agency:

Title:

Signature: Date:

**APPENDIX #1: *Instructions for* Proposal Summary and Certification Form**

1. Enter the name of the organization submitting the application.
2. Enter the mailing address of the organization.
3. Enter the name and telephone number of a contact person from whom information about the proposal can be obtained.
4. Enter the title of the project for which the applicant is seeking funds and a brief narrative description of that project. The length of the narrative must be limited to the space available.
5. Enter the total amount of City funding requested in the contract renewal.

**APPENDIX #1: Proposal Summary and Certification Form**

|  |
| --- |
| 1. Name of Applicant Agency: |
|  |
| 2. Mailing Address (City, State, and Zip Code) | 3. Contact Name:Contact Telephone #: |
|  |  |
|  |
|  |  |  |
|  |
| 4. Title of Applicant’s Project and Brief Descriptive Summary: |
|  |
| 5. Amount of City Funding requested: |  | 6. Date Submitted: |
|  |
| Certification: It is understood and agreed by the undersigned that: 1) Any funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable federal, state, and city regulations and restrictions; and 2) the undersigned hereby gives assurances that this proposal has been prepared according to the policies and procedures of the above named organization, obtained all necessary approvals by its governing body prior to submission, the material presented is factual and accurate to the best of her/his knowledge, and that she/he has been duly authorized by action of the governing body to bind the Corporation. |
| a. Typed Name of Authorized Board Official: | b. Title: | c. Telephone Number: |
| d. Signature of Authorized Board Official: | e. Date signed: |

**FIN #1: Signature Certification Form**

|  |  |
| --- | --- |
| 1. Agency Name
 | 1. Telephone Number
 |
|  |
| 1. Mailing Address
 | 1. Contract Number
 |
|  |
| 1. Checks to be made payable to (if different from name and address above):
 |
|  |
| 1. Authorized Signature(s) (One signature only is required for Financial Status Report and Request for Reimbursement)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Authorized Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Authorized Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Authorized Official |
|   |
| 1. Certification: This to certify that the above is (are) the signatures(s) of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Typed Name Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Typed Name Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Typed Name TitleOf the above named agency and that they are authorized to sign the Financial Status Report and Request for Reimbursement. |
|  |
| a. Typed Name of Authorized Official | 1. Title
 |
|  |
| 1. Signature of Authorized Official
 | 1. Date Signed
 |

**APPENDIX #2: *Instructions for* Expense Summary Form - Instructions**

**Instructions for Completing Expense Summary Form**

**Submit this form in EITHER *Word* (next page) OR *Excel* in Separate Attachment**

Expenditure Category

Expenditures charged to Social Services category must conform to the FCS Administrative Requirements, be reasonable, allowable and allocable

Personnel Costs

Salaries and Wages: A formula is embedded in the excel worksheet to automatically enter the amounts from Appendix #4. Manual Calculation: Enter the amounts budgeted to pay salaries and wages for regular staff of the organization employed to carry out project-related activities.

Payroll and Benefits: A formula is embedded in the excel worksheet to automatically enter the amounts from Appendix #4. Enter the amounts budgeted to pay payroll taxes, and employee benefits. Payroll taxes should include legally mandated payroll taxes for regular employees of the organization, including FICA and unemployment insurance tax. . The amounts charged to the City must constitute an allocable percentage of salaries and wages.

Total Personnel Costs: A formula is embedded in the excel worksheet to automatically enter the sums of salaries, wages, payroll taxes, and employee benefits. Manual Calculation: provide a subtotal for Personnel costs in this section.

Operating Costs

Contractual Services: Enter the amount budgeted to pay the costs of services provided to the project through contractual agreements with organizations and individuals who are not regular employees, with the exception of the costs for conducting annual or special audits.

Audit Costs: Enter the amount budgeted to pay the costs of conducting annual or special audits of the organization. The amount budgeted to the City shall not exceed the proportion that the City contract revenue is of the total agency revenue budget.

Consumable Supplies: Enter the amount budgeted to pay the costs of supplies and equipment utilized by the project which have a price which does not exceed $5,000 per unit.

Telephone: Enter the amount budgeted to pay for the costs of project telephone services, including installation, local service, and long-distance tolls.

Postage and Shipping: Enter the amount budgeted for project postage and shipping.

Occupancy

Rent: Enter the amount budgeted for space lease/rental costs allocable to the project.

Utilities: Enter the amount budgeted for the cost of project allocable electrical services, heating and cooling, sewer, water, and other utilities charged not otherwise included in rental or other charges for space.

Other: Enter the amount budgeted for other project allocable occupancy costs including the costs of security, janitorial services, elevator services, upkeep of grounds, leasehold improvements not exceeding $5,000, and related occupancy costs not otherwise included in rental or other charges for space.

Equipment Lease: Enter the amounts budgeted for the purchase or lease of equipment allocable to the project

Equipment Maintenance: Enter the amount budgeted to maintain or repair existing agency equipment utilized in a funded project that is allocable to the project.

Printing and Publications: Enter the amount budgeted for the purchase and/or reproduction of project- printed materials, including the cost of photo-reproduction that is allocable to the project.

