

## **EXHIBIT A**

### **USE OF FUNDS, PAYMENT SCHEDULE & ADMINISTRATIVE REQUIREMENTS**

#### **1. PURPOSE**

Boulder County Department of Human Services (BCHS) is committed to co-creating solutions with its community partners to address complex participant and community challenges.

The Developmental Disabilities property tax, approved by voters in 2002, supplemented an existing mill levy to support developmental disabilities programs in Boulder County. These funds may provide additional services not covered by Medicaid, Medicare and private insurance but may not supplant any existing services and/or funds.

This Contract was awarded through an RFP process to increase programs that will sustain or increase the availability and access to community social activities, community recreational opportunities, and direct services supports for persons living with Intellectual and Developmental Disabilities (IDD), Autism, and/or Brain Injury (BI).

These programs will afford people of all ages with IDD/DD, Autism, and/or BI to live fulfilling lives of independence and quality in their homes and communities. Boulder County IDD Mill Levy funding will support school-aged services, adult community services, behavioral management, therapies and education, mental health and dual diagnosis, nursing, service administration, technology, social enterprise services,

The Boulder County IDD Mill Levy funds may be used to:

- A.** Support Contractor in filling funding gaps for agreed upon services, as described in Section 3.
- B.** Collect performance and outcome data to determine the ongoing effectiveness of services listed in Section 3 and plan for the implementation of new services for Boulder County.
- C.** Support the system-wide efforts of the Boulder County IDD Advisory Council and improve overall communication between all stakeholders who are funded through the Mill Levy.

#### **2. PERFORMANCE RESPONSIBILITIES**

Contractor, in accordance with the terms and conditions in this Contract, shall, in a timely and satisfactory manner, ensure Boulder County residents with an IDD/DD, Autism, and/or BI have access to recreational and social opportunities and direct services. To assist an individual with IDD/DD, Autism, and/or BI in accessing necessary services and supports to meet his or her needs. To this end, Contractor agrees to:

- A.** As needed, Contractor shall support participants in connecting with self-reliance benefits utilizing the Colorado PEAK online

application and/or creating a Boulder County Connect (BCC) Account and encourage online system use for accessing case information, completing required actions on their cases, and uploading documents.

- B.** Provide culturally appropriate marketing materials of Contractor's services to other local agencies and Family Resource Centers who serve low-income and at-risk individuals to

increase participant access to Contractor's services.

- C. As needed, work collaboratively with BCHS staff to develop, and distribute culturally appropriate marketing materials that work to destigmatize access to and enrollment in public assistance benefits.
- D. Contractor shall, in a good and workmanlike manner and at its own cost and expense, furnish all labor and equipment and do all work necessary and incidental to provide independent living, vocational, advocacy and support services to residents of Boulder County with IDD/DD, Autism, and/or BI as specified in this Contract and in the Contract Documents (the "Work").
- E. Contractor shall take necessary steps to provide services virtually and/or adhere to any current public health emergencies and/or restrictions throughout the Contract term for services provided in-person. If Contractor is unable to provide services safely to meet client needs due to the public health restrictions, Contractor shall notify BCHS within 30 days.
- F. Support the system-wide efforts of the Boulder County IDD Advisory Council and improve overall communication between all stakeholders who are funded through the IDD Mill Levy. Support the recommendations in the Boulder County IDD needs assessment that are being implemented by the IDD Advisory Council.

### **3. PROJECT TASKS AND DELIVERABLES**

#### **A. School Aged Services:**

- a. Fund private pay subsidies for families, supplies background checks, activity fees, fuel and vehicle maintenance, class space, certain operational costs and occupancy/IT costs.
- b. Continue serving current number of clients in School-Aged Services as well as draw down on the Summer Camp waitlist that exists during current contract term by adding an additional 40 children into services.
- c. 6.0 FTE therapeutic recreation and other staff dedicated to School-Aged Services.
- d. Promote staff training, communication, community connections, learning, inclusion, socialization, safety, health, and wellness.
- e. The maintenance, modification, licensure, and operation of vehicles.
- f. Building space needed to stage programming and the IT systems needed to support its execution and administration.

