

GRANTEE
POLICY & PROCEDURE
MANUAL



Mission

Tehama County children will be born healthy and thrive in safe, supportive, nurturing, and loving environments; and will enter school cognitively prepared and be healthy, active, socially appropriate learners.

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TABLE OF CONTENTS

I. GRANTEE POLICY & PROCEDURES	
A. Organizational Chart, Employee Confidentiality, Job Descriptions & Staff Information	4
B. Client Consent for Participation	5
C. Publication and Media Approval	6
D. Contract Agreement Renewal Request	7
E. Audit Requirement	8
F. Fixed or Capital Assets and Capital Improvements	9
G. Budget Revisions – General	10
H. Quarterly Budget and Expense Report	11
I. Payment of Quarterly Budget and Expense Report (QBER) & Contract Agreement Compliance	12
J. Recovery of Overpayment	13
K. Quarterly Progress Report & Final Report Policy	14
II. INSTRUCTIONS FOR COMPLETING REPORTS / FORMS	
Project Report Packet Instructions:	
A. Contact Information Form Instructions	16
B. Personnel List Form Instructions	16
C. Employee Confidentiality Agreement Instructions	17
D. Funding Matrix	17
E. Report Summary & Exception Sheet Instructions	18
F. Scope of Work Instructions	19
G. Final Narrative Report Instructions	19
Fiscal Report Packet Instructions:	
A. Quarterly Budget and Expense Report (QBER) Instructions	20
B. Inventory Report Instructions	21
C. Budget (Request & Revision) Form Instructions	22
D. Budget Narrative & Revision Form Instructions	23
III. PROJECT AND FISCAL REPORT FORMS	
A. Contact Information Form	25
B. Personnel List Form	26
C. Employee Confidentiality Agreement Form	27
D. Report Summary & Exception Sheet	28
E. Scope of Work (Exhibit I)	29
F. Final Narrative Report	30
G. Client Consent for Participation Form	31
H. Client Consent for Participation Form, Spanish	32
I. Publication & Media Release	33
J. Publication & Media Release, Spanish	34
K. Inventory Report	35
L. Budget Narrative & Revision Form (Exhibit III)	36
M. Funding Matrix	37
Other Forms – separate attached Excel forms available in e-format	
A. Quarterly Budget and Expense Report (QBER) – use embedded link →	
B. Budget (Request & Revision) Form (Exhibit II) – use embedded link →	



GLOSSARY OF TERMS

First 5 Tehama – Name of Contracting Authority/Entity (a.k.a. First 5 Tehama County Children and Families Commission; a.k.a. county commission)

Grantee – Name of Contract Agreement Entity

In-Kind Contribution – First 5 Tehama will NOT include In-Kind contributions in First 5 Tehama budgets. In-Kind is not measured as income; therefore, it will only be reported at the bottom of the Budget (Request & Revision) form for grantee tracking purposes only.

Matching or Other Funds – Matching or Other Funding Sources are ACTUAL FUNDS for operation of the First 5 Tehama funded program.

Direct – Direct costs include the salaries, wages, and benefits of employees while they are exclusively working on the delivery of the service, as well as the materials and supplies, and other associated operating costs such as utilities and rent, training, and travel. Likewise, they include costs that may not be fully funded in the current period such as compensated absences, interest expense, depreciation or a use allowance, and pensions.

Indirect Expenses – Indirect costs include shared administrative costs within the work unit and in one or more support functions outside the work unit (e.g., legal, finance, human resources, facilities, maintenance, technology). These shared costs should be apportioned by some systematic and rational allocation methodology and that methodology should be disclosed.

Sample Methodology for Budget Narrative: Indirect Program Cost: ____% of personnel. Indirect costs are defined as expenses "that cannot be readily assigned to one specific program or one specific line item within a program. Indirect costs are a portion of the expenses for administrative activities but are agency-wide charges not directly attributable to the program.

Electronic (Electronically) vs Hardcopy Documentation –

The Commission requires that programs submit reporting and requests via email to both the Executive Director and Commission Assistant. The only documents submitted hardcopy are those that require signature, unless requested specifically by commission staff.

ORGANIZATIONAL CHART, EMPLOYEE CONFIDENTIALITY, JOB DESCRIPTIONS & STAFF INFORMATION

Policy:

Each grantee will maintain a current project organizational chart, employee confidentiality agreement, written project job descriptions, and minimum qualifications of staff in their files.

Procedure:

1. The grantee may be asked to submit organizational charts, employee confidentiality agreement, job descriptions, and staff qualifications to First 5 Tehama.
2. The grantee will be asked to submit a Personnel List form and a Funding Matrix. In the event of changes in the staffing or organizational structure, the grantee will submit an updated Personnel List, Funding Matrix, and the revisions of job descriptions and qualifications to First 5 Tehama for approval prior to hiring. Grantee will maintain an employee confidentiality agreement in their staff file.
3. Employee Confidentiality Agreement:
 - All staff of County Commission Funded Programs who are responsible for gathering or maintaining confidential information and records must read and sign the Employee Confidentiality Agreement.
 - The original is to be sent to the immediate staff supervisor who must sign the Agreement and then place the signed original in the employee's personnel files, and return a copy to the employee.
 - The Employee Confidentiality Agreement requirement may be waived through the contract between the Funded Program and County Commission if the responsibilities and intent of the Agreement is addressed through existing protocols and procedures of the Funded Program.
4. The written job description shall include:
 - Position title or name by which the position is identified.
 - Scope of the job or position that defines the employee's responsibilities, duties, and reporting relationships.
 - Qualifications, including the necessary education or competencies, years of experience, and other pertinent information.

CLIENT CONSENT FOR PARTICIPATION

Policy:

1. Each grantee, if applicable, must have a completed Client Consent Form signed by the appropriate persons in the client's record stating the agreement to voluntarily participate in the Grantee's activities and to receive needed services. This is only for those clients receiving intensive case-managed services, for example: home visiting, case management.
2. Each Grantee will maintain confidentiality for clients and client records, as prescribed by law.