Travel Costs

Local Travel: Enter the amount budgeted for the costs of project travel within Bernalillo County, including costs for mileage reimbursement and/or allocable operating and maintenance costs of agency owned or hired vehicles use to provide transportation to staff or clients within Bernalillo County that is allocable to the project.

Out-of-Town Travel: Enter the amount budgeted for the costs of project travel outside of Bernalillo County, including costs for transportation, lodging, subsistence, and related expenses incurred by employees, board members, or clients who are in travel status on official business allocable to the project.

Conferences, Meetings, etc.: Enter the amount budgeted for the costs of registration and materials for staff, board, or clients attendance at meetings and conferences allocable to the project or for the costs of meetings conducted by the agency in connection with that contract.

Direct Assistance to Beneficiaries: Enter the costs budgeted for the payment of participant wages and benefits, stipends, food, clothing, and other goods and services purchased directly on behalf of clients funded in this project.

Membership Dues: Enter the amount budgeted to pay the costs of dues paid by the agency on behalf of staff, board members, or the agency itself to professional organization related to the purposes of the project.

Equipment, Land, Buildings: Enter the amount budgeted for the purchase of equipment, land, and for the acquisition or construction of buildings allocable to the project, the cost of which exceeds $5,000. Costs charged to Equipment, Land, Buildings, or renovation capital costs must conform to Administrative Requirements

Insurance: Enter the amount budgeted to pay the costs of insurance, including bonding, allocable to the project.

Fuel and Vehicle Maintenance: Enter the amount budgeted to pay for fuel and maintenance not covered under local travel, i.e. fuel for a bus.

Total Operating Costs: A formula is embedded in the excel worksheet to sum the total. Manual calculation: Enter the sum of all line items under operating costs.

Total Direct Costs: A formula is embedded in the excel worksheet to sum the Total Personnel Costs and Total Operating Costs. Manual calculation: Enter the sum of Total Personnel Costs and Total Operating Costs.

Indirect Costs: Enter the amounts budgeted to pay indirect costs for the project. Costs charged to Indirect must conform to Administrative Requirements

Total Program Expenses: A formula is embedded in the excel worksheet to sum the total of Direct and Indirect Costs. Manual calculation: sum the Direct and Indirect Costs.

Percent Requested: A formula is embedded in the excel worksheet to calculate the Percent Requested. Manual Calculation: Divide City Funding Request in Column C by Project Total in Column B for each individual row. Display as a percentage with one decimal point (e.g. 33.3%).

**APPENDIX #2: Expense Summary Form in *Word***

|  |
| --- |
| 1. Applicant Agency: |
|  |
| 2. Project Title: |

|  |  |  |  |
| --- | --- | --- | --- |
| Expenditure Category | Program Total | City Funding Requested | Percent Requested |
| Personnel Costs |  |  |  |
| Salaries & Wages |  |  |  |
| Payroll Taxes and Employee Benefits |  |  |  |
| **Total Personnel Costs** |  |  |  |
|  |  |  |  |
| Operating Costs - Direct |  |  |  |
| Contractual Services |  |  |  |
| Audit Costs |  |  |  |
| Consumable Supplies |  |  |  |
| Telephone |  |  |  |
| Postage and Shipping |  |  |  |
| Occupancy |  |  |  |
|  a. Rent |  |  |  |
|  b. Utilities |  |  |  |
|  c. Other |  |  |  |
| Equipment Lease |  |  |  |
| Equipment Maintenance |  |  |  |
| Printing & Publications |  |  |  |
| Travel |  |  |  |
|  a. Local Travel |  |  |  |
|  b. Out of Town Travel |  |  |  |
| Conferences, Meetings, Etc. |  |  |  |
| Direct Assistance to Beneficiaries |  |  |  |
| Membership Dues |  |  |  |
| Equipment, Land, Buildings |  |  |  |
| Insurance |  |  |  |
| Fuel and Vehicle Maintenance |  |  |  |
| **Total Operating Costs** |  |  |  |
|  |  |  |  |
| **Total Direct Costs****(Personnel & Operating)** |  |  |  |
|  |  |  |  |
| Indirect Costs (\_\_\_\_\_\_%; attach Rate Letter) |  |  |  |
|  |  |  |  |
| **TOTAL PROGRAM EXPENSES** |  |  |  |
|  |  |  |  |

**APPENDIX #3: *Instructions for* Revenue Summary Form- Instructions**

**Submit this form in EITHER *Word* (next page) OR *Excel* in Separate Attachment**

For government revenues received by the agency, list each agency of the federal or state government providing funding in the column “Revenue Source.”

Enter the anticipated revenues for the total agency budget from each of the listed funding sources in the column headed “Agency Total,”

A formula is embedded in the excel worksheet to calculate the "Percent of Agency Budget" subtotals and totals. Manual Calculation: Divide the Subtotal in Row 44, Row 48 and Row 53 in Column B by the Total in Row 54 in Column B. Display as a percentage with one decimal point (e.g. 33.3%).