#### **B. Adult Community Services**

- a. Support with community integration costs of School Aged Services and Adult Community Services and private pay events for participants unable to afford access to community resources (e.g., rec passes, class fees, etc.).
- b. 4.0 FTE therapeutic recreation and other staff dedicated to Adult Community Services, including bringing 20 individuals off the waitlist that exists during current contract.

#### **C. Behavioral Management, Therapies and Education**

- a. Create a multidisciplinary service aimed at providing

comprehensive behavioral, psychological, and psychiatric support to individuals with IDD, BI and Autism in Boulder County.

- b. Conduct holistic assessments, which include:
  - i. Psychiatric Evaluation
  - ii. Psychotherapy and counseling assessment
  - iii. Behavioral assessment
  - iv. Psychological, neuropsychological, academic, and mental health evaluation

- v. Medical testing (as needed)
- vi. Recommendations based on findings.
- c. Develop personalized treatment plans involving psychiatrists and/or medical staff, psychologists, medical, BCBA's (Applied Behavioral Analysis), counselors and/or social workers.
- d. Educate clients and families using evaluations, assessments, and professional services.
- e. Connect clients and families with professional teams who can provide support and community resources available to aid individuals with I/DD, mental health, and behavioral needs.
- f. Utilize evidence-based practices to conduct this program and data will be collect on the services provided, population utilizing the service, effectiveness of the services, and other data points that may contribute to research in this field.
- g. Build a highly collaborative and ongoing relationship with the START program to help ensure START's ability to support the community.

#### **D. Mental Health and Dual Diagnosis**

- a. Enhance the delivery of mental health services to individuals living with dual- diagnosis by improving communication and coordination between the individual, psychiatrist, behaviorist, nurse, case manager, providers, and family.
- b. 0.85 FTE plus for 3<sup>rd</sup> party psychiatry services, operating expenses, occupancy, and IT expenses.

#### **E. Nursing**

- a. 24/7 on-call nurse to support DSPs in making appropriate medical care decisions and ensure timely care for individuals in programming.
- b. 3.0 FTE, operating expenses, occupancy, and IT expenses.

#### **F. Service Administration**

- a. Continue to provide free Representative Payee services and to pay for other residential services administrative costs for individuals for expenses not reimbursable by Medicaid.
- b. 2.6 FTE, operating expenses, occupancy, and IT expenses.

#### **G. Technology**

- a. Identify ways in which individuals would benefit from high-tech and low-tech devices via assessment.
- b. Create devices where appropriate.
- c. Provide training to the individual user and their support team if necessary.
- d. Provide ongoing maintenance and technical support for existing devices.
- e. 1.5 FTE for Assistive Technology Specialists, including operating costs to run the program.

#### **H. Social Enterprise Services**

- a. Implementing Assistive Technology into art programs and offering support for clients to create and sell their art.
- b. Affords the opportunities to program participants to sell their artwork at art shows across Boulder County.
- c. Development of classes that other individuals with IDD, and the community at large can attend.

- d. Fund 1.0 FTE
- e. Art show fees and advertising

#### **4. TARGET POPULATION**

A. For the purposes of the IDD Mill Levy and the IDD Advisory Council, IDD has been further defined as:

1. ***A documented intellectual and/or*** developmental disability that is manifested before the person reaches 22 years of age or brain injury acquired as an adult ***that results in a disability.***
2. A ***documented*** disability attributed to a diagnosed intellectual disability or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in EITHER impairment of general intellectual functioning OR adaptive behavior similar to that of a person with a diagnosed intellectual disability.
3. ***Individual must be in process or have qualified for a Medicaid waiver or disability benefit program due to an IDD/BI/Autism diagnosis to receive IDD Mill Levy funding for emergency needs.***
4. Must reside in Boulder County to access these services.

## 5. **BUDGET**

A. The approved budget is included as Exhibit A-1, Budget Form.

B. Contractor has the discretion to transfer up to ten percent (10%) of the approved budget between the major direct cost budget categories without the approval of Boulder County Department of Human Services (BCHS). Any budget transfer greater than ten percent (10%) requires prior written approval from an authorized BCHS representative.

