

2017-18 SAMPLE Contract and Budget

between

Children's Services Council of Martin County

and

Today's Child Inc.

Today's Child Program

Council Approved Version – November 14, 2016

I. PURPOSE

The Children's Services Council of Martin County, hereinafter referred to as CSCMC, and Today's Child, Inc. Martin County, Inc., hereinafter referred to as Provider, enter into this mutual Contract, including all its Attachments referred to herein for the period commencing **July 1, 2016**, and extending through **June 30, 2017**. *(Contract terms specific to each program.)*

II. STAFF

The Provider agrees to employ staff, at its expense, to execute services provided in accordance with this Contract. Such individuals shall not be considered employees of CSCMC and are subject to the supervision, personnel practices, and policies of the Provider. Unless otherwise approved by CSCMC, all staff shall meet qualifications, as stated in the submitted CSCMC Application for Funding and job descriptions, and any approved revisions.

III. SERVICES

1. The Provider agrees to deliver services to accomplish the performance measurement targets set forth in Attachment 2 (Performance Measurements), in accordance with recognized child welfare practices as determined by CSCMC, in the geographical service areas set forth in Attachment 3 (Geographical Service Area), and pursuant to Attachment 1 (General Conditions of the Contract), and any Special Conditions set forth in Section IX of this Contract.
2. All CSCMC-funded programs must participate in the fiscal and program components of the Services and Activities Management Information System (SAMIS).
3. Entry into this mutual Contract constitutes agreement by the Provider to follow the processes and procedures contained in the CSCMC Program and Funding Policies, and to provide services in the manner defined in the CSCMC Application for Funding and Supporting Documents submitted by the Provider.

IV. FUNDS

1. The budget for both CSCMC and other funds (if any) for accomplishing the above stated services are set forth in Attachment 4 (Budget). CSCMC agrees to reimburse up to **\$0.00** *(Funding Allocation specific to each program)* for actual costs incurred for services rendered pursuant to this Contract.
2. All grant allocations are payable from funds appropriated on an annual basis. Notwithstanding anything to the contrary in this Contract, the obligation of CSCMC to provide funding for any year is subject to annual budget and appropriation.

V. METHOD OF PAYMENT

1. CSCMC issues payment on a cost-reimbursement basis. Expenses incurred by the program that were included in the approved budget in SAMIS will be reimbursed. Requests for payment must be completed monthly and submitted by the 10th of each month, following the month of expenditure. Under normal circumstances, reimbursement requests submitted by the 10th of the month will be processed by the end of the month. Final reimbursement is made only after completion of fiscal review by CSCMC and submission of end-of-year program statistics to CSCMC. Failure to submit program statistics may result in forfeiture of any remaining program funds.

VI. TERMINATION

1. It is the intent of CSCMC to assure a consistent and orderly delivery of children's services. It is also the intent of CSCMC to terminate contracts in those situations where such action is essential for protection of its interest and the interest of children, as solely determined by CSCMC.
2. Except as provided in Subparagraphs 3 and 4 below, this Contract may be terminated by either party upon no less than 30-days notice to the other. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.
3. In the event that funds to finance this Contract become unavailable, CSCMC may terminate this Contract upon no less than 24 hours notice in writing to the Provider. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. CSCMC shall endeavor, whenever possible and consistent with its legal obligations and principles of prudent management, to provide 30-days notice for termination for lack of funds. CSCMC shall be the final authority as to the availability of funds and the extension of notice beyond the minimum time herein stated. Notwithstanding the foregoing, this Contract shall automatically terminate if CSCMC does not budget and appropriate sufficient funding to make grant payments for any given year.
4. In addition to the rights, as set forth in Paragraph 2 above, this Contract may be terminated by CSCMC for any breach by the Provider of the terms of this Contract, including all its Attachments, and the CSCMC Program and Funding Policies document, upon 24-hours written notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. CSCMC, at its discretion, may waive any breach by the Provider in writing, but such waiver shall not constitute a waiver of any future breaches, including breaches of the same type. Provided, however, CSCMC agrees to pay for all the Provider's services and expenses incurred pursuant to this agreement up to the date of termination.
5. The above provisions shall not limit CSCMC's right to legal remedies.

VII. LIABILITY

1. To the extent permitted by law, the Provider agrees to indemnify and hold harmless CSCMC from liability on account of any injuries, damages, omissions, commissions, actions, causes of actions, claims, suits, judgments, and damages accruing, including court costs and attorney's fees, as a result of services performed or not performed, or any negligent act by the Provider or any subcontractor used by the Provider that provides services paid for with CSCMC funds, or funding granted or not granted by CSCMC, or any action arising out of the operation of this Contract.
2. The Provider shall be responsible for providing general liability and other insurance coverages deemed reasonably necessary by CSCMC and at the levels shown in Attachment 1, General Condition 8 of this Contract. All insurance shall be maintained at all times during the existence of this Contract. Upon execution of this Contract, the Provider shall furnish CSCMC with a current Certificate of Insurance listing Children's Services Council of Martin County as the Certificate Holder and an Additional Insured with respect to General Liability, and shall contain a provision that such coverages afforded under the policies shall not have any material change or be cancelled or allowed to expire until at least 30 days prior written notice has been given to the Children's Services Council of Martin County.

VIII. COMMENCEMENT OF PAYMENT

Unless specifically authorized by CSCMC, payment for services rendered under this Contract shall not commence prior to its effective date, which is the date of Contract execution.

IX. SPECIAL CONDITIONS

The Attachments referenced in this Contract are hereby made a part of this Contract and incorporated herein and to the extent that any term in said Attachments conflicts with any term of this Contract, the terms of the Attachment shall control to the extent of such conflict.

The following conditions apply to the following CSCMC-funded program:

(Special Conditions specific to each funded program may be added here.)

**CHILDREN'S SERVICES COUNCIL
OF MARTIN COUNTY**

TODAY'S CHILD, INC.

Executive Director

Signature of Authorized Organization
Representative

Date

Print Name

Date

Signature of Agency Board of Directors'
Chair/President

Print Name

Date

ATTACHMENT 1
2017-18 GENERAL CONDITIONS OF THE CONTRACT

1. Supporting Documents

The Provider will submit the following Supporting Documents to CSCMC no later than with the submission of this signed to CSCMC:

- Current Certificate(s) of Insurance indicating that the Provider maintains all insurance coverages required by CSCMC and that lists Children's Services Council of Martin County as the Certificate Holder and as an Additional Insured with respect to General Liability. Refer to General Condition 8 (Insurance) for specific requirements.
- Subcontract agreements for the provision of any portion of services funded by CSCMC that are delivered by a third party and Certificate(s) of Insurance related to those Subcontractors. The agreements must be signed by all parties and must include effective dates that match the CSCMC Contract term. Refer to General Condition 8 (Insurance) and to General Condition 12 (Assignments and Subcontracts) for specific requirements.