Insert lines as needed being careful to check that formulas include the values entered in the additional lines.

Definitions:

Government Revenues

Fees from Government Agencies are funds paid to the Agency by a unit of Federal, State or local government for goods or services provided as a contractor other than Medicaid.

Grants from Government Agencies are funds paid to the agency as a recipient or sub-recipient by a unit of Federal, State or local government other than Medicaid.

[2 CFR Section 200.300 Subrecipient and contractor determinations sets forth the considerations in determining whether payments constitute a Federal award or a payment for goods or services provided as a contractor.]

Medicaid Reimbursements are funds paid to the agency as a result of billing Medicaid for reimbursable expenses for services to eligible clients.

Revenues from State Government: List each State Government Agency providing funding and the amount of funding in the fiscal year of this contract.

Fees from State Government Agencies: List each State Government Agency paying fees and the amount of projected fee income in the fiscal year of this contract.

Total Revenues from County Government: List each funded project on a separate line

Total Revenues from City Government: List each funded project on a separate line

Total Revenues from Government Sources: Formula is embedded. Manual calculation is a total of all federal, state and local funds.

Other Revenue means income to the agency from sources not falling into another category.

United Way Revenue

United Way Allocation means all funding provided by the United Way of Central New Mexico.

**APPENDIX #3: Revenue Summary Form in *Word***

|  |
| --- |
| 1. Applicant Agency: |
|  |
| 2. Proposal Title: |

|  |  |  |
| --- | --- | --- |
| Revenue Source | Agency Total | % of Agency Budget |
| Government Revenues |  |  |
| Revenues from Federal Government other than Medicaid Reimbursement. *(List each Agency of the Federal Government)* |  |  |
| Fees from Federal Government Agencies: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Grants from Federal Government Agencies: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Medicaid Reimbursements |  |  |
|  |  |  |
| **Subtotal Federal Agencies** |  |  |
| Revenues from State Government *(List each Agency of the State Government providing funding and the amount of funding)* |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Subtotal State Agencies** |  |  |
| Revenues from County Government |  |  |
|  |  |  |
|  |  |  |
| Revenues from the City of Albuquerque |  |  |
|  |  |  |
|  |  |  |
| Other Municipal Government Revenues |  |  |
| **TOTAL GOVERNMENT REVENUES FROM ALL SOURCES** |  |  |
|  |  |  |
| Other Revenue: |  |  |
| Contributions |  |  |
| United Way Revenue |  |  |
| Other Revenue |  |  |
| **TOTAL OTHER REVENUES** |  |  |
|  |  |  |
| **TOTAL REVENUES:** |  |  |

**APPENDIX #4: *Instructions for* Program Budget Detail Form – Personnel**

**Submit this form in EITHER *Word* (next page) OR *Excel* in Separate Attachment**

*Line 1.* Enter the name of the agency submitting the proposal.

*Line 2.* Enter the project title as shown on the Proposal Summary and Certification form.

*Section 3.* **Use one line per staff member to list each individual staff working on the project. (**Note that previous forms may have allowed more than one FTE per line). The following illustration is provided for guidance purposes to clarify instructions.

Sample Illustration

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FTEon Program | Position Title | Annual Salary | Amount Requested | Percent Requested |
|  1.0  | Case Manager | $40,000 | $20,000 | 50% |
| This individual is dedicated to our agency’s program, however their salary is covered 50% by the City and 50% by other funding sources.  |
| .50 | Case Manager | $40,000 | $20,000 | 100% |
| This individual is split between this and another program. Their half time on this program is covered 100% by City funds – no other funding sources |
| .50 | Case Manager | $20,000 | $20,000 | 100% |
| This individual works half time. They dedicate their time to this program, and the agency seeks 100% coverage by City funds – no other funding sources |

* For the column labeled “FTE on Project”, insert the percentage of the full time equivalent supported by City funding for this individual (e.g., if an FTE will spend half time on this City-funded project, insert .50)
* For the column labeled “Position Title,” give the title of each position working on this project.
* For the column labeled “Annual Salary,” enter the annual salary for the individual position (a change from previous forms that may have included multiple FTEs).
* For the column labeled “Amount Requested,” enter the amount of funding requested from the City for the individual positions.
* For the column “Percent Requested,” a formula should automatically enter the percent of the annual salary for this position to be charged to the City. Otherwise calculate by dividing the Amount Requested by the Annual Salary for this position.

*Line 4*. A formula should automatically enter the sums of the column “Annual Salary,” and “Amount Requested.” Enter the “Percent Requested” for total salary and wages. Otherwise, provide a sum of each column in Section 3.

*Line 5*. Enter the total amount of payroll taxes and employee benefits for project salaries in the column labeled “Annual Salary,” the “Amount Requested” from the City, and the percent of the total to the charged to the City.

*Line 6.* Enter the sum of the lines 4 and 5 in the column’s labeled “Annual Salary,” and “Amount Requested.” Enter the percentage of the total amount to be charged to the City.