Procedure:

1. Each grantee will have a signed and dated Client Consent Form (English/Spanish versions available) in the client's record.
2. The completed Client Consent Form must:
 - State the client's name.
 - Be signed and dated, by the client
 - State exactly who will have access to the client's information.
 - Include the text on your entity letterhead with entity name inserted in where indicated.

**NOTE: For those organizations that have to be HIPPA compliant, there must be a separate "HIPPA Compliant Authorization Form" to share protected health information.*

PUBLICATION AND MEDIA APPROVAL

Policy:

All new or significant revisions of publications, brochures, or other materials for distribution to the public which are produced and/or paid for by First 5 Tehama funds must be approved by the First 5 Tehama Executive Director and/or designated staff prior to publication. The First 5 Tehama logo is available via email in various formats (bmp, tif, gif, jpg) for display on all deliverables and is below. All clients involved in pictures or other media must complete the Publication and Media Release Form.

Note: In the interest of not incurring more expense, all prior publications and deliverables that have been printed are not required to be immediately changed; however, labels are available from the First 5 Tehama office. In transition, when publications and deliverables supplies have been exhausted, the First 5 Tehama logo and verbiage must be included on subsequent printing and publications.

Procedure:

Grantee must send to the First 5 Tehama Executive Director, in sufficient time for the First 5 Tehama staff to review and approve prior to public release, the following:

- A cover letter explaining the purpose of the publication/ material and requesting approval
- A copy of the proposed publication/material
- All materials must include the following:

**“Funded by First 5 Tehama” or
“Made possible by a grant from First 5 Tehama”.**

First 5 Tehama Logo:



- First 5 Tehama will provide, to the grantee, written approval/disapproval to print and/or disburse the information/ documents within five (5) working days.

CONTRACT AGREEMENT RENEWAL REQUEST

Policy: Total funding amounts and the length of all funded projects are determined contractually based on submission and acceptance of grant proposals. Projects that have successfully followed their Scope of Work (Exhibit I), are in compliance with their contract, and are continuing to address community needs and First 5 Tehama Commission objectives, may ask for a *one time only* renewal for *two (2) years* of their contract agreement. This is only for continuation of a current successful project; any new project will be considered through the standard RFP process.

- Procedure:**
1. Six months before the conclusion of the project's contract, an entity may submit a Contract Agreement Renewal Proposal (1 hard copy and 1 electronic copy) which is **limited to five pages on 8 ½ x 11 size paper, with single spaced typing, no smaller than 12-font print, and one-inch margins at top, bottom and sides.** Proposals will include, at a minimum, the following using appropriate First 5 Tehama Forms:
 - A Project description and which First 5 Tehama Strategic Plan objective(s) and service area(s) will be addressed: Project description includes project outcomes, objectives and strategies, population(s) to reach, and collaborative partners.
 - The renewal request narrative must answer:
 - a. What service offering, how have you modified the service, and how do you plan to expand and/or improve the service? *Use italic font to designate expansion and improvement activities.*
 - b. What doing to collaborate now; how have you modified your collaborative relationships, and how are you going to expand and/or improve them? *Use italic font to designate expansion and improvement activities.*
 - c. Funding plan – What creative measures have you done prior to coming to First 5 Tehama for funding? What partnerships have you developed and/or maintained? Describe the use of leveraging, blending, and matching grant funds?
- Attachments:
- Scope of Work (Exhibit I) – A & B above must be reflected in Scope of Work; *use italic font to designate expansion and improvement activities.*
 - Budget (Request & Revision) Form (Exhibit II)
 - Budget Narrative & Revision Form (Exhibit III)
 - Program Performance Standards and Guidance and/or Policy & Procedures developed and utilized
 - Funding Matrix
 - Copy of most recent Project Report Update as presented to the Commission
 - Commission office will attached most recent Quarterly Feedback Sheets.
2. First 5 Tehama will attach the project's last four quarterly report feedback sheets.
 3. A Review Committee, established by First 5 Tehama staff, will make recommendations to First 5 Tehama regarding funding request at least three months before the end of the current contract. First 5 Tehama or staff may also conduct a site visit as part of the process in deciding about the renewal of the contract agreement.
 4. Projects will receive written notice of the decision two (2) months prior to contract completion. If recommended for contract agreement renewal, entities may be asked to modify their submitted Scope of Work and Evaluation Plan Matrix and/or budget before a new contract is instituted. No funds are to be expended until a contract is signed by all parties.

AUDIT REQUIREMENT

Policy:

Each grantee is required to maintain books, records, and documents and other evidence sufficient to reflect properly the amount, receipt and disposition of all First 5 funds. This evidence must allow the tracing of First 5 funds from receipt to a level of expenditure adequate to ensure that the funds have not been spent unlawfully or outside the scope set forth in the contract agreement.

Procedure:

1. The method used by Grantee to track and report costs must conform to Generally Accepted Accounting Principles (G.A.A.P.)
2. First 5 Tehama reserves the right to require a project specific audit at First 5 Tehama's discretion. If First 5 Tehama orders a project-specific audit as a result of mismanagement, the grantee shall bear the costs, without using First 5 funds.
3. It is acknowledged by the grantee that the conditions of agreement may be suspended or terminated until all audit procedures and requirements as stated in this policy have been completed to the review and satisfaction of First 5 Tehama. The grantee shall bear all costs, not using First 5 funds, in connection with, or resulting from, any audit and/or inspections that result in the payment/repayment of any expenditures disallowed by either First 5 Tehama, State, including any assessed interest and penalties.