2. Contract Components and Revisions

The Special Conditions of this CSCMC Contract, as well as the Attachments to this CSCMC Contract that include, but are not limited to, approved Performance Measurements, Geographical Service Areas, and Budget are a part of this CSCMC Contract. This Contract and its Attachments, as well as the Supporting Documents, constitute the contractual relationship between the Provider and CSCMC. No amendments to this Contract or its Attachments may be made without the prior written approval of CSCMC and the Provider.

3. Contract Waiver

CSCMC reserves the right to waive requirements of this CSCMC Contract and its Attachments when warranted.

4. Program and Fiscal Monitoring

All CSCMC-funded programs will be subject to a minimum of one administrative program monitoring visit, one program drop-in visit, and one fiscal monitoring. The Program and Fiscal monitoring timetables and procedures will be provided to organizations after CSCMC allocations are approved.

All CSCMC-funded programs may also be required to attend quarterly program performance review meetings. The Provider must give CSCMC access to program and administrative sites, staff, fiscal records, participant records, logs, and other requested information.

During the monitoring and review process, CSCMC Staff may identify areas of non-compliance. CSCMC may require a Corrective Action Plan that will be jointly developed by CSCMC and the Provider. The Corrective Action Plan allows the Provider the opportunity to address the identified areas of concern and take the steps required to meet the terms of the CSCMC Contract.

CSCMC will conduct an internal program performance review after the end of the contract term. Performance results are presented to Council, distributed to funded Providers, and posted to the CSCMC website.

5. **Mandatory Participations**

All CSCMC-funded organizations must incorporate Developmental Assets in their CSCMC-funded programs and sign provider agreement(s) with community resource and referral organizations. All CSCMC-funded organizations must also attend CSCMC Council meetings, when possible.

6. **CSCMC-Funded Staff Training Requirement**

The Provider's Direct Service staff working 40 hours in a CSCMC-funded program whose salary is funded by CSCMC, wholly or partially, must participate in a minimum of 30 hours per contract year of Continuing Education/Training specific to job competencies. The number of training hours required for the above-referenced staff employed less than 40 hours will be pro-rated based on a formula provided by CSCMC. Seasonal employees (employed during Winter, Spring, and Summer breaks only) are waived from this requirement.

7. **Background Screening**

The Provider acknowledges that persons involved with CSCMC-funded programs may be in a position of trust or responsibility serving the needs of the children of Martin County. CSCMC requires all Providers to perform Level 2 background screenings every two years for all staff funded by CSCMC who are in direct contact with children. All screenings are to be substantially consistent with the standards set forth in Florida Statute 435.04.

CSCMC additionally requires that the Provider subject to conducting Level 2 background screenings annually signs an affidavit, under penalty of perjury, to be presented at the Provider's program monitoring visit, or as otherwise requested by CSCMC. Such affidavit shall state that all staff funded by CSCMC who are in direct contact with children have been screened and passed; screened and not passed; or if such individuals are awaiting the results of the required background screenings. The Provider will notify CSCMC immediately upon receipt of the background screening results.

For each person who has failed screening, the Provider must submit in writing to CSCMC a statement indicating the following:

- The status of the person's involvement with the CSCMC-funded program
- If the person is pursuing an exemption in accordance with Florida Statute 435.07
- The Provider's proposed course of action as a result of the failed screen

In addition, it is Provider's responsibility to assure that all Subcontractors funded by CSCMC who are in direct contact with children have been background screened in accordance with all state and federal laws, rules and regulations prior to the commencement of work by the Subcontractor.

CSCMC reserves the right of final approval on continued or new employment for any position funded directly by CSCMC or working within a CSCMC-funded program that involves an exemption. CSCMC may withhold or terminate funding for any position, or for the program in part or in its entirety, in the event the Provider retains any person who fails a Level 2 background screening or obtains an exemption to such screening without approval of CSCMC.

8. Insurance

Prior to commencing any services under this CSCMC Contract, the Provider shall provide to CSCMC certificate(s) evidencing insurance coverage as required hereunder. All insurance policies shall be issued by companies authorized to do business under the laws of the State of Florida. The certificate(s) shall clearly indicate that the Provider has obtained insurance of the type, amount, and classification as required for strict compliance with this provision and that no material change, failure to renew or cancellation of the insurance shall be effective without thirty (30) days prior written notice to CSCMC. Compliance with this provision shall not relieve the Provider of its liabilities and obligations under this CSCMC Contract. **It is the responsibility of the Provider to submit renewals of the respective Certificates of Insurance to CSCMC on or before the expiration of insurance policies.**

- The Provider shall maintain, during the life of this CSCMC Contract, Commercial General Liability Insurance, including Contractual Liability Insurance in the minimum amount of \$500,000 per occurrence to protect the Provider from claims for damages for bodily and personal injury, including wrongful death, as well as from claims of property damages, that may arise from any operations under this CSCMC Contract, whether such operations be by the Provider or by anyone directly or indirectly employed by or contracting with the Provider. A notation indicating Contractual Liability must be specified on the Certificate of Insurance provided to CSCMC.
- If the Provider (its Employees and/or Subcontractors) uses a motor vehicle owned or leased by the Provider in the provision of services pursuant to this CSCMC Contract, then the Provider shall maintain during the life of this CSCMC Contract, Comprehensive Automobile Liability Insurance in the minimum amount of \$300,000 combined single limit for bodily injury and property damages liability to protect the Provider from claims for damages for bodily and personal injury, including death, as well as from claims for property damage, whether such operations are by the Provider or by anyone directly or indirectly employed by or contracting with the Provider.
- The Provider shall carry Workers' Compensation Insurance (including Employer's Liability Insurance) for all employees as required by Florida Statutes. In the event the Provider does not carry Workers' Compensation Insurance and chooses not to obtain same, then the Provider shall in accordance with Section 440.05, Fla. Stat., apply for and obtain an exemption authorized by the Department of Insurance and shall provide a copy of such exemption to CSCMC.
- If the Provider utilizes licensed professionals in the provision of services pursuant to this CSCMC Contract then the Provider shall maintain, during the life of this CSCMC Contract, Professional Liability Insurance in the minimum amount of \$500,000 per occurrence to protect the Provider from claims, that may arise from any operations under this CSCMC Contract, whether such operations are by the Provider or by anyone directly employed by or contracting with the Provider.
- The Provider is also required to maintain any other insurance coverage deemed reasonably necessary by CSCMC by the nature of the services to be provided by the Provider during the life of this CSCMC Contract. The Provider shall furnish CSCMC with a current Certificate of Insurance listing Children's Services Council of Martin County as the Certificate Holder and an Additional Insured with respect to General Liability.
- If the Provider enters into a subcontract for the provision of services of any portion of services funded by CSCMC, the Provider shall furnish CSCMC a copy of Subcontractor's Certificate(s) of Insurance listing the Provider as a Certificate Holder and listing the Provider and Children's Services Council of Martin County as an Additional Insured with respect to General Liability. If a subcontractor does not have General Liability Insurance, the Provider's insurance certificate furnished to CSCMC shall include a notation that the subcontractor is provided coverage under the Provider's General Liability Insurance policy. Copies of the Certificate(s) of Insurance must be furnished to CSCMC prior to the commencement of work by the Subcontractor.