## 6. **PAYMENT AND REPORTING REQUIREMENTS**

A. Monthly Invoicing

- a. BCHS shall provide Contractor with a monthly invoice template.
- b. Contractor shall complete and submit monthly invoices and supporting documentation that supports the amount invoiced on/or before the thirtieth (30th) calendar day following the reporting period, regardless of the level of activity or amount of expenditure(s) in the preceding report period. Any invoices submitted 90 days after due date may not be accepted.
- c. Recipient shall only invoice BCHS for the actual number of Boulder County residents served by that program, to ensure that Boulder County funds are not subsidizing services for residents who reside outside of Boulder County.
- d. Monthly invoiced expenses shall be for actual expenditures incurred by the Contractor.
- e. BCHS shall not pay for vacant positions funded through this Task Order Contract. Recipient shall not reallocate vacancy funds to another position without written approval of BCHS.

- f. Monthly invoiced expenses may not be reimbursable by any other funding source.
- g. Monthly invoices shall only include expenditures for the prior billing period. Any adjustments to a previously billed period need to be billed as an amendment to a previous invoice.
- h. The invoice shall contain the name and title of the person authorized, or his or her designee, to submit claims for payment.
- i. All invoices, supporting documentation, and applicable reports shall be submitted



electronically to BCHS via email to:

- a. [hhsaccountingoffice@bouldercounty.gov](mailto:hhsaccountingoffice@bouldercounty.gov)

## **B. Supporting Documentation**

- a. Monthly invoices shall be supported by a general ledger and/or sub-ledger detail generated from the Contractor's accounting system to include payee, description, date, and amount.
  - i. For participant services, participant initials or non-identifying information and purpose should be included.
  - ii. For personnel requests, an excerpt of the payroll register from the paying system is appropriate. The payroll register should include staff name(s) or initials, period paid, salary and itemized employer- paid taxes and benefits.
- b. Supporting documentation submitted with monthly invoices must meet or exceed the amount being invoiced.
- c.
- d. Contractor shall keep on site for BCHS review, for the contract term plus three years, the following supporting documentation for each invoice:
  - i. Non-personnel reimbursements must be supported by general ledger or sub-ledger detail generated from Contractor's accounting system.
    - 1. The ledger detail should include payee, description, date and amount.
    - 2. For participant services, participant name and purpose must be maintained on file (for those participants who have signed an authorization to release information).
    - 3. The documentation should include all receipts and/or other original support. Receipts are required for purchases from a single vendor more than \$100.
    - 4. Travel expenditures should include receipts and/or original supporting documentation.
    - 5. Mileage will be reimbursed at a rate equal to or less than the IRS standard mileage rate.
  - ii. For personnel requests, an excerpt of the payroll register from the paying system is appropriate. The payroll register should include staff name(s) or initials, period paid, salary and itemized employer- paid taxes and benefits.
    - 1. Staff working less than 100% on contracted work may be required via a written amendment to maintain an accurate daily record of hours worked and correct charge codes. These records shall be made available to BCHS during financial review visits or upon request.
  - iii. If Contractor does not produce sufficient documentation as described above at financial

review visits, BCHS has the right to recapture any unsupported payments.

**C. Payments**

- a. Monthly invoices, supporting documentation, and all required deliverables as

outlined in Section 6, Deliverable and Reporting Requirements must be submitted in a timely manner and in accordance with the terms of the Contract in order to receive payment.

- b. BCHS will reimburse the Contractor within 30 days of receipt and approval of a fully supported and payable invoice. BCHS will follow-up with Contractor within 15 days of receipt should there be any questioned or unsupported costs.

#### **D. Internal Controls**

- a. Contractor shall maintain written internal control policies and procedures around financial and accounting practices, including procurement policies and procedures.
- b. Confidentiality of Client Information and Records: Contractor shall maintain best practices for safeguarding confidential information, including signed certification from Contractor's directors, officers, and employees.
- c. Conflict of Interest: Contractor shall maintain best practices regarding conflicts of interest, including signed certification from Contractor's directors, officers, and employees.
- d. Written policies and procedures shall be made available to BCHS during financial review visits or upon request. During the contract term, BCHS will request to review Contractor's procurement policy.

### **7. MEETINGS AND COMMUNICATIONS**

- A. BCHS and Recipient shall meet bimonthly or more to evaluate Contracted budget levels and program effectiveness that may include:
  - 1. recommendations for modifications in the scope of services for this Contract,
  - 2. technical assistance necessary to enable the performance of this Contract by Recipient, or the specification of necessary additional services to enable the Recipient's