Required Documents:

1. **Financial statement** - This statement includes: (1) A balance sheet of assets and liabilities; (2) A statement which includes all revenues received, including but not restricted to funds received from First 5 Tehama, interest accrued; and (3) expenditures and encumbrances classified by type and project. The information on project expenditures may be included in either the financial statement or audited supplementary information. Notes to the financial statement should include the auditor's opinion of the financial report, and the identification of any findings related to the use of funds.
2. **Report on compliance from auditor** - The auditor should include comments regarding the agencies compliance with laws, regulations and requirements affecting the project's management of funds received by First 5 Tehama; state laws and regulations that affect the use, reporting and auditing of fiscal information with the exception of the supplant requirement. A statement specifying that First 5 Tehama funds have been used only to supplement, but not to supplant, existing projects must be included.
3. **Report on internal controls from auditor** - The auditor should include comments regarding the agencies establishment of policies and procedures related to the accounting records and processes for receipt, deposit, and disbursement of all funds disbursed by First 5 Tehama.

The report on compliance and report on internal controls may be included in one letter with both pieces of information.

FIXED OR CAPITAL ASSETS AND CAPITAL IMPROVEMENTS

Policy:

Proposer must obtain prior approval if an individual purchase exceeds \$3,500.

If integral to a successful program, First 5 Tehama will consider requests for funds for fixed or capital assets and for capital improvements if the proposer, in addition to demonstrating need, demonstrates cost-effectiveness.

- Cost-effectiveness includes consideration of the following factors:
 1. proposer or community contributions toward the cost of the fixed or capital assets and capital improvements;
 2. consideration of alternatives to purchasing (i.e., leasing or sharing); and
 3. planned geographic and time utilization of the fixed or capital asset and capital improvement.

Fixed or capital assets are buildings, structures, and property; additional major equipment items that cost over \$3,500. per item, vehicles or items that are not classified as expendable.

Capital improvements are projects that either expand or add to a building or structure, or which involve significant, extensive, and /or major improvements, changes, or enhancements to such buildings or structures. This also applies to projects that include the acquisition and installation of additional fixed assets such as dental or medical equipment, and kitchen or bathroom fixtures.

The Commission will not fund capital improvements affixed to private real property.

Procedure:

Fixed or capital assets and capital improvements, deemed necessary for program implementation, will be considered on a case-by-case basis by First 5 Tehama.

- All requests are to be submitted in writing to First 5 Tehama Director prior to purchase. First 5 Tehama staff will contact program regarding decision within 20 working days of receipt of the request.
- Fixed or capital assets are included in the Inventory Report (\$3,500.00 or more in value or any computer hardware).
- Fixed or capital assets may remain with grantee as long as services are being provided to families with children ages 0-5.
- Upon completion and/or termination of grant funding, a MOU may be developed by First 5 Tehama outlining grantee's responsibilities for continued use of fixed or capital assets and capital improvements.

BUDGET REVISIONS - GENERAL

Policy:

First 5 Tehama may allow changes to previously approved budget documents to more accurately reflect expenditures to be incurred for justified project activities.

- Budget revision requests must be made in writing by the grantee and requires *prior* approval by the First 5 Tehama Executive Director or designee before funds are expended.

Procedure:

1. Grantees with multi-year funding shall submit a budget and budget narrative 45 days prior to commencement of new contract year.
2. The Grantee must submit the completed forms for all budget changes:
 - Budget (Request & Revision) Form
 - Budget Narrative / Revision Form

First 5 Tehama staff and grantee will negotiate the proposed changes. First 5 Tehama staff will respond in writing regarding the approval/denial of the proposed Budget Revision.

Submit the Budget (Request & Revision) Form, and the original Budget Narrative & Revision Form with **proposed changes in RED** via e-mail to First 5 Tehama Executive Director and copied to Commission Assistant.

3. *Annually, two general budget adjustments may be submitted to the Commission office for approval. Additional requests for budget revision submitted within a fiscal year, regardless of the percentage of change, may be subject to Financial Committee review and full Commission (First 5 Tehama) for formal action.*

QUARTERLY BUDGET AND EXPENSE REPORT (QBER)

Policy:

Funds will be disbursed according to the schedule in the contract agreement. Costs must be related to those specified in the Scope of Work (SOW), approved Budget and Budget Narrative & Revision Form (Exhibit III).

1. All Grantees will submit a Quarterly Budget and Expense Report (QBER) and an invoice for payment on a quarterly basis as outlined in their contract.
 - Grantees **must not** exceed the **individual** budget category of **Operating Expenses, Personnel Budget, and/or Fixed or Capital Assets/Capital Improvement**. As long as each individual budget category is not exceeded, Grantees are permitted a budget variation of up to 15% **per line item** per contract year within the individual budget category of **Operating Expenses, Personnel Budget, and/or of Fixed or Capital Assets/Capital Improvement**.
 - Any budget variation must be noted in the quarterly report documentation (see Summary/Exception sheet).
 - Any budget line item variation **over 15%** must receive **prior** approval from First 5 Tehama staff.
 - Variations **across** Operating Expense, Personnel, and Fixed Assets/Capital Improvement budget categories must receive **prior** approval from First 5 Tehama and/or First 5 Tehama designee.
 - Quarterly Budget and Expense Reports that include fixed or capital assets and capital improvements (\$3,500.00 or more in value or any computer hardware) must include an Inventory Report listing the purchased items.

Procedure:

On the quarterly report date, grantee must submit a Quarterly Budget and Expense Reports (QBER) along with an invoice for payment

- Attach the Report Summary & Exception Sheet
- If revision to Budget is requested, attach revised Budget (Request & Revision) Form & updated Budget Narrative & Revision Form (insert changes in **RED** – using “strikeout” to show what will be deleted/changed).
- First 5 Tehama staff will review QBER for accuracy, completeness, and consistency with Scope of Work (SOW), and approved Budget and Narrative before forwarding fund disbursement according to the schedule in the contract agreement.
- First 5 Tehama staff will reconcile expenditures to date with payments and make necessary adjustments to payment schedule beginning as early as the 3rd quarter to avoid overpayment of funds versus expenditures.
- The final QBER (paper copy) must be postmarked and submitted via e-mail spreadsheet no later than 60 calendar days after termination date, expiration date, or current agreement year end (whichever is earlier).
- Inventory Report, if needed (purchases of \$3,500.00 or more per item or any computer hardware, regardless of cost) - required for the 1st quarter reporting cycle of the contract agreement year and any reporting period if there is a change.