9. Diversification of Funding

CSCMC expects organizations to engage in fiscal capacity building by seeking funds to support their programs. Providers receiving CSCMC funding are expected to diversify their sources of revenue, so as to not be solely reliant upon funding from CSCMC.

10. Nondiscrimination Policy

The Provider agrees that it does not discriminate against any person on the grounds of race, color, gender, disability, national origin, ancestry, age, religion, marital status, sexual orientation, veteran's status, familial status, gender identity or expression, or political belief in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff; provision of benefits; selection of volunteers, vendors or subcontractors; or admission to, participation in, or receipt of the services and benefits of any of its CSCMC-funded programs and activities. The Provider also agrees to maintain reasonable access for persons with disabilities. These conditions apply whether the services and benefits are carried out by the Provider directly or through a CSCMC-funded Subcontractor. CSCMC and its funded programs may designate services for specific target populations, based on identified community needs, per the current CSCMC Strategic Plan.

11. Confidential Information

Recipient of Service Confidentiality

The Provider shall not use or disclose any information that specifically identifies a recipient of services under this CSCMC Contract and its Attachments, and for any purpose not in conformity with federal, state, or local law and related regulations, except upon written consent of the recipient, his responsible agent, or guardian where authorized by law.

CSCMC Staff Access to Confidential Records

The Provider agrees that all program records and supporting documentation shall be subject at all times to inspection and review by CSCMC staff or its duly authorized agent. If the information to be inspected and reviewed requires written consent of recipients of program services, it shall be the responsibility of the Provider to obtain any consent necessary.

12. Assignments and Subcontracts

The Provider shall not assign the responsibility of this CSCMC Contract to another party or subcontract for any of the services provided under this CSCMC Contract without prior written approval of CSCMC. No approval by CSCMC of any assignment or subcontract shall be deemed an obligation by CSCMC to provide funds in addition to the total dollar amount stated in this CSCMC Contract.

If the Provider enters into a subcontract for the provision of any portion of services funded by CSCMC, the Provider must provide a copy of that subcontract to CSCMC with the signed CSCMC Contract and/or to the CSCMC Manager of Program Services or other designated CSCMC staff member if the subcontract is executed during the contract year.

All such assignments or subcontracts shall be subject to the conditions of this CSCMC Contract and its Attachments. The Provider must have a monitoring and evaluation process in place in order to determine that the Subcontractors are in compliance with their subcontracts. A summary report must be provided to CSCMC at mid and end of year.

13. Requirements Non-Compliance

Reimbursements and Advance Funds may be withheld until all outstanding CSCMC requirements, for all contract years, have been satisfied. Contract issuance and/or execution may be withheld until all outstanding CSCMC requirements for that contract year have been satisfied.

14. Notification Policies

Events or Circumstances

The Provider will inform CSCMC's Executive Director and/or Public Education Coordinator, as soon as feasible, of any events or circumstances that have the potential to negatively impact the public's understanding and perception of the mission of Children's Services Council of Martin County and/or the potential to jeopardize the Provider's capability to meet its obligations under the terms of the CSCMC Contract, including but not limited to any legal actions being filed against the Provider or its Subcontractors that provide services funded by CSCMC.

Staff Vacancies or Changes

CSCMC must be notified, in writing immediately, when a CSCMC-funded staff position becomes vacant or a key position such as Executive Director, Program Manager, Finance Director, SAMIS Data Specialist, SAMIS Fiscal Specialist, or equivalent position becomes vacant, whether or not that key position is funded by CSCMC. CSCMC should also be notified of any change in the number of hours worked (i.e. full time to part time or part time to full time) for the aforesaid positions. Written notice should include the date of termination or change in hours worked, information regarding the effect on service delivery, and plans for filling the position. All notifications should be addressed to the CSCMC Manager of Program Services or other designated CSCMC staff member, and to the designated CSCMC Executive Assistant.

Name Changes

CSCMC must be notified, in writing immediately, of any change in the legal name of the CSCMC-funded organization or program name.

All notifications should be addressed to the CSCMC Manager of Program Services or other designated CSCMC staff member, and to the designated CSCMC Executive Assistant.

15. Records Retention Policies

The Provider agrees to maintain books, records, and documents in accordance with generally accepted accounting procedures and practices, that accurately and appropriately reflect all expenditures of funds listed in the budget approved by CSCMC.

The Provider agrees that all fiscal and program records, supporting documentation, and any other documents pertinent to this CSCMC Contract shall be subject at all times to inspection, review, or audit by CSCMC staff or its duly authorized agent.

The Provider agrees to maintain data related to services provided under this CSCMC Contract in a timely, accurate, and complete manner. Final reimbursement is made only after completion of fiscal review by CSCMC and submission of program data to CSCMC that is required at the end of this contract term. Failure to submit program statistics may result in forfeiture of any remaining program funds.

The Provider agrees to retain all fiscal and program records, supporting documentation, and any other documents pertinent to this CSCMC Contract for a period of five years after termination of this CSCMC Contract. If an audit has been initiated and audit findings have not been resolved at the end of six years, all records shall be retained until resolution of audit findings.

16. **Community Outreach**

The Provider agrees to participate in, and facilitate, public education about the benefits of CSCMC through the methods outlined in the requirements specified below in this CSCMC Contract.

The Provider will submit to CSCMC, without charge, copies of all publications, newsletters, advertisements, press releases and other outreach materials that include the CSCMC logo or acknowledgment of funding.