*Line 7.* Enter the percentage of salaries and wages charged to FICA, Unemployment Compensation, health insurance, retirement, and other employee benefits

**APPENDIX #4: Program Budget Detail Form – Personnel in Word**

|  |
| --- |
| 1. Applicant Agency: |
|  |
| 2. Proposal Title: |
|  |
| Personnel costs: Use this form to justify all salaries, wages, payroll taxes and fringe benefits shown on the Expense Summary Form. Add additional rows as necessary. |
|  |
| FTEon Program | Position Title | Annual Salary | Amount Requested From the City  | Percent Requested |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 4. Salaries & Wages |  |  |  |
| 5. Payroll Taxes & Employee Benefits\* |  |  |  |
| 6. Total Personnel Costs |  |  |  |

 7. \*Payroll Taxes: FICA @ % Unemployment Insurance @ %

Employee Benefits: Health Insurance @ % Retirement @ %

Other: @ % Other: @ %

(Add rows and use additional sheets if necessary)

**APPENDIX #5: *Instructions for* Program Budget Detail Form – Operating**

**Submit this form in EITHER *Word* (next page) OR *Excel* in Separate Attachment**

1. Enter the name of the agency.
2. Enter the program title.
3. For each operating cost line item on the Expense Summary Form **APPENDIX #2**

Describe all elements included in the line item costs and indicate the basis used for determining the costs in the first column.

In the column headed “Program Total,” enter the agency total program costs of the line item.

In the column headed “Amount Requested,” enter the amount requested from the City.

In the column headed “Amount Other,” enter the amount to be paid from other sources.

In the column headed “Percent Requested,” enter the percent of the total program expenditures requested from the City.

An illustration is provided below for guidance purposes:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Program Total** | **Amount Requested** | **Amount Other** | **Percent Requested** |
| **Contractual Services** |  |  |  |  |
| Contractor #1: 50% of Contractor 1 costs at $150 per month for 12 months | $900 | $450 | $450 | 50% |
|  |  |  |  |  |
|  **Travel** |  |  |  |  |
| Local Travel: 150 of miles/month \* $0.58/per mile \* 12 months  | $1,044 | $1,044 | $0 | 100% |
|  |  |  |  |  |
| **Direct Assistance to Beneficiaries** |  |  |  |  |
| Rental assistance for 50 clients at $700 per month for 12 months | $420,000 | $315,000 | $105,000 | 75% |

* **If cost is allocated, provide the allocation plan.**
* **For indirect cost line item, provide an explanation of basis for the indirect cost or an approved cost rate letter from cognizant Federal agency.**
* **Add rows and use additional sheets as necessary.**

**APPENDIX #5: Program Budget Detail Form – Operating – in Word**

|  |
| --- |
| **1. Applicant Agency:** |
|  |
| **2. Proposal Title:** |
|  |

|  |
| --- |
| **3. Direct and Indirect Costs:**  |
| **Line Item and Basis (Non-Personnel)****List all costs and assumptions in this area** | **Program****Total** | **Amount Requested** | **Amount Other** | **Percent Requested** |
|  |  |  |  |  |
| **Contractual Services** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|   |  |  |  |  |
| **Total Contractual Services** |  |  |  |  |
|   |  |  |  |  |
| **Audit Costs** |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| **Consumable Supplies** |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| **Telephone** |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| **Postage and Shipping** |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| **Occupancy** |  |  |  |  |
|  a. Rent |  |  |  |  |
|  b. Utilities |  |  |  |  |
|  c. Other |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| **Equipment Lease/Purchase** |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| **Equipment Maintenance** |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| **Printing & Publications** |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| **Travel** |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| **Conferences, Meetings, Etc.** |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| **Direct Assistance to Beneficiaries** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|   |  |  |  |  |
| **Membership Dues** |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| **Equipment, Land, Buildings** |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| **Insurance** |  |  |  |  |
|   |  |  |  |  |
| **Fuel and Vehicle Maintenance** |  |  |  |  |
|   |  |  |  |  |
| **Total Operating** |  |  |  |  |
|   |  |  |  |  |

(Add rows and use additional sheets if necessary)

* **As applicable, attach cost allocation plan**
* **As applicable, attach explanation of basis for each indirect cost or an approved cost rate letter from cognizant Federal agency.**

**APPENDIX #6: *Instructions for* Budget Detail Form: Projected Drawdown Schedule**

**Submit this form in EITHER *Word* (next page) OR *Excel* in Separate Attachment**

The applicant must estimate the amount and percent of City funding it anticipates expending during each quarter of the fiscal year and the unit rate (if applicable).

1. Enter the appropriate Quarter Ending dates (September 30, December 31, March 31, June 30).
2. For each of the quarterly periods indicated, enter the amount of City funding the agency projects expending in the column headed “Amount to be Requested.”
3. In the column headed “Percent of Total,” enter the percentage of all City funds projected to be expended during the quarter.

If the applicant anticipates expending more than 25% of the total requested from the City in any one quarter, provide a brief explanation of these expenditures in the space provided.