PAYMENT OF BUDGET AND EXPENSE REPORT AND AGREEMENT COMPLIANCE

Policy:

First 5 Tehama reserves the right to withhold payment of a Quarterly Budget and Expense Report (QBER) for non-compliance with the requirements of the agreement.

Procedure:

When a grantee is not compliant with the agreement requirements, written notification will be given to the grantee requesting corrective action.

- The grantee shall submit correspondence to First 5 Tehama in response to the written notification of non-compliance within five (5) working days of receipt.
- The Performance Improvement Agreement will be prepared by the Grantee and reviewed with First 5 Tehama.
- If the Performance Improvement Agreement is accepted, the grantee will be notified and expense reimbursement will be made in a timely manner. First 5 Tehama, as part of the Performance Improvement Agreement, reserves the right to begin reimbursement based on a review of funds already expended by the grantee. Reviews could also move from a quarterly to monthly reporting basis.
- If the Performance Improvement Agreement is not accepted, the grantee will be notified of the remedies needed to resolve the specific identified issues.
- If reports on subsequent Performance Improvement Agreements are not satisfactory, the expense reimbursement may be delayed until compliance is achieved or terminated for non-performance subject to recovery for overpayment.

RECOVERY OF OVERPAYMENT

Policy:

First 5 Tehama will recover overpayments to the grantee including, but not limited to, payments determined to be:

- In excess of allowable costs;
- In excess of the amounts usually charged by the grantee or any of its sub-contractors;
- For services not documented in the records of the grantee or any of its sub-contractors or for services where the documentation of the grantee or any of its sub-contractors justifies a lower level of payment;
- Based upon false or incorrect QBER's or supporting documentation;
- For services deemed to have been excessive or inappropriate;
- For services arranged for or rendered by persons who did not meet the standards for participation in the agreement at the time the services were arranged for or provided;
- For services not covered by the agreement.

QUARTERLY PROGRESS & FINAL REPORT POLICY

Policy:

1. All Grantees are required to work in collaboration with the Statewide and First 5 Tehama evaluation process to create an evaluation design and to collect, input, and report on client/project data.
 2. All Grantees will submit a Quarterly Budget and Expense Report (QBER) and an invoice for payment on a quarterly basis as outlined in their contract
 3. All Grantees are required to submit a Report Summary & Exception Sheet, and Milestones Report (Scope of Work status report) on a quarterly basis as outlined in their contract.
 4. If a "Performance Improvement Agreement" is in effect, the agreement may require monthly budget and/or performance reporting.
 5. All Grantees are required to submit a Final Narrative Report sixty (60) days after project ends.
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Purpose:

To provide timely and complete reporting of the various activities of each grantee's project.

To ensure that there is documentation of progress toward completing the Scope of Work and Achievement Milestones.

General Information:

1. All quarterly, and final reports are to be typed and submitted electronically (via email) to Executive Director and Commission Assistant.
2. All forms are to be completed using the forms provided by First 5 Tehama.

Procedure:

The **Quarterly Progress Report Packet** consists of the following with instructions on completion of each form to follow in the order listed:

1. Contact Information Form - required for the 1st quarter reporting cycle of the contract agreement year and any reporting period *if* there is a change.
2. Personnel List Form – required for the 1st quarter reporting cycle of the contract agreement year and any reporting period *if* there is a change.
3. Funding Matrix – required for the 1st quarter reporting cycle of the contract agreement year and any reporting period *if* there is a change.
4. Inventory Report, if needed (purchases of \$3,500.00 or more per item or any computer hardware, regardless of cost) – is required with the final report *if* there is a change.
5. Client Consent for Participation Form, *if* requested
6. Performance Improvement Agreement, *if* required
7. Publication and Media Release, *if* requested

The **Final Narrative Report** answers what's next for the project due 60 days after project ends which includes the renewal application award period if applicable.

Instructions for Completing Reports / Forms

Contact Information Form

1. Entity Name: Name of Agreement Entity
2. Project Name: Name of the Approved Project on Agreement
3. Ultimate Authority: (1) Entity's Executive Representative
4. Fiscal Authority: (2) Person designated as the Fiscal Manager who can be contacted for questions on Fiscal/Budget Issues.
5. Service Level Decision Maker: Person designated as the Project Director and primarily responsible for project administration. All correspondence/emails will be sent to this contact person
6. Additional Project Contacts (A, B & C): Additional Person(s) designated as the Project Manager and/or Coordinator who can be contacted for questions on Project/SOW Issues. (Please designate (✓ check Yes) if these additional project contacts should also be on the grantee email distribution list to receive meeting reminders, etc).

Personnel List Instructions

1. Date: Date Personnel Form completed
2. Grantee Name: Name of contract agreement entity
3. Project Name: Name of the approved project on contract agreement.
4. Name of Employee: Name of employee (First, Last Name)
5. Start Date: Date employee began paid employment in First 5 Tehama funded position
6. Position Title: Exact title of Position of employee.
7. Mandatory Reporting Training Date: Date training received
8. Confidentiality & Tobacco Free: Write in "Yes/No" regarding policy signature
9. End Date: Date employee ended paid employment in First 5 Tehama funded position

Employee Confidentiality Agreement

- All staff of County Commission Funded Programs who are responsible for gathering or maintaining confidential information and records must read and sign the Employee Confidentiality Agreement.
- The original is to be sent to the immediate staff supervisor who must sign the Agreement and then place the signed original in the employee's personnel files, and return a copy to the employee.
- The Employee Confidentiality Agreement requirement may be waived through the contract between the Funded Program and County Commission if the responsibilities and intent of the Agreement is addressed through existing protocols and procedures of the Funded Program.