Community Outreach Requirements

- The CSCMC logo below the words “Proudly Supported By” will be prominently displayed on all Provider outreach sources, including:
 - Stationery, brochures, flyers, posters, signs and banners, etc. describing or referring to a program or services funded by CSCMC
 - Provider’s website (including a hyperlink)
 - Organizational newsletters and annual reports (electronic and printed)
- A CSCMC decal (provided without charge by CSCMC) will be displayed on the front door or window of all funded program sites and administrative offices. A CSCMC banner (provided without charge by CSCMC) will be displayed at all CSCMC-funded program sites.
- All press releases and submitted news articles regarding CSCMC-funded or subcontracted programs will include the acknowledgment of CSCMC funding.

17. **SERVICES AND ACTIVITIES MANAGEMENT INFORMATION SYSTEM (SAMIS)**

All CSCMC-funded programs must participate in the fiscal and program components of the Services and Activities Management Information System (SAMIS). SAMIS is a web-based computer application into which CSCMC-funded Providers enter fiscal and program information.

SAMIS Budgets

Following the Council's approval of funding allocations, the Provider must submit a budget in SAMIS that reflects the limits of the allocation. This budget must be submitted and approved in SAMIS by a due date specified by CSCMC. All budgets are subject to CSCMC staff approval, and upon approval, the budget will become part of this CSCMC Contract.

SAMIS Fiscal Training

SAMIS Fiscal training to the Provider’s staff will be available upon request.

SAMIS Program Data

The Provider agrees to maintain data related to services provided under this CSCMC Contract in a timely, accurate, and complete manner.

Program-related data for a given quarter must be updated in SAMIS by the last business day of each quarter for twelve-month contracts. CSCMC Contracts with terms that are less than twelve months will be given a schedule by CSCMC that is specific to that contract.

SAMIS Program Training

SAMIS Program training is required for all Provider’s staff who are new to entering program data into the system.

18. **Audit**

Audit Policy

Within 180 days of the close of its fiscal year (due date), the Provider agrees to submit to CSCMC an independent audit of the financial statements of the entity in its entirety and any accompanying management letter(s). The audit must be performed by a firm licensed to perform audits in the State of Florida and conducted in accordance with generally accepted auditing standards and standards established by the American Institute of Certified Public Accounts (AICPA). The audit will separately identify CSCMC revenues, fees, donations, and expenditures by program.

If the Provider does not comply with the audit requirement, it is considered out of compliance and is not eligible for CSCMC funds for the next funding cycle. A financial penalty equal to 5% of the monthly reimbursement request may be imposed for late submission. If an audit is not provided to CSCMC within 60 days of the due date, the existing Contract between CSCMC and the Provider may be terminated.

Audit Exceptions

Programs funded by CSCMC for \$25,000 or less will be exempt from the audit requirement. A Provider with a TOTAL AGENCY BUDGET of less than \$150,000 may request Council's approval of a fiscal review in lieu of an audit. The request must be made no later than with the submission of a CSCMC Application for Funding and/or Supporting Documents and should be in writing from the Provider's Executive Director (or equivalent position) and addressed to CSCMC's Executive Director. Approval is at the discretion of CSCMC's Executive Director.

Audit Extension

An audit extension request may be filed if the Provider cannot comply with the time frame listed above. The request should be in writing from the Provider's auditor and addressed to CSCMC's Executive Director. The request must contain the reason for the delay and an estimated date of completion. Approval is at the discretion of CSCMC's Executive Director.

19. **Redirection of Resources**

Prior approval by CSCMC is needed for redirecting funds within a line item to cover expenses for different items than were approved by CSCMC in the original budget submission. A request for approval should be submitted in writing to CSCMC's assigned contract manager.

If a line item in the Total Program Budget approved by CSCMC has \$0.00, CSCMC funds may not be redirected to that line item in the current contract term.

20. **Return of Funds**

The Provider agrees to return to CSCMC any overpayment due to unearned funds or funds disallowed pursuant to the terms of this CSCMC Contract that were disbursed to the Provider by CSCMC. Such funds shall be considered CSCMC funds and shall be refunded to CSCMC in accordance with its instructions.

21. **Reporting Other Sources of Funds**

The Provider will report all sources of funds related to the CSCMC-funded program, that were not originally included in SAMIS during the annual funding process. The Provider will also report sources of funds that were budgeted during the annual funding process but were not received.

This information shall be reported to the CSCMC assigned contract manager at the program monitoring visit. The Provider must also be prepared to furnish an explanation of how such additional funds will be used. A full copy of requests or applications for other sources of funds will be provided upon request by CSCMC.

22. Pre-Allocation Expenses

CSCMC will not be liable for any costs incurred by Applicants related to the preparation and submittal of a CSCMC Application for Funding or Business Plan, nor will it fund any pre-allocation expenses (e.g. copy costs).

23. Supplanting

CSCMC funding to any organization shall not have the effect of supplanting (replacing) funding from an existing source, either in anticipation of or as a consequence of funding from CSCMC, without prior approval of the Council.

24. Advance Funds

Requests for advance funds for operating expenses must be submitted by the Provider's Executive Director or equivalent position, via a letter addressed to CSCMC's Executive Director, at the time of this CSCMC Contract's execution. The request letter must clearly state the need and financial status of the Provider. Upon approval of this request by CSCMC, the minimum repayment amount to CSCMC for twelve-month contracts is 1/12 of the total advance fund allocation to be entered in SAMIS by the Provider as a deduction from each monthly reimbursement request, for the term of this CSCMC Contract. CSCMC Contracts with terms that are less than twelve months will be given a repayment schedule by CSCMC that is specific to this Contract.

25. Quality Assurance/Quality Improvement

Providers are required to submit an updated Quality Assurance/Quality Improvement Plan to CSCMC, by a date specified by CSCMC, for each contract year.

26. Federal, State and Local Requirements

In delivery of the services provided in accordance with this CSCMC Contract and its Attachments, as well as the Supporting Documents, it is the Provider's responsibility to assure that all applicable federal, state and local requirements are met, including but not limited to compliance with licensing requirements, health/safety codes, and zoning codes.

27. Emergency Operations Plan

Upon request by CSCMC, funded Providers will show evidence of its Emergency Operations Plan describing how the organization prepares, responds, and recovers from natural and man-made disasters.

28. CSCMC Fiscal Year-End Requirements

In preparation for CSCMC's annual Audit for its fiscal year ending September 30, all reimbursement requests for expenses through the month of September must be received by CSCMC no later than **October 15** of the same CSCMC fiscal year. If this submission due date falls on a holiday or weekend, the following business day will apply.

