

Contract Expectations – FY 2017

Presented by Prevent Child Abuse Iowa
July, 2016



General Contract Guidelines

- Your contract file consists of the RFP, your project proposal, contract, contract attachments, and any subsequent amendments
- **Please read your contract carefully** – Pay particular attention to *sections 1.3.1 Deliverables, Performance Measures, and Monitoring Activities*
- Funds may only be used to support project activities for the fiscal year in which they were awarded
 - Funds may not be carried over to another fiscal year or used to support activities that are not outlined in the contract file
- Any significant changes to the project's scope of work or budget require written approval from PCA Iowa and DHS in advance
 - Changes in choice of program/curricula, target population
 - Budget changes in excess of 10% of the total award



Identifying Participants



- Monthly Service Reports
- If this contract funds 100% of the project, report 100% of the program participants
 - If your project proposal/budget identifies a discrete population, report the discrete population (i.e. if your proposal states you will serve 5 families with these funds, report 5 families)
 - Report totals cumulatively through fiscal year, clearing totals each new fiscal year
 - If your project utilizes blended funding, report 100% of the program participants
 - Indicate other funding on a quarterly basis



County: Contract #:	Month:
Completed by (include person's name and phone number):	

PART ONE: Due the 10th of the following month or the first business day after the 10th.

Please provide the following information for your ICAPP-funded Parent Development Program beginning 7/1/16*.		This month Only:	Year To Date:
1.	Total unduplicated families (group)		
2.	Total unduplicated parents/caregiver (group)		
3.	Total unduplicated children (group)		
4.	Total unduplicated families (in-home or 1:1)		
5.	Total unduplicated parents/caregiver (in-home or 1:1)		
6.	Total unduplicated children (in-home or 1:1)		
7.	Number of NEWLY ENROLLED participants - (This applies only to families enrolled this fiscal year)		
7a.	New families		
7b.	New parents/caregivers		
7c.	New children		
8.	Total number of group sessions provided to parents		
9.	Total number of in-home sessions provided to parents.		
10.	Total number of one-on-one sessions (NOT in-home) provided to parents.		

*If ICAPP funds 100% of the project budget, report 100% of the project participants. If your proposal/budget identifies a discrete participant population, report the discrete participants. If your project utilizes blended funding, report 100% of the project participants and complete Part Three, number 11 quarterly.

PART TWO: If no services have been provided for the month and yet you will be requesting funds, please provide a brief description of your activities.

- Protective Factors Survey
 - Identify and collect data from at least the number of participants supported by funds
 - (for example, if funds support 50% of the project budget, collect and submit PFS data from at least 50% of the project participants)
 - Per contract 1.3.1.3, all protective factor surveys should be entered within 10th of the month following the end of the FY quarter they were collected in. (For example, surveys completed in January, February, or March should be entered by April 10th)



Section 1.3.1 *Performance Measures*

- Contractual Requirements:
 - Service and financial reports will be submitted timely
 - You agree to complete a minimum of measures by the end of the fiscal year
 - 60% of measures will be completed by the end of Q3
 - Failure to meet goal(s) may result in a Performance Improvement Plan for FY 18, if renewed (may result in non-renewal)
 - Maintain participant records in a confidential location for at least 7 years



Section 1.3.1 *Performance Measures*

- Continued:
 - Service and financial reports will be submitted timely
 - Service reports due by 10th of next month, regardless if any services were provided during the month, or if project will submit billing for month
 - 100% of completed PFS surveys will be submitted within 10 days of the end of each quarter in which they were completed
 - A minimum of 80% of new participants shall have PFS data completed and entered. Pretest surveys should be completed at the time of enrollment.
 - For short term services, post test surveys should be administered after 6 months, or at the conclusion of services, whichever is first
 - For long term services, follow-up surveys should be administered between 6-12 months for the duration of the services



Budget Compliance

General Budget Compliance

- All billing should be reflective of the original project proposal and amended budget
- If a site manages more than one contract, funds may not be shifted from one contract to another
- Sites may shift up to 10% of budget line items without approval
- Any line item shift greater than 10% of the total award will require written consent from both Prevent Child Abuse Iowa and the Iowa Department of Human Services in addition to a newly amended budget before funds are shifted/expended- **Retroactive budget shifts will not be allowed**
- Any change to the project activities as outlined in the original proposal/amended budget will require written consent from both Prevent Child Abuse Iowa and the Iowa Department of Human Services before funds are shifted/expended



General Reimbursement Guidelines

- A State of Iowa GAX form or vendor sheet is required for reimbursement of project expenses
- Seek reimbursement only for expenses already incurred
 - For example, if a project expense is incurred in July, submit a State of Iowa GAX form after the end of July for reimbursement of that expense
- Sites are encouraged to submit GAX forms or vendor sheets on a monthly basis (instead of saving billing until end of fiscal year)
- Your contract must be in compliance with all required documentation before payment of your claim can be processed