Funding Matrix

1. Date: Date information effective.
2. Grantee Name: Name of contract agreement entity.
3. Name of Employee (FTE) & Position:
List each employee separately with FTE designation for which First 5 Tehama is providing funding in whole or part (example .8 FTE is an employee that 32 hours per week) and the agency/program position of this employee.
4. Grant Funding Source with percentage of Allocation:
List Grant Funding Source per staff member (example: 1st employee listed is an 1-FTE employee and this person's wage is allocated out to 3 separate funding sources – the percentage of allocation will be listed under the funding source and lined up across from that person's name. More than one staff person may be allocated under the same funding source or there may be several staff members allocated to separate funding sources – this must be done for each staff member that is in full or partially funded by First 5 Tehama funds.)
5. Name of Funded Project: List name and amount of funding source this agency receives from all funding sources that are supporting the First 5 Tehama funding project.
6. Staff Submitting Report: Enter name of person who filled out form (no signature required).
7. Date: Date form submitted.

Report Summary & Exception Sheet Instructions	
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|----|---|--|
| 1. | Grantee: | Name of Agreement Entity |
| 2. | Project: | Name of the approved project on the Agreement. |
| 3. | Quarterly Report Period:
Inclusive Months: | Quarter that program is reporting.
<i>(Ex: Quarter 1 – July thru Sept. 20__)</i> . |
| 4. | Report Date: | Date report submitted to First 5 Tehama Office |
| 5. | Summary Questions: | <p>Scope of Work Status: Include First 5 numbered objective and service area (Summary & Exception Sheet) - <i>List any concerns and/or anticipated challenges and how you are working to resolve them.</i></p> <p>Budget: Enclose Quarterly Budget and Expense Reports for the reporting period with any required backup documentation (i.e. equipment purchases over \$3,500 or computer purchases). Check off <input checked="" type="checkbox"/> Budget Reports when completed and answer “yes or no” if there any concerns or issues. If “<i>yes</i>”: list any concerns and/or anticipated challenges and how you are working to resolve. <i>Request for changes to budget must attach a Budget (Request and Revision) Form and Budget Narrative & Revision Form with changes.</i></p> <p>Program Administration: Answer “yes or no” if there any concerns or issues. If “<i>yes</i>”: list any concerns and/or anticipated challenges and how you are working to resolve.</p> <p>Evaluation Plan: Answer “yes or no” if there any concerns or issues. If “<i>yes</i>”: list any concerns and/or anticipated challenges and how you are working to resolve.</p> |
| 6. | Prepared By: | <p>Name of authorized person completing report. Electronic copy emailed to both Commission Executive Director and Commission Assistant.</p> <p>Program need not submit hardcopy of quarterly reporting documents unless requested by commission staff – electronic (email) copy will suffice.</p> |

Scope of Work

Grantees with multi-year funding shall submit a Scope of Work (SOW) 45 days prior to commencement of new contract year. This document is the “roadmap” for the Achievement Milestones Report which will be developed in collaboration with First 5 Tehama’s staff and/or evaluation contractor and then is entered into the PEDS database. SOW change requests are also to be submitted on this form with changes identified in **RED**.

This Achievement Milestone document will be updated quarterly by project staff and reviewed quarterly during Grantee Coordinator’s Cluster meetings which include project and commission staff and evaluation contractor.

Final Narrative Report

1. Report Date: Due date which is 60 days after project ends.
2. Boxed Area: Grantee Info, Result Area, Priority Objective, and Projection Description will be completed by First 5 Tehama staff.
3. Report Instructions: Answer questions and attach completed Inventory Report.
 - Discuss whether you will be continuing the services or activities funded by this grant? If they are to be continued, how will they be funded and at what level?
 - If not going to be continuing the services or activities funded by this grant, what is going to happen to the participants previously served by these funds?
 - Finally, the Commission is interested in your feedback regarding overall experience, including comments regarding the way grantee commission business was conducted (please include at least one idea on how we might improve our process).

Quarterly Budget and Expense Report (QBER) Instructions

This quarterly report is due per the timeline in the grantee agreement. Please submit electronically (via email) to the Commission Executive Director and Commission Assistant by the deadline. Program need not submit hardcopy of this report. (The first three items below are located in the "header" & will show with printed document. The remaining items are as per submitted/approved Budget.)

1. Grantee Name: Name of Agreement Entity
2. Project Name: Name of the approved Project on Agreement.
3. Fiscal Year: Fiscal Year 20__ - 20__ .
4. Budget Items: All Expenditures must have supporting documentation for each Line Item on the Quarterly Budget and be reported individually on the Expense Report as follows:
 - 1) **Period Ending** will have the amount expended each quarter.
 - 2) **Expenses to Date** will have the amount of the total YTD expenses – this cell is formulated to total the expense cells in each line item row.
 - 3) **Budget Amount** will have the approved budget amount.
 - 4) **Other/Matching Contribution** will have the amount that is "Matched" by another contributor.
 - 5) **Amount Remaining** is formulated to total the budget minus the expenses plus any other matching contributions for the amount remaining to date.
Negative balances are rectified per this manual.

PERSONNEL/ ADMINISTRATIVE EXPENSES:

List of all Position titles of employees budgeted.

OPERATING/PROGRAM EXPENSES:

List of Operating Expenses budgeted, itemized by line item.

INDIRECT EXPENSES:

List of the Indirect Costs budgeted. This amount is calculated as a percentage of personnel costs, *including* benefits. The indirect expense, for the period, cannot exceed 15% of personnel costs billed during that period or if government entity, approved calculated indirect (*see definition on page 3 of this handbook*). Any adjustments made to Personnel will affect this calculation and indirect cost line item will need to be adjusted accordingly.

Inventory Report Instructions

Submit this document (electronically only) after the end of each fiscal year and then a final inventory report is required with the Final Narrative Report at project end.