If this due date cannot be met, CSCMC's Executive Director must be notified in writing no later than October 15 of the same CSCMC fiscal year of any outstanding, unreimbursed expenses. Failure to notify CSCMC by this due date will result in denial of reimbursement for these expenses.

29. Public Records Law Compliance

CSCMC is a public agency in Florida and as such, Provider's records pertaining to this CSCMC Contract are subject to the Public Records Laws of Florida (Florida Statutes, Chapter 119). Provider is required to, and does hereby agree to, comply with all applicable public records laws, including, without limitation:

- Provider will keep and maintain public records required by CSCMC to perform the services pursuant to Section III. SERVICES of this CSCMC Contract.
- Upon request from CSCMC's custodian of public records, Provider will provide CSCMC with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Florida Statutes Chapter 119 or as otherwise provided by law.
- Provider will ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of this CSCMC Contract term and following completion of this CSCMC Contract if Provider does not transfer the records to CSCMC.
- Upon completion of this CSCMC Contract, Provider will transfer, at no cost, to CSCMC all public records in possession of Provider or keep and maintain public records required by CSCMC to perform the services pursuant to Section III. SERVICES of this CSCMC Contract. If provider transfers all public records to CSCMC upon completion of this CSCMC Contract, Provider shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Provider keeps and maintains public records upon completion of this CSCMC Contract, Provider shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to CSCMC, upon request from CSCMC's custodian of public records, in a format that is compatible with the information technology systems of CSCMC.

IF PROVIDER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE PROVIDER'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CSCMC CONTRACT, CONTACT THE CSCMC CUSTODIAN OF PUBLIC RECORDS AT CHILDREN'S SERVICES COUNCIL OF MARTIN COUNTY, 101 S.E. CENTRAL PARKWAY, STUART, FL 34994-5905; (772) 288-5758; cscmc@cscmc.org.

ATTACHMENT 2
Today's Child, Inc.
Today's Child Program

PERFORMANCE MEASUREMENTS *SAMPLE*
FY 2017-18

Participant Level Performance Measurements (CDG)

All Primary Participants will be measured through the Performance Measurement reporting module in SAMIS within a twelve-month period. The Provider agrees to collect performance measurement data using the method agreed upon by the Provider and CSCMC staff. Any change to the agreed upon method of measurement must first be negotiated with CSCMC staff.

Service Component: Respite Care (133)

Performance Measure ID	Performance Measure Description	Target Level %
270	Inappropriate Social Behavior Reduction	50 %
	Decrease socially inappropriate behaviors among students participating in youth development activities by at least 20%	
271	Appropriate Social Behaviors	50 %
	Increase socially appropriate behaviors among students participating in youth development activities by at least 20%.	
272	Communication Skills Development	75 %
	Increase demonstration of vocabulary words, gestures, or sign language among students by at least 5 new words.	
1360	Computer skills development	50 %
	Increase the computer skills among students participating in youth development activities by at least 20%.	

Service Component: Respite Care: In-Home (142)

Performance Measure ID	Performance Measure Description	Target Level %
323	Quality Time	85 %
	As a result of services, quality time spent with family members who do not have developmental disabilities will increase.	
324	Household Responsibilities	85 %
	As a result of receiving services, parents will experience an increase in time available to fulfill household responsibilities.	
325	Out of Home Responsibilities	85 %
	As a result of receiving services, parents will experience an increase in time available to fulfill responsibilities outside of the home.	
326	Employment Responsibilities	85 %
	As a result of receiving services, parents will experience an increase in time available to fulfill employment responsibilities.	

Manual Performance Measurements

Performance Measure ID	Performance Measure Description
MPM-33	To increase parental knowledge of positive behavioral interventions by at least 50% of the parents of young people who attend the ABLE program. Method of Measurement: An annual satisfaction survey verifying that behavioral interventions were communicated to the parents will be given. The results of the survey will be reviewed and the percentage will be calculated. Individualized progress for each parent will be documented and reflected in the Manual Measurable Objective section in SAMIS.

Contracted Service Levels

Participant Level Minimum Service Levels (CDG)

Primary Participants

Contracted Primary Youth:	35
Contracted Primary Adults:	15
Total Contracted Primary Participants:	50

Secondary Participants

Estimated Secondary Youth:	0
Estimated Secondary Adults:	0
Total Estimated Secondary Participants:	0

Group Level Minimum Service Levels (Group Activity)

Section I: Minimum Service Levels for Group Activity

Contracted Group Youth:	225
Contracted Group Adults:	0
Total Contracted Group Participants:	225

Manual Minimum Service Levels

MSL ID	Minimum Service Level Description
MMSL-4	40 Parents of Primary Participants

ATTACHMENT 3
GEOGRAPHICAL SERVICE AREA - *SAMPLE*

The Provider agrees whenever possible to maintain service sites that are accessible to the target population. The Provider will advise CSCMC of any changes made in service sites.

The geographical service area for this agreement is as follows: (check one)

Program Name	Service will be provided countywide	Services will be provided less than countywide. Service will be provided in the following zip codes (list all zip codes of the target area)
Today's Child Program	X	

ATTACHMENT 4 BUDGET

The Provider will deliver services according to the budget statements submitted to CSCMC.

Budgets should be submitted by the Provider in accordance with the provisions of Attachment 1, General Conditions of the Contract.

Budget Amendment:

- Budget amendments must be made according to the following CSCMC Budget Amendments policies and procedures listed below:
- Narratives must be completed in SAMIS for the line item from which dollars are being moved and also for the line item to which dollars are being added. These detailed narratives should explain the reason for the request, including what has occurred that was unanticipated at the time that the budget was submitted to CSCMC.
- The Provider may make two budget amendments during the contract year. Budget amendments will not be accepted after the reimbursement period covering expenditures through March 31 for July-June contract terms and through June 30 for October-September contract terms. The Provider must submit the amendment in SAMIS prior to April 15 for July-June contract terms and prior to July 15 for October-September contract terms. If these submission due dates fall on a holiday or weekend, the following business day will apply. CSCMC Contracts with terms of less than twelve months may not be eligible for budget amendments.
- The Provider should submit a budget amendment for \$4,999 or less using the budget amendment process in SAMIS. CSCMC's Executive Director or his/her designee(s) will review and make a determination to approve or deny all budget amendment requests of \$4,999 or less.
- All budget amendment requests of \$5,000 or more require Council approval. For budget amendment requests of \$5,000 or more, the Provider's Executive Director or equivalent position must first submit a letter to CSCMC's Executive Director with a detailed description of the proposed budget amendment. To better ensure the ability of CSCMC Staff to present the request to Council in a timely manner, it is recommended that the Provider submit the request letter at least one month prior to the following scheduled Council meeting. Upon review of the request letter, CSCMC's staff will notify the Provider to submit the proposed budget amendment in SAMIS for further review. Upon sufficient understanding of the submitted budget amendment, CSCMC's staff will make a recommendation to Council. The Provider will be notified of the Council's decision.
- CSCMC staff must approve salary changes or staff reclassifications for a CSCMC-funded position.
- The proposed amendment should not compromise the original intent or intended outcome of the program.
- Budget amendments cannot be retroactive.
- Budget amendments cannot include line items that were not approved in the original budget submission to CSCMC.