Compliance Requirements

- **Monthly Report:** due the 10th of the following month
 - Submit report monthly, even if no services were provided
 - Part Three required for quarterly reports
 - Whenever possible, share stories that demonstrate primary and/or secondary prevention
 - Include contract number on each report
- **Monthly Expense Report:** submit with GAX form
 - Available on PCA Iowa's website
 - Submit via mail (i.e. with GAX form or vendor sheet) – printed IN COLOR
 - Submit via email within 1 week of submitting the GAX form



Monthly Expense Report

- Customize according to your amended budget (Attachment 3.2 of your FY 16 contract)
 - These fields stay the same unless you have submitted a formal, amended budget
- Over-spending in a particular line item will be flagged (red)
- Monthly Expense Report will correspond with the accounting period identified on the GAX form
 - (if the accounting period is for July, the Monthly Expense Report should be for the month of July as well)



SFY 2016 ICAPP Monthly Expense Report

Contractor: Child Abuse Prevention Council of Central Iowa
 Service Type: Community Development
 Month/Year: Jun-16

Contract #: ACFS 16-
 County or Counties:
 Expense: \$ -

Budgeted Amount	INDIRECT EXPENSES			DIRECT EXPENSES						TOTAL
	Admin	Facilities	Direct Staff (Salaries & Benefits)	Direct Staff Training	Direct Staff Travel	Program Supplies	Participant Incentives	Contracted Services	Other: (Specify Below)	
Jul-15										\$ -
Aug-15										\$ -
Sep-15										\$ -
Oct-15										\$ -
Nov-15										\$ -
Dec-15										\$ -
Jan-16										\$ -
Feb-16										\$ -
Mar-16										\$ -
Apr-16										\$ -
May-16										\$ -
Jun-16										\$ -
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



Other Expenses: Please use this space to justify any expenses labeled "other", that do not fall in to one of the allowable expense categories listed above.

Do not change budgeted amount line amounts **unless** you have an approved budget amendment

General GAX Information

- Use FY 2017 GAX form only (found on PCA Iowa's website)
- Details the total of expenses claimed for that month
- Original **signature** of site representative required
- Accounting period reflective of month/year being billed

Attach supporting documentation to the back of this form.

STATE OF IOWA		GAX			
BUDGET-FY	GENERAL ACCOUNTING EXPENDITURE	DOCUMENT NUMBER			
2016	DATE	ACCTG PERIOD (MM/YY)			
1/3 VENDOR CUSTOMER NUMBER		DEPARTMENT NAME			
		Department of Human Services			
VENDOR NAME AND ADDRESS		BILL TO ADDRESS (ORDERING AGENCY)	SEND TO ADDRESS		
		Department of Human Services Division of Adult Child and Family Services, Hoover Building, 5th Floor-NE Des Moines, Iowa 50319	Prevent Child Abuse Iowa Insurance Exchange Suite 900 505 Fifth Avenue Des Moines, Iowa 50309		
TERMS	FOB	ORDER APPROVED BY			
N/A	N/A				
QUANTITY	VENDOR'S INVOICE DATE	VENDOR'S INVOICE NUMBER	CLAIM PREPARED BY		
		N/A	Lisa Bender, ACFS 1-8787		
ORDERED	RECEIVED	UNIT OF MEASURE	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1	1	One month	Child Abuse Prevention Services (Monthly expenses by line item attached)	N/A	\$50000
EFT IND			Contract #: ACFS-16-000000		
DOCUMENT TOTAL					\$50000

CLAIMANT'S CERTIFICATION		DEPARTMENT CERTIFICATION								
I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE PROPER AND CORRECT AND NO PART OF THIS CLAIM HAS BEEN PAID		I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY								
DATE	TITLE	CODE OR CHAPTER SECTION(S)								
CLAIMANT'S SIGNATURE		AUTHORIZED SIGNATURE								
THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY										
LINE	FUND	AGCY	UNIT	SUB-UNIT	OBJ	SUB-OBJ	REP-CATR	QUANTITY UNITS	DESCRIPTION	AMOUNT
01	0001	413	0309	N/A	2597				Child Abuse Prevention Services	\$
\$										
GAX (Rev. 11/10)		WARRANT #	AUDITED BY		PAID DATE					



General Vendor Sheet Information

FY 2017 CBCAP

Contractor:	Site Name				Contract #:	ACFS 16-	
Service Type:					County or Counties:		
Description of expense	Vendor	Vendor Address	Amount	Service	Reimbursement		
Total							

- Vendor Sheets are ONLY for CBCAP Sites who have been issued the state fiscal agent (this can be determined by your billing process from 2016).
- Communicates to whom payments will be made
- Accounting period reflective of month/year being billed



Contract Monitoring

- Prevent Child Abuse Iowa will perform random site visits to a minimum of 12 sites (contracts) in FY 17
- Site visits will involve a review of, at minimum, the following:
 - all contract-specific financial records and expense documentation (applicable accounting records, invoices/receipts, payroll and tax information, etc.)
 - all contract-specific service delivery documentation (participant sign-in sheets, enrollment forms, or other applicable documentation of service delivery)
- Sites are required to maintain financial records for a minimum of seven years



Questions?

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Prevent Child Abuse

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