1. Description: List and describe equipment/items over \$3,500.00 in value. Include manufacturer's name, make, serial number and/or model. List any computer hardware, regardless of cost (reminder: all computer hardware must meet evaluation guidelines). *Attach this report to your Final Narrative at project end.*
2. Life Expectancy: Estimated length of time that the equipment/item will be usable.
3. Quantity: Number of units.
4. Date Received: Date item received/delivered.
5. Grantee Name: Name of contract agreement entity
6. Project Name: Name of the approved project on the contract agreement.
7. FY: Funding Year / Grant Year
8. Staff Submitting Report: Enter name of person submitting form (no signature required).
9. Date: Date form is completed

Budget (Request & Revision) Form Instructions

1. Agency Name: Name of contract agreement entity
2. Budget Action: **Request Date:** Date of execution of the approved Agreement to the date of the end of Agreement.
(Ex: 7/1/08-6/30/09)
Revisions: Date the Budget Revision is proposed to take effect with period of agreement affected.
Other: Date Submitted – enter date document submitted to First 5 Tehama.
3. Prime/Subcontractor: Check appropriate budget box - enter subcontract info if applicable.
4. Revenue/Budget: Approved or Proposed Budget and Revenue will be entered by the Commission Office.
5. Budget Items: This form is included in the proposal process – ongoing projects will submit a new budget each fiscal year.

*Submit (via e-mail with hardcopy to First 5 Tehama) the Budget Request & Revision Form, and the Budget Narrative & Revision Form with proposed changes in **RED** for all of the Budget Items that follow:*

Personnel/Administrative Expenses: List of all Position titles of employees budgeted, total salary, along with FTE amount being funded by First 5 Tehama. The First 5 Tehama amount will automatically formulate with this info entered in the appropriate areas. If your program has matching or other funds available enter that amount also. Benefits percentage will automatically cipher benefit totals. Totals will automatically enter.

Operating/Program Expenses: List of all operating expenses budgeted (enter any matching funds). Totals will automatically enter.

Capital Expenditures: If required and approved for this project – Capital Expenditures will have been discussed prior to requesting funds for this expenditure. Itemized and identify items requested. Competitive bids may be requested by First 5 Tehama prior to contract approval.

Indirect Expenses: List of the Indirect Costs budgeted. This amount is calculated as a percentage of personnel costs, *including* benefits. The indirect expense, for the period, cannot exceed 15% of personnel costs billed during that period or if government entity, approved calculated indirect (*see definition on page 3 of this handbook*). Any adjustments made

to Personnel will affect this calculation and indirect cost line item will need to be adjusted accordingly.

In-Kind: Identify any in-kind support that is available to the project and list in space provided. This support is not part of the identified matching funds listed in budget.

Matching or Other Funds: Break out how matching/other funds that are listed in budget – listing funding source and what is funded along with amount of funds.

Budget Narrative & Revision Form Instructions
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- | | | |
|----|--------------------------|---|
| 1. | Budget Line Item: | Budget item from the original contract agreement. This form is used for when submitting the initial Budget and when submitting revisions/additions to the Budget. List each budget line item within each category (each staff position as is detailed in budget). |
| 2. | Justification Narrative: | A detailed Budget Narrative & Revision Form explaining each budget line item. This form must accompany the Budget (Request & Revision) Form – as applicable (i.e.: each position will have a brief detail of the duties and amount of salary; rent defined cost of total square footage per staff; brief description office and direct services supplies; professional/contractual services defined; etc). Requested changes are made in RED and resubmitted, when need, at the quarter. |
| 3. | Grantee Name: | Name of Agreement Entity |
| 4. | Project Name: | Name of the approved Project on Agreement. |
| 5. | FY: | Fiscal Year – i.e. grant year |
| 6. | Staff Submitting Report: | Enter name of staff person submitting document (no signature required for this document) |
| 7. | Title: | Title of staff person submitting document |
| 8. | Date: | Date of report/request |

Project & Fiscal Forms

Contact Information Form	Please enter information in space provided below:
Entity Name	
Project Name	
1. Ultimate Authority:	
Name & Title	
Address	
City, State Zip Code	
Phone	
Fax	
Email address	
2. Fiscal Authority:	
Name & Title	
Address	
City, State Zip Code	
Phone	
Fax	
Email address	
3. Service Level Decision Maker:	
Name & Title	
Address	
City, State Zip Code	
Phone	
Fax	
Email address	
4. Additional Project Contacts:	<i>*Add to Email Distribution List?</i>
Name & Title	
Phone	
Fax	
Email address	
Name & Title	
Phone	
Fax	
Email address	

The following text is the format recommended for all Agencies funded by First 5 Tehama to use as their Employee Confidentiality Agreement on their entity letterhead:

EMPLOYEE CONFIDENTIALITY AGREEMENT

RESPONSIBILITIES:

During the performance of your assigned duties related to the County Commission Funded Program, you may have access to confidential Participant information and records required for effective coordination and delivery of services to children, youth, and families. All confidential discussions, deliberations, records, and information generated or maintained in connection with these activities shall be disclosed only to authorized persons who have the authority to access confidential Participant information or records. An authorized person is defined as any person who is given authority to access Participant information in PEDS through the County Commission's confidentiality protocol. This includes information obtained and conveyed through all media – verbally, in writing, by fax, phone or email, or through the PEDS database.

LIABILITIES:

Unauthorized release of confidential information to a third party may expose you to personal civil penalties under the provisions of Welfare and Institutions Code, Section 5330; criminal action under Welfare and Institutions Code, Section 10850; and potential fine under Title 42, Code of Federal Regulations, Part 2.

Discussion of, or release of, information or records concerning a Participant receiving Commission funded services to any unauthorized person may be grounds for disciplinary action.

ACKNOWLEDGEMENT:

I acknowledge responsibility not to divulge any confidential information or records concerning Participants of Commission funded services without proper written authorization.

I received a copy of my employer's confidentiality policy and procedures, and instruction on the statements about responsibilities and liabilities outlined in this Agreement.

I understand that I will receive a signed copy of this Agreement, and that the signed original will be placed in my personnel file.

Signed this _____ day of _____, 20____.