TODAY'S CHILD PROGRAM
CURRENT & PROPOSED OPERATING BUDGET - *SAMPLE*
(ROUND NUMBERS UP TO THE NEAREST DOLLAR)

ACCT# TITLE	(1)	(2)	(3)	(4)	(5)	(6)
	2016-17	2017-18		2016-17	2017-18	
	PROG.	PROG.	%	ORIG.	ORIG.	%
	BUDG.	BUDG.	CHG.	ALLOC.	ALLOC.	CHG.
Salary Accounts:						
569.120 Regular Salaries and Wages	\$0	\$197,125	100%	\$0	\$81,375	100%
Total Salary:	\$0	\$197,125	100%	\$0	\$81,375	100%
Fringe Accounts:						
569.210 FICA	\$0	\$15,081	100%	\$0	\$6,224	100%
569.220 Retirement Contributions	\$0	\$9,857	100%	\$0	\$4,069	100%
569.230 Life and Health Insurance	\$0	\$23,460	100%	\$0	\$10,200	100%
569.240 Workers Compensation	\$0	\$3,942	100%	\$0	\$1,628	100%
569.250 Unemployment Compensation	\$0	\$2,957	100%	\$0	\$1,220	100%
Total Fringe:	\$0	\$55,297	100%	\$0	\$23,341	100%
Operating Expense Accounts:						
569.270 Travel/Conference/Training	\$0	\$1,977	100%	\$0	\$1,977	100%
569.260 Travel/Daily	\$0	\$5,500	100%	\$0	\$5,500	100%
569.280 Office Supplies	\$0	\$4,860	100%	\$0	\$2,430	100%
569.290 Telephone	\$0	\$7,200	100%	\$0	\$3,600	100%
569.300 Postage/Shipping	\$0	\$2,237	100%	\$0	\$2,237	100%
569.310 Utilities	\$0	\$9,600	100%	\$0	\$4,800	100%
569.320 Occupancy (Building & Grounds)	\$0	\$6,800	100%	\$0	\$3,400	100%
569.330 Printing & Publications	\$0	\$4,500	100%	\$0	\$2,250	100%

ACCT# TITLE	(1)	(2)	(3)	(4)	(5)	(6)
	2016-17	2017-18		2016-17	2017-18	
	PROG. BUDG.	PROG. BUDG.	% CHG.	ORIG. ALLOC.	ORIG. ALLOC.	% CHG.
569.340 Subscriptions, Dues, Memberships	\$0	\$1,350	100%	\$0	\$675	100%
569.350 Insurance	\$0	\$6,800	100%	\$0	\$3,400	100%
569.360 Equipment Rental & Maintenance	\$0	\$8,580	100%	\$0	\$4,290	100%
569.370 Advertising	\$0	\$6,200	100%	\$0	\$3,100	100%
569.380 Equipment Purchases	\$0	\$15,500	100%	\$0	\$15,500	100%
569.390 Professional Fees	\$0	\$13,720	100%	\$0	\$6,860	100%
569.400 Books/Educational Materials	\$0	\$1,500	100%	\$0	\$750	100%
569.410 Food & Nutrition	\$0	\$0	0%	\$0	\$0	0%
569.420 Administrative Costs	\$0	\$21,265	100%	\$0	\$21,265	100%
569.430 Audit Expense	\$0	\$15,000	100%	\$0	\$7,500	100%
569.440 Specific Assistance to Individuals	\$0	\$20,150	100%	\$0	\$20,150	100%
569.450 Other/Miscellaneous	\$0	\$600	100%	\$0	\$600	100%
569.460 Other/Contract	\$0	\$10,000	100%	\$0	\$10,000	100%
569.470 Program Supplies	\$0	\$50,000	100%	\$0	\$25,000	100%
569.480 Other/Special Project	\$0	\$0	0%	\$0	\$0	0%
Total Operating Expense:	\$0	\$213,339	100%	\$0	\$145,284	100%
Total Program Expenses:	\$0	\$465,761	100%	\$0	\$250,000	100%

TODAY'S CHILD PROGRAM
SALARY AND FRINGE PREPARATION - *SAMPLE*
FISCAL YEAR 2017-18

Position	Staff	% Time Hrs/Wk # Wks	Gross Salary 2017-18	Salary In Program 2017-18	Fringe In Program 2017-18	Request For Salary 2017-18	Request For Fringe 2017-18	Salary Funding %
Accounting Specialist	Welch, Karen	50% 20 52	\$11,250	\$5,625	\$1,930	\$5,625	\$1,931	100.00%
Administrative Assistant	Todd, Jeanne	100% 20 52	\$13,000	\$6,500	\$3,089	\$3,250	\$1,543	50.00%
Counselor	Smith, John	100% 40 52	\$30,000	\$30,000	\$8,925	\$15,000	\$4,462	50.00%
Counselor	Fisher, Robert	100% 40 52	\$30,000	\$30,000	\$8,925	\$15,000	\$4,462	50.00%
Program Director	Clark, Melissa	100% 40 52	\$45,000	\$45,000	\$11,348	\$22,500	\$5,673	50.00%
Program Specialist	Brooks, Samantha	100% 40 52	\$40,000	\$40,000	\$10,540	\$20,000	\$5,270	50.00%
Program Specialist	Nelson, Chad	100% 40 52	\$40,000	\$40,000	\$10,540	\$0	\$0	0.00%
TOTALS			\$209,250	\$197,125	\$55,297	\$81,375	\$23,341	41.28%