1. *As applicable, if reimbursement will be based on a unit rate*, identify the per unit reimbursement rate for services to be provided, the unit basis (unduplicated client, hour, etc.) and the proposed number of annual units. Rate shall include any applicable taxes and shall constitute full and complete compensation for the successful applicant’s services under this proposal.

If separate rates are required for services based on factors such as service location, service type or other factors, please provide a list of specific rates, one individual rate at a time, and explain in the Rate Justification section (5).

1. *As applicable, if a reimbursement will be based on a unit rate*, provide a rate justification. The intent of the justification is to tie together the budget with program activities and outcomes. To accomplish this, applicants should identify the basis used in establishing the reimbursement rate in context of the proposed services. Include the rationale used in developing cost components noted on the required budget forms. Additionally, indicate how the proposed reimbursement rate is necessary and reasonable to accomplish the program proposed in the narrative.

**APPENDIX #6: Budget Detail Form: Projected Drawdown Schedule**

|  |
| --- |
| 1. Applicant Agency: |
|  |
| 2. Proposal Title: |
|  |
| 3. Amount and percent of total requested funds on a quarterly basis: |
| **Quarter Ending** | **Amount to be Requested** | **Percent of Total** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Explanation if any projected drawdowns exceed 25% of the total requested funds:

|  |
| --- |
|  |

|  |
| --- |
| 4. As applicable: Reimbursement Rate – only applicable to *unit of service* contracts: Rate: $ per (hour, client, etc.) Annual units:  |

|  |
| --- |
| 5. As applicable: Rate Justification – only applicable to *unit of service* contracts: |

**APPENDIX #7: *Instructions for* Projected Caseload (if applicable)**

**This form is only required for Programs that involve case management or care coordination.**

* 1. **Agency Name:** Enter the name of the agency.
	2. **Program Name:** Enter the Program Name from Certification Form
	3. **Funding Sources for Client Services:** Further detail is requested to explain Program Revenue and Budget Detail forms for caseload-based services.
1. **Service Description:** Enter the description of caseload-based services

Illustration is provided below for guidance.

|  |
| --- |
| 1. **Funding Sources for Client Services**
 |
| Service Description: “Case Management Matters”**Projected Clients by Funding Source for Clients to Serve With This Program**

|  |  |
| --- | --- |
|  | Est. PY19 Number of Clients to Serve # |
| Number of clients this program is expected to serve |  50 |
| Clients expected to be billed to Medicaid | 32 |
| Clients expected to be billed to other funding source(s) (please specify)Blue Cross Blue ShieldBernalillo County | 45 |

Comments: Based on previous year’s caseload distribution. |

1. Projected Caseload:

Under the column heading “Caseload Type”, enter the Tier of intensity or program model case description. Under the column heading “Number of Case Managers/Care Coordinators,” enter the total number of Case Managers or Care Coordinators supported by City funds for this level of service; Under the column heading “Number of Clients”, enter the number of clients to be served by the listed case manager types, and under the column heading “Average Caseload” enter the average caseload for this level of service.

Illustration is provided below for guidance.

|  |  |  |  |
| --- | --- | --- | --- |
| Caseload type | Number of Case Managers/Care Coordinators | Number of Clients | Average Caseload |
| Tier 1 intensive services | 2 | 50 | 25 |
| Tier 3 step-down services | 1 | 45 | 50 |

1. Describe how cases are allocated to Case Managers/Care Coordinators. Indicate any special criteria based on staff level, tiers of service intensity, or funding source.

**APPENDIX #7: Profile of Caseload-Based Services (if applicable)**

|  |
| --- |
| 1. Agency Name: |
|  |
| 2. Program Name: |
|  |

|  |
| --- |
| 1. **Funding Sources**
 |
| Service Description: **Projected Clients by Funding Source for Clients to Serve With This Program**

|  |  |
| --- | --- |
|  | Est. PY19 Number of Clients to Serve # |
| Number of clients this program is expected to serve |   |
| Clients expected to be billed to Medicaid |  |
| Clients expected to be billed to the City  |  |
| Clients expected to be billed to other funding source(s) (please specify) |  |

Comments: |

|  |
| --- |
| 4. Program Caseload Information: |
| Service **Level** | Number of Case Managers/Care Coordinators | Number of Clients | Average Caseload |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Comments: |

**APPENDIX #8: Representations and Certifications**

The undersigned HEREBY GIVE ASSURANCE THAT:

The applicant agency named below will comply and act in accordance with all federal laws and Executive Orders relating to the enforcement of civil rights, including but not limited to, Federal Code, Title 5, USCA 7142, Sub-Chapter 11, Anti-discrimination in Employment, and Executive Order number 11246, Equal Opportunity in Employment; and

That the applicant agency named below will comply with all New Mexico State Statutes and City Ordinances regarding enforcement of civil rights; and

That no funds awarded as a result of this request will be used for sectarian religious purposes, specifically that (a) there will be no religious test for admission for services; (b) there will be no requirement for attendance of religious services; (c) there will be no inquiry as to a client’s religious preference or affiliations; (d) there will be no proselytizing; and (e) services provided will be essentially secular, however, eligible activities, as determined by the fund source, and inherently religious activities may occur in the same structure so long as the religious activity is voluntarily and separated in time and/or location.