Signature: _____ Print Name: _____
(Grantee Employee)

Title: _____

Commission Program Name: _____

Organization: _____

Received by: _____ Title: _____
(Employee Supervisor or Designee)



Report Summary & Exception Sheet

Grantee _____ Quarterly Report Period _____
 Project _____ Report Date _____

YES **NO**

Scope of Work Status (not captured on Achievement Milestones): Include First 5 numbered objective and service area.
 (Summary & Exception Sheet) - *List any concerns and/or anticipated challenges and how you are working to resolve them.*

Budget (Enclose Budget & Expense Reports along with applicable Invoice)

Do you have any concerns or foresee any issues arising related to your program budget?

IF YES: List any budgetary concerns and/or anticipated challenges and how you are working to resolve them.

<u>Challenges</u>		<u>Solutions</u>
•	•	

Program Administration

Are there any issues regarding the administration of your program that require First Five Tehama's attention?

IF YES: List any current administration challenges and how you are working to resolve them.

<u>Challenges</u>		<u>Solutions</u>
•	•	

Evaluation Plan

Are you experiencing any challenges with the implementation of your evaluation plan?

IF YES: List any current evaluation report challenges and how you are working to resolve them.

<u>Challenges</u>		<u>Solutions</u>
•	•	

Name of person completing report (Coordinator): _____

Submit report quarterly to: **First 5 Tehama** via email rmeadows-f5t@sbcglobal.net and densnider@sbcglobal.net

SCOPE OF WORK (Exhibit I)

(Make any requested changes to SOW in **RED** and resubmit)

Client/Project Outcomes State your client/project outcome and responsible staff or community partner . For each outcome, note which First 5 Tehama Strategic Plan Objective and Service Area it matches, see Strategic Plan pgs. 6-8.	Project Strategies List specific action steps (activities) to reach the outcome.	Timeline Include start and targeted finish date		Type of Measurement Identify how activity is measured -by Units, % or if Achieved / Not Achieved	Quality of Service How many units: products, services/ deliverables, hours, clients/people, and/or contacts per activity? Include start & target quantities		Evaluation Tools/Methods Identify method used to determine if project strategies are met.
		Start Date	Finish Date		Start Quantity	Target Quantity	
1. Example Increase availability of quality evening child care for working parents. Responsible staff – Executive Director. (SP: 2.2)	a. Determine level of need – parent survey. b. Provide marketing support and connections for child care provider. c. Track number of providers who have extended hours	a. 10/08 b. 11/08 c. 1/09	a. 10/08 b. 1/09 c. 1/10		a. 0 b. 0 c. 2	a. 35 b. 50 c. 10	a. completed parent survey b. marketing flier; documented match of parent to evening care provider c. proof of extended hours
1.							
2.							



P.O. Box 8580 (1135 Lincoln Street)
 Red Bluff, CA 96080
 Ph.: (530) 528-1395 • FAX: (530) 528-1396
 Email: densnider@sbcglobal.net
 Web Address: www.ccfca.gov/tehama

“Making a positive difference in the lives of young children”

FINAL NARRATIVE REPORT

Due: _____

GRANTEE:	
Grant Coordinator:	
Funding Year(s):	
Project Description:	

INSTRUCTIONS: Answer questions and attach completed Inventory Report.

1. Discuss whether you will be continuing the services or activities funded by this grant? If they are to be continued, how will they be funded and at what level? Describe continuity of services during the transition process.
2. If not going to be continuing the services or activities funded by this grant, what is going to happen to the participants previously served by these funds? Describe transition process.
3. Describe your commitment to the System of Care for Children 0 – 5 or attach the MOU.
4. Attach most recent Commission Project Update Report and completed Inventory Report to Final Narrative Report as per Inventory Report Instructions.
5. Attach a copy of most recent Project Report Update as presented to the Commission.
6. Finally, the Commission is interested in your feedback regarding overall experience, including comments regarding the way grantee commission business was conducted (please include at least one idea on how we might improve our process).

C:/contracts/Forms/Final Narrative Report temp

For office use only: Attach MOU for disposition of assets – refer to policy for fixed or capital assets and capital improvements.

The following text is the format recommended for all Agencies who provide intensive services and are funded by First 5 Tehama for use as a Client Consent Form using entity letterhead:

CLIENT CONSENT FOR PARTICIPATION FORM

I understand that **First 5 Tehama** has entered into a Standard Agreement with **Entity XX** and that the services provided under that Agreement may include the care I receive from **Entity XX**.

The Children and Families Act of 1998 in the Health and Safety Code Section 130140.1 (e) provides:

(1) Individually identifiable physical or mental health information, substance abuse information, child care or education information, personnel or employment information, financial information, criminal justice information, or demographic information, regarding a child or child's parent, legal guardian, or other family member, that is provided to county commission by parent, legal guardian, family member, health care provider, health plan, public health authority, school, law enforcement entity, social services agency, probation agency or any other source, shall be considered confidential, and may be disclosed only to person, agency or entity that receives funding from the county commission, by way of a grant award or contract or as a service provider for the provision of early childhood services, and only to the extent necessary to the provision of services, unless further disclosure is authorized by a written consent of the parent or legal guardian, or where disclosure is authorized by a written consent of the parent or legal guardian, or where disclosure is required by state or federal law.

(2) Confidential information identified in accordance with this section shall not be subject to disclosure under the California Public Records Act (Chapter 3.5 - commencing with Section 6250 of Division 7 of Title 1 of Government Code).

Any violation of The Confidentiality Policy that involves Clients confidentiality information and records may be grounds for contract termination and may expose the violator to civic or criminal penalties. **I understand that all services provided will remain confidential, and in the situations where confidentially cannot be honored, I have been informed of those situations.**

I agree to participate in services funded by the First 5 Tehama.

Client Signature

Date

The following text is the format recommended for all Agencies who provide intensive services and are funded by First 5 Tehama for use as a Client Consent Form using entity letterhead:

FORMULARIO DE CONSENTIMIENTO PARA PARTICIPACION DEL CLIENTE

Entiendo que **Los Primeros 5 de Tehama** ha entrado en un Acuerdo Estándar con la **Entidad XX** y que los servicios administrados bajo ese Acuerdo pueden incluir el cuidado que yo reciba de la **Entidad XX**.