PROGRAM BUDGET REPORT - *SAMPLE*

**TODAY'S CHILD, INC.
TODAY'S CHILD PROGRAM
FISCAL YEAR 2017-18**

Account #	Account Name	Narrative	Program Budget	CSC Allocation	Amended CSC
Salary and Fringe Narrative					
569.120	Regular Salaries and Wages		197,125.00	81,375.00	0.00
		7/1/2017 Program FTE 6.5			
	Other Funders				
	Funding Organization		Amount		
	Funds from Government Sources - DCF		63,250.00		
	Miscellaneous - Workforce Development Board Youth Council		52,500.00		
		Total:	115,750.00		
<hr/>					
569.210	FICA		15,081.00	6,224.00	0.00
		7/1/2017 Total salaries X 7.65%			
	Other Funders				
	Funding Organization		Amount		
	Funds from Government Sources - DCF		4,839.00		
	Miscellaneous - Workforce Development Board Youth Council		4,017.00		
		Total:	8,856.00		
<hr/>					
569.220	Retirement Contributions		9,857.00	4,069.00	0.00
		7/1/2017 5% retirement contributions			
	Other Funders				
	Funding Organization		Amount		
	Funds from Government Sources - DCF		3,163.00		
	Miscellaneous - Workforce Development Board Youth Council		2,625.00		
		Total:	5,788.00		
<hr/>					
569.230	Life and Health Insurance		23,460.00	10,200.00	0.00
		7/1/2017 Health @ \$300/mth X 2 X 12 = \$7,200, Dental, life and STD @ \$40/mth X 2 X 12 = \$960. Total = \$8,160			

Account #	Account Name	Narrative	Program Budget	CSC Allocation	Amended CSC
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Other Funders

Funding Organization	Amount
Funds from Government Sources - DCF	7,140.00
Miscellaneous - Workforce Development Board Youth Council	6,120.00
Total:	13,260.00

569.240	Workers Compensation		3,942.00	1,628.00	0.00
		7/1/2017 2% X \$233,500. CSC portion \$2,335			

Other Funders

Funding Organization	Amount
Funds from Government Sources - DCF	1,265.00
Miscellaneous - Workforce Development Board Youth Council	1,050.00
Total:	2,315.00

569.250	Unemployment Compensation		2,957.00	1,220.00	0.00
		7/1/2017 1.5% X \$233,500 CSC portion = \$1,700			

Other Funders

Funding Organization	Amount
Funds from Government Sources - DCF	949.00
Miscellaneous - Workforce Development Board Youth Council	788.00
Total:	1,737.00

Salary and Fringe Totals: 252,422.00 104,716.00 0.00

Operating Expense Budget Narrative

569.270	Travel/Conference/Training		1,977.00	1,977.00	0.00
		7/1/2017 Conference registration for 4 staff @ \$200 = \$800, hotel for 2 nights = \$800. Meals for 4 staff @ \$46 X 4 = \$184, mileage @ .55 X 350 = \$193			

Original Budget Calculation
 $= (4 \times 200) + (800) + (46 \times 4) + (350 \times .55)$

Other Funders

Funding Organization	Amount
Total:	

569.260	Travel/Daily		5,500.00	5,500.00	0.00
		7/1/2017 Average of 100 miles per week for 2 FTE = annual miles of 10,000			

Account #	Account Name	Narrative	Program Budget	CSC Allocation	Amended CSC
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Original Budget Calculation
=200*50*.55

Other Funders

Funding Organization

Amount

Total:

569.280	Office Supplies		4,860.00	2,430.00	0.00
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7/1/2017 Office and computer supplies @ \$405 month X 12 = \$4,860.
CSC portion 50%

Original Budget Calculation
=90*4.5*12

Other Funders

Funding Organization

Amount

Foundations - Martin County Community Foundation

2,430.00

Total: 2,430.00

569.290	Telephone		7,200.00	3,600.00	0.00
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7/1/2017 Reimburse 4 staff for use of personal cells phones @ \$25
month x 4 X 12 = \$1,200, local and long distance @ \$150 month x 12 X
2 locations = \$3,600, DSL connect @ \$100 X 12 X 2 locations = \$2,400.
CSC portion 50%

Original Budget Calculation
=(4*25*12)+(150*12*2)+(100*12*2)

Other Funders

Funding Organization

Amount

Foundations - Martin County Community Foundation

3,600.00

Total: 3,600.00

569.300	Postage/Shipping		2,237.00	2,237.00	0.00
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7/1/2017 First class postage \$600 annual, quarterly newsletter
= \$1537 and overnight delivery = \$100.

Original Budget Calculation
=600+1537+100

Account #	Account Name	Narrative	Program Budget	CSC Allocation	Amended CSC
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Other Funders
Funding Organization

Amount

Total:

569.310	Utilities		9,600.00	4,800.00	0.00
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7/1/2017 Electric for 2 locations @ \$400 X 2 X 12 = \$9,600.
CSC portion 50%

Original Budget Calculation

=400*2*12

Other Funders
Funding Organization

Amount

Foundations - Martin County Community Foundation

4,800.00

Total: 4,800.00

569.320	Occupancy (Building & Grounds)		6,800.00	3,400.00	0.00
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7/1/2017 2 Locations - \$21 Sq ft X 3,000 sq ft X program allocation
of 10% = \$6,300, repairs and maintenance @ \$250 X 12 = \$3,000.

Original Budget Calculation

=(21*3000*10%)+(250*2)

Other Funders
Funding Organization

Amount

Foundations - Martin County Community Foundation

3,400.00

Total: 3,400.00

569.330	Printing & Publications		4,500.00	2,250.00	0.00
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7/1/2017 Letterhead, envelopes & staff business cards = \$1,600,
program brochures = \$2,900, CSC portion 50%

Original Budget Calculation

=1600+2900

Other Funders
Funding Organization

Amount

Foundations - Martin County Community Foundation

2,250.00

Total: 2,250.00

569.340	Subscriptions, Dues, Memberships		1,350.00	675.00	0.00
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7/1/2017 Professional organizations = \$500, newspapers = \$250,
Chamber dues = \$200, parenting magazines = \$400. CSC portion 50%

Account #	Account Name	Narrative	Program Budget	CSC Allocation	Amended CSC
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Original Budget Calculation
=500+250+200+400

Other Funders

Funding Organization	Amount
Contributions – Annual Appeal/Donations/Legacies/Bequests/Memorials	675.00
Total:	675.00

569.350	Insurance		6,800.00	3,400.00	0.00
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7/1/2017 Property and Liability, professional liability = \$6,800.
CSC portion 50%

Original Budget Calculation
=6800

Other Funders

Funding Organization	Amount
Contributions – Annual Appeal/Donations/Legacies/Bequests/Memorials	3,400.00
Total:	3,400.00

569.360	Equipment Rental & Maintenance		8,580.00	4,290.00	0.00
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7/1/2017 Mthly fees for copy machine = \$480 X 12 = \$5,760, postage
machine = \$60 X 12 = \$720, maintenance costs = \$175 X 12 = 2,100.
CSC portion 50%

Original Budget Calculation
=5760+720+2100

Other Funders

Funding Organization	Amount
Foundations - Martin County Community Foundation	4,290.00
Total:	4,290.00

569.370	Advertising		6,200.00	3,100.00	0.00
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7/1/2017 Legal ads = \$1,000, Classified = \$200, annual report = \$5,000.
CSC portion 50%

Original Budget Calculation
=1000+200+5000

Account #	Account Name	Narrative	Program Budget	CSC Allocation	Amended CSC
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Other Funders

Funding Organization	Amount
Foundations - Martin County Community Foundation	3,100.00
Total:	3,100.00

569.380	Equipment Purchases		15,500.00	15,500.00	0.00
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7/1/2017 First year program = Computers, furniture and equipment for 2 locations.