Agency Name

Typed Name of Authorized Board Official:

Title:

Signature: Date:

**APPENDIX #9: Attachments on File**

|  |  |
| --- | --- |
| *Instructions*: If the applicant has received a social services contract from the Department of Family and Community Services within the past 12 months and submitted the required attachments, it is not necessary to resubmit the attachments if there has been no change in the information requested. If the documents currently on file with the City remain current, check the box marked current. If there has been any change in status of documents currently on file (e.g. changes in board members, organizational structure, etc.) check the box marked “Revised Attached” and submit the revised document with the program proposal. |  |
| Document | Current |  | Revised Attached |  |
| Certificate of Non-Profit Incorporation | [ ]  |  | [ ]  |  |
|  |  |  |  |  |
| Articles of Incorporation | [ ]  |  | [ ]  |  |
|  |  |  |  |  |
| Current Bylaws | [ ]  |  | [ ]  |  |
|  |  |  |  |  |
| Applicable Licenses | [ ]  |  | [ ]  |  |
|  |  |  |  |  |
| Listing of Current Board Members | [ ]  |  | [ ]  |  |
|  |  |  |  |  |
| Organization Chart | [ ]  |  | [ ]  |  |
|  |  |  |  |  |
| Travel Reimbursement Policies (if applicable) | [ ]  |  | [ ]  |  |
|  |  |  |  |  |
| Accounting Policies and Procedures | [ ]  |  | [ ]  |  |
|  |  |  |  |  |
| Personnel Policies and Procedures | [ ]  |  | [ ]  |  |
|  |  |  |  |  |
| Conflict of Interest Statement | [ ]  |  | [ ]  |  |
|  |  |  |  |  |
| Certificate of Good Standing and Comparison | [ ]  |  | [ ]  |  |
|  |  |  |  |  |
| Resumes of Key Personnel/Job Descriptions of Open Positions | [ ]  |  | [ ]  |  |
|  |  |  |  |  |
| Agency’s Most Recent Audit | [ ]  |  | [ ]  |  |
|  |  |  |  |  |

**APPENDIX #10: Drug Free Workplace Requirement Certification Form**

The agency certifies that it will provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the agency’s workplace, and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing a drug-free awareness program to inform employees of:
3. The dangers of drug abuse in the workplace;
4. The agency’s policy of maintaining a drug-free workplace;
5. Any available drug counseling, rehabilitation, and employee assistance programs; and
6. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
7. Making it a requirement that each employee to be engaged in the performance of an agreement with the City be given a copy of the agency’s drug-free workplace statement.
8. Notifying each employer that as a condition of employment under the City’s agreement, that employee will:
9. Abide by the terms of the agency’s drug-free workplace statement, and
10. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace, no later than five (5) days after such conviction.
11. Notifying the City of Albuquerque, Department of Family and Community Services within ten (10) days after receiving an employee notice or otherwise receiving actual notice of an employee drug statute conviction for a violation occurring in the workplace.
12. Taking one of the following actions within thirty (30) days of receiving notice of an employee’s drug statute conviction for a violation occurring in the workplace:

a. Taking appropriate personnel action against such an employee, up to and including termination;

b. or requiring such employee to participate satisfactorily at a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency; and

1. Making a good faith effort to continue to maintain a drug-free workplace through the implementation of the above requirements.
2. The agency also certifies that the agency’s drug-free workplace requirements will apply to all locations where services are offered under the agreement with the City of Albuquerque.

Such locations are identified as follows:

Street Address: City:

State: Zip: E-mail:

Agency Name:

Typed Name of Authorized board Official:

Title:

Signature of Authorized Board Official Date Signed

**APPENDIX #11: Debarment, Suspension, Ineligibility and Exclusion Certification**

I certify that the agency has not been debarred, suspended or otherwise found ineligible to receive funds by any agency of the executive branch of the federal government.

I further certify that should any notice of debarment, suspension, ineligibility or exclusion be received by the agency, the City of Albuquerque, Department of Family and Community Services will be notified immediately.

Agency Name

Typed Name of Authorized Board Official:

Title:

Signature: Date:

**APPENDIX #12: Certification of Receipt of Administrative Requirements**

The undersigned HEREBY CERTIFY THAT:

1. The agency/organization has received a copy of the *Administrative Requirements for Contracts Awarded Under the City of Albuquerque, Department of Family and Community Services, revised September 2010*; and
2. The agency/organization named below will adhere to the *Administrative Requirements* in its operation of City-funded programs.

Agency/Organization Name:

Typed Name of Authorized Board Official Typed Name of Executive Director

Signature Signature

Date: Date:

**APPENDIX #13: *Instructions for* Disclosure of Lobbying Activity**



**APPENDIX #13: Disclosure of Lobbying Activity**



# APPENDIX #14: *Instructions for* Request for Supplier Information- Modified W-9

Instructions and form can also be found at <https://www.cabq.gov/dfa/onlineservices/modified-w9-supplier-form>

# APPENDIX #14: Request for Supplier Information- Modified W-9



Instructions and form can be found at <https://www.cabq.gov/dfa/onlineservices/modified-w9-supplier-form>

# APPENDIX #15: Albuquerque Pay Equity Initiative Forms & Instructions

**Information about the Albuquerque Pay Equity Initiative**

Businesses seeking new contracts with the City of Albuquerque will be required to comply with the requirements of City Ordinance 13-59, found at the following links:

* [Download the Pay Equity Employee Data spreadsheet](http://www.cabq.gov/womens-pay-equity-task-force/documents/pay-equity-reporting-form-march-1-2018.xls)
* [Download instructions on how to fill out the Pay Equity Employee Data Spreadsheet](http://www.cabq.gov/womens-pay-equity-task-force/documents/pay-equity-form-instructions-2018.pdf)
* [Download instructions (with visuals) on how to fill out the Pay Equity Employee Data Spreadsheet](http://www.cabq.gov/womens-pay-equity-task-force/documents/pay-equity-presentation.pptx)
* [View the Preference Certification flow chart](http://www.cabq.gov/womens-pay-equity-task-force/documents/pay-equity-preference-certification-flow-chart.xlsx)
* [View Ordinance 17-33](http://www.cabq.gov/womens-pay-equity-task-force/documents/cs-o-33enacted.pdf)
* [View Ordinance 15-47](http://www.cabq.gov/womens-pay-equity-task-force/documents/ordinance-15-47.pdf)
* [View Ordinance 13-59](http://www.cabq.gov/womens-pay-equity-task-force/documents/ordinance-13-59-enacted.pdf)

# APPENDIX #16: *Instructions for* Certification of Compliance with Federal Funding Requirements - if applicable

If the program in this contract renewal application is also supported by federal funding, the Agency must sign the Certification of Compliance. If this contract does not fund a Program that is also supported by federal funding, this form is not required to be included in the re-application packet.

# seal2APPENDIX #16: Certification of Compliance with Federal Funding Requirements

The undersigned HEREBY GIVE ASSURANCE THAT:

If the percentage of federal funds that makes up the total program or project costs is greater than 0%, the Applicant agency named below will specifically comply and act in accordance with all applicable federal law governing programs receiving federal funds, including but not necessarily limited to:

1. Age Discrimination Act of 1975, prohibiting discrimination on the basis of age. 45 CFR Part 91.
2. Civil Rights Act of 1964 (Title VI), providing that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination. 45 CFR Part 80.
3. Education Amendments of 1972 (Title IX of the Education Amendments of 1972, 20 U.S.C. 1681, 1682, 1683, 1685, and 1686), providing that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity. 45 CFR Part 86.
4. Rehabilitation Act of 1973 (Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as amended, providing that no otherwise qualified handicapped individual in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination.
5. USA Patriot Act (amending 18 U.S.C. 175-175c), prescribing criminal penalties for possession of any biological agent, toxin, or delivery system of a type or in a quantity that is not reasonably justified by a prophylactic, protective, bona fide research, or other peaceful purpose. The act also establishes restrictions on access to specified materials. “Restricted persons,” as defined by the act, may not possess, ship, transport, or receive any biological agent or toxin that is listed as a select agent.
6. Public Health Security and Bioterrorism Preparedness and Response Act, provides protection against misuse of select agents and toxins, whether inadvertent or the result of terrorist acts against the US homeland, or other criminal act. 42 U.S.C. 262a; 42 CFR Part 73.
7. Controlled Substances Act provides that grantees are prohibited from knowingly using appropriated funds to support activities that promote the legalization of any drug or other substance included in Schedule I of the schedule of controlled substances established by Section 202 of the Controlled Substances Act, 21 U.S.C. 812. This limitation does not apply if the recipient notifies the GMO that there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.
8. Limited English Proficiency. Recipients of federal financial assistance must take reasonable steps to ensure that people with limited English proficiency have meaningful access to health and social services and that there is effective communication between the service provider and individuals with limited English proficiency. Title VI of the Civil Rights Act of 1964.
9. Construction-Related Requirements

a. Architectural Barriers Act of 1968 (as amended 42 U.S.C. 4151 et seq.) sets forth requirements to make facilities accessible to, and usable by, the physically handicapped and include minimum design standards. All new facilities designed or constructed with HHS grant support must comply with these requirements. 41 CFR 102-76; 36 CFR 1191.

b. Clean Air and Clean Water Act provides for the protection and enhancement of the quality of the nation’s air resources to promote public health and welfare and for restoring and maintaining the chemical, physical, and biological integrity of the nation’s waters. 42 U.S.C. 7606 and EO 11738.

c. Safe Drinking Water Act provides for the protection of underground sources of drinking water that have an aquifer, which is the sole source of drinking water. No grant may be entered into for any project that the EPA Administrator determines may contaminate such aquifer.

10. Health, Safety, and Related Requirements

a. HHS funds may not be spent for an abortion.

b. Funds appropriated for HHS may not be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

c. Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule) implements the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 42 U.S.C. 1320d et seq., which governs the protection of individually identifiable health information. The Privacy Rule is administered and enforced by HHS’s OCR and is codified at 45 CFR Parts 160 and 164. The Privacy Rule applies only to covered entities.

d. Confidentiality of Patient/Client Records. Section 543 of the PHS Act, 42 U.S.C. 290dd-2, requires that records of substance abuse patients be kept confidential except under specified circumstances and purposes. The covered records are those that include the identity, diagnosis, prognosis, or treatment of any patient maintained in connection with any program or activity relating to substance abuse education, prevention, training, treatment, rehabilitation, or research that is conducted, regulated or directly or indirectly assisted by any department or agency of the United States. 42 CFR Part 2.

e. Drug Free Workplace Act of 1988, requires that all organizations receiving grants from any federal agency agree to maintain a drug free workplace. The recipient must notify the awarding office if any employee of the recipient is convicted of violating a criminal drug statute. 42 U.S.C. 701 et seq.; 45 CFR Part 82.

f. Pro-Children Act imposes restrictions on smoking in facilities where federally funded children’s services are provided. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased or contracted for) used for the routine or regular provision of federally funded health car, day care, or early childhood development. 20 U.S.C. 7183.

Agency Name

Typed Name of Authorized Board Official:

Title:

Signature: Date:

# Logistical Information

 **Note: DEADLINE FOR SUBMISSION IS Friday March 22, 2019 4:00 p.m.**

1. **One hard copy with original signatures must be delivered in person or through mail – to the Attention of your Program Specialist**

In-person Delivery:

Department of Family and Community Services

Old City Hall – 400 Marquette, Room – 5th Floor Room 504

Mail Delivery:

Department of Family and Community Services

P.O. Box 1293

Albuquerque, NM 87103

1. **Please email an electronic copy to your program specialist.**

Please submit a full set of documents electronically to your Program Specialist. If you choose to fill out the budget documents using the *Excel* files, you may attach a separate document from the remainder of the package written in *Word*.

**ALL FORMS CAN BE FOUND AT:**

<http://www.cabq.gov/family/our-department/request-for-proposals/administrative-requirements>

1. **Optional Technical Assistance Meeting** will take place:

Wednesday, March 13, 2019 from 1:00 to 3:00 p.m.

9th floor of City Hall, City Council Committee Room 9081

Department staff will be available to field questions.

1. Fiscal forms are provided in two formats for your convenience. Only one version of the fiscal forms is required in your submittal.
	* The *Word* version is included in this packet
	* The Excel version is in a separate attachment.
	* A sample illustration (for guidance purposes only) has also been posted on the website.
	* The forms and the sample illustration may be downloaded <http://www.cabq.gov/family/our-department/request-for-proposals/administrative-requirements>

**REQUIRED DOCUMENTS FOR CONTRACT RENEWAL APPLICATION**

* **PY19 Program Accomplishments (ATTACHMENT A)**
* **Outcomes Narrative (ATTACHMENT B)**
* **Applicant Work Program Summary (ATTACHMENT C)**
* **Narrative to Justify Changes to Project (if applicable) (ATTACHMENT D)**
* **Attachment E: Insurance Coverage**
* **Proposal Summary and Certification Form (APPENDIX #1) completed and signed by an authorized official.**
* **Signature Certification Form (FIN #1)**
* **Budget Forms (Either in *Word* or *Excel*)**
* Expense Summary Form (APPENDIX #2)
* Revenue Summary Form (APPENDIX #3)
* Project Budget Detail Form -- Personnel (APPENDIX #4)
* Project Budget Detail Form -- Operating Costs (APPENDIX #5)
* Budget Detail Form: Projected Drawdown Schedule (APPENDIX #6)
* **Projected Caseload, if applicable (APPENDIX #7)**
* **Representations and Certifications (APPENDIX #8)**
* **Attachments on File (APPENDIX #9)**
* **Drug Free Work Place Requirement Certification Form (APPENDIX #10)**
* **Debarment, Suspension, Ineligibility and Exclusion Certification (APPENDIX #11)**
* **Certification of Receipt of Administrative Requirements (APPENDIX #12)**
* **Disclosure of Lobbying Form (Mark N/A and return if it is not applicable to your agency) (APPENDIX #13)**
* **Modified W-9 (APPENDIX #14)**
* **Albuquerque Pay Equity Initiative Form (APPENDIX #15)**
* **Insurance Certificate meeting Required Specifications (APPENDIX #16)**
* **Certification of Compliance with Federal Funding Requirements (APPENDIX #17)**
* **One Electronic Copy, and One Hard Copy with original signatures.**
1. U.S. Department of Health and Human Services. Healthy People 2020 “Social Determinants of Health.” 2015 [↑](#footnote-ref-1)
2. Applying a Family Resilience Framework in Training, Practice, and Research: Mastering the Art of the Possible, By Froma Walsh PhD, University of Chicago; [Family Process](https://www.researchgate.net/journal/0014-7370_Family_Process) 55(4):616-632 · December 2016  DOI: 10.1111/famp.12260 [↑](#footnote-ref-2)