Poliza de Confidencial

La Sección 130140.1 (e) del Código de Salud y Seguridad del Acta de Niños y Familias de 1998 menciona:

(1) Información de salud mental o física individual identificable, información de abuso de drogas, información de educación o cuidado de niños, o información demográfica respecto a un niño o padres del niño, guardián legal, u otro miembro de la familia, que es suministrada a la comisión del condado por los padres, guardián legal, miembro de la familia, proveedor del cuidado de la salud, plan de salud, autoridad de salud pública, escuela, agencia encargada de imponer el cumplimiento de la ley, agencia de servicios sociales, agencia de libertad condicional o cualquier otra fuente, deberá ser considerada confidencial, y podrá ser revelada sólo a la persona, agencia o entidad que reciba ingresos de la comisión del condado, por concesión de subsidios, o contacto, o como un proveedor de servicios para prestar servicios en la temprana edad, y sólo en lo que sea necesario para la prestación de servicios, a menos que más información sea autorizada por un consentimiento escrito del padre o guardián legal, o donde la información sea autorizada por un consentimiento escrito del padre o guardián legal, o donde sea requerida información por ley federal o estatal.

(2) La información confidencial identificada de acuerdo con esta sección no debe estar sujeta a divulgación bajo el Acta de Registros Públicos de California (Capítulo 3.5 - comenzando con Sección 6250 de la División 7 del Título 1 del Código de Gobierno).

Cualquier violación a La Poliza de Confidencial que envuelva información confidencial de Clientes y documentos será motivo para terminar el contrato, y el violador será expuesto a sanciones cívicas o criminales. Entiendo que todos los servicios prestados permanecerán en forma confidencial, y he sido informado de las situaciones donde la confidencialidad no pueda ser cumplida.

Estoy de acuerdo en participar en los servicios financiados por Los Primeros 5 de Tehama.

Firma del Cliente

Fecha



P.O. Box 8580 (1135 Lincoln Street) Red Bluff, CA 96080
Ph.: (530) 528-1395 • FAX: (530) 528-1396
Email: densnider@sbcglobal.net
Web Address: www.first5tehama.com

“Making a positive difference in the lives of young children”

Photograph Release

I hereby grant permission to the **First 5 Tehama** County Children and Families Commission and/or First 5 California and the First 5 Statewide Evaluation to use my child’s photograph in any official **First 5 Tehama** County Children and Families Commission and/or First 5 California and First 5 Statewide Evaluation publications, displays, and websites, without further consideration, and acknowledge the right of the **First 5 Tehama** County Children and Families Commission and/or First 5 California and the First 5 Statewide Evaluation to crop or adjust the photograph at its discretion. I understand that neither I nor my child/children will be paid for such photographs, and I agree not to make any claims against the **First 5 Tehama** County Children and Families Commission or First 5 California and the First 5 Statewide Evaluation relating to or arising out of the taking of such photographs or any use of such photographs by the **First 5 Tehama** County Children and Families Commission and/or First 5 California and the First 5 Statewide Evaluation. I also understand my child’s name will not be used with the photograph or in any publications.

I agree to indemnify and hold harmless from any claims the following:

- **First 5 Tehama** County Children and Families Commission
- First 5 California
- First 5 California Statewide Evaluation
- All employees within the **First 5 Tehama** County Children and Families Commission, First 5 California, and the First 5 California Statewide Evaluation

Name(s) of Child(ren): _____
(Use Other Side of this Form if Needed)

Name of Parent/Guardian: _____

Date: _____

Address: _____

Phone: _____

Signature: _____



Autorización para el uso de fotografías

Por la presente, autorizo a Primeros 5 Condado de Orange y/o Primeros 5 California y a La Evaluación de Primeros 5 California para usar las fotos de mi hijo/hija en cualquier publicación sin más autorización, y reconozco que Primeros 5 Condado de Tehama y/o Primeros 5 California y La Evaluación de Primeros 5 California tienen el derecho de cortar y ajustar dichas fotos a su discreción. Entiendo que no se pagará ni a mí ni a mis hijos por el uso de las fotos, y afirmo que no abriré ningún proceso contra Primeros 5 Condado de Tehama o Primeros 5 California y a La Evaluación de Primeros 5 California en relación a o en consecuencia de la toma de dicha fotografía o cualquier uso de estas fotos por Primeros 5 Condado Tehama, Primeros 5 California, o La Evaluación de Primeros 5 California. También entiendo que el nombre de mi hijo/hija no será usado con la foto o en publicación alguna.

Acepto indemnizar y considerer libre de reclamo alguno a los siguientes:

- Primario 5 Condado de Tehama
- Primeros 5 California
- La Evaluación de Primeros California
- Empleados de Primeros 5 Condado de Tehama, Primeros 5 California, y La Evaluación de Primeros California

Nombre(s) del niño:

Nombre del padre, madre or tutor legal:

Fecha:

Dirección:

Firma:

FUNDING MATRIX

Grantee Name:								
Project Name:								
Name of Person Submitting Report:						Date		
Name & Position & FTE of First 5 Tehama Funded Employees	Funding Source with percentage of Allocation*							Total
	First 5 Tehama	Name of Funding Source	Name of Funding Source	Name of Funding Source	Name of Funding Source	Name of Funding Source	Name of Funding Source	
<i>Suzie Que (1 FTE) Manager</i>	25%	25%	25%	25%				100%

*Name all sources of income that fund the employee’s total salary (but only list those employees that are working for a First 5 Tehama project) – the example above shows that 10% of the 1 FTE is supported by First 5 Tehama and the remaining percentages are broken out over several funding sources. The percentages are to total 100% regardless if the employee is .5 FTE or 1 FTE. *Example: Suzie Que is a First 5 Tehama program employee and she is currently 1 FTE. Funding for his position is split equally between four funding sources (be sure to include the name of the funding source); therefore 25% of each of the funding sources is paying for 1 FTE – a total of 100% of the budgeted funds for her salary is accounted for.*