Original Budget Calculation
=15500

Other Funders

Funding Organization	Amount
Total:	

569.390	Professional Fees		13,720.00	6,860.00	0.00
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7/1/2017 Attorney fees = \$8,000, Computer consultants = \$5,000, Payroll fees @ \$60 X 12 = \$720. CSC portion 50%

Original Budget Calculation
=8000+5000+720

Other Funders

Funding Organization	Amount
Foundations - Martin County Community Foundation	6,860.00
Total:	6,860.00

569.400	Books/Educational Materials		1,500.00	750.00	0.00
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7/1/2017 Books and videos for staff training = \$1,500. CSC portion 50%

Original Budget Calculation
=1500

Other Funders

Funding Organization	Amount
Foundations - Martin County Community Foundation	750.00
Total:	750.00

569.420	Administrative Costs		21,265.00	21,265.00	0.00
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7/1/2017 5 % of salaries for ED = \$80,000 (\$4K), Controller = \$60,000 (\$3K), IT Director = 60,000 (\$3K), and associated operating costs = occupancy, office supplies, travel, dues and subscriptions, misc. costs = 11,265

Account #	Account Name	Narrative	Program Budget	CSC Allocation	Amended CSC
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Original Budget Calculation
=21265

Other Funders

Funding Organization	Amount
Total:	

569.430	Audit Expense		15,000.00	7,500.00	0.00
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7/1/2017 Annual audit = \$15,000. CSC portion = 50%

Original Budget Calculation
=15000

Other Funders

Funding Organization	Amount
Foundations - Martin County Community Foundation	7,500.00
Total:	
	<u>7,500.00</u>

569.440	Specific Assistance to Individuals		20,150.00	20,150.00	0.00
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7/1/2017 650 gift cards @ \$25 per card for stipends = \$16,250.
 Reimbursement for childcare for families @ \$25 each X 3 sessions X 52 = \$3,900.

Original Budget Calculation
=16250+3900

Other Funders

Funding Organization	Amount
Total:	

569.450	Other/Miscellaneous		600.00	600.00	0.00
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7/1/2017 Fingerprints, drug screening costs @ \$600.

Original Budget Calculation
=600

Account #	Account Name	Narrative	Program Budget	CSC Allocation	Amended CSC
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Other Funders

Funding Organization Amount

Total:

569.460	Other/Contract		10,000.00	10,000.00	0.00
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7/1/2017 Field trip transportation costs and admissions. Approximately 2 trips per week for 10 weeks (summer)@ \$500 per trip. Includes admissions, hourly driver, transportation fee and per mile cost.

Original Budget Calculation

=10000

Other Funders

Funding Organization Amount

Total:

569.470	Program Supplies		50,000.00	25,000.00	0.00
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7/1/2017 Parenting and child curriculums, art & crafts supplies and materials = \$50,000. CSC portion = 50%

Original Budget Calculation

=50000

Other Funders

Funding Organization Amount

Funds from Government Sources - DCF 25,000.00

Total: 25,000.00

Operating Expense Total: 213,339.00 145,284.00 0.00

Grand Total: 465,761.00 250,000.00 0.00

Other Funders

Funding Organization	Amount
Contributions – Annual Appeal/Donations/Legacies/Bequests/Memorials (Detail)	4,075.00
Contributions - Miscellaneous (Detail)	0.00
Foundations - Martin County Community Foundation (Detail)	38,980.00
Funds from Government Sources - DCF (Detail)	105,606.00
Miscellaneous - Workforce Development Board Youth Council (Detail)	67,100.00
	<hr/>
	215,761.00

Audit Trail

edpethicis surrogate for EDPethic created document - Apr 1 2017 1:09PM
edpethic forwarded document to -EDPethic - Nov 16 2009 5:08PM
edpethic submitted document to CSC for approval - Apr 1 2017 5:08PM
epethic approved document - Nov 16 2009 5:09PM
edpethic unapproved document - Nov 16 2009 5:16PM
epethic rejected document - sent back to -EDPethic - Nov 16 2009 5:17PM
> Rejected
edpethic forwarded document to -EDPethic – Apr 1 2017 5:36PM
edpethic submitted document to CSC for approval - Nov 16 2009 5:36PM
epethic approved document - Nov 16 2009 5:36PM
edpethic unapproved document - Nov 17 2009 3:43PM

Today's Child Program
SOURCES OF REVENUE - *SAMPLE*

Funder Type/Funder	2015-16 Total	2016-17 Budget	2016-17 Amend	2016-17 Total	2017-18 Budget	2017-18 Amend	2017-18 Total	Percent Increase/ Decrease
Contributions								
Annual Appeal/Donations/ Legacies/Bequests/Memorials	\$0	\$0	\$0	\$0	\$4,075	\$0	\$4,075	100%
	\$0	\$0	\$0	\$0	\$4,075	\$0	\$4,075	100%
Foundations								
Martin County Community Foundation	\$0	\$0	\$0	\$0	\$38,980	\$0	\$38,980	100%
	\$0	\$0	\$0	\$0	\$38,980	\$0	\$38,980	100%
Funds from Government Sources								
DCF	\$0	\$0	\$0	\$0	\$105,606	\$0	\$105,606	100%
	\$0	\$0	\$0	\$0	\$105,606	\$0	\$105,606	100%
Miscellaneous								
Workforce Development Board Youth Council	\$0	\$0	\$0	\$0	\$67,100	\$0	\$67,100	100%
	\$0	\$0	\$0	\$0	\$67,100	\$0	\$67,100	100%
Grand Total	\$0	\$0	\$0	\$0	\$215,761	\$0	\$215,761	100%

FY 2017-18 Totals

Total Amended Program Revenue	\$465,761
Total Program Budget	\$465,761
Difference	\$0

Total Amended CSC Allocation	\$250,000
Total Amended CSC Budget	\$250,000
Difference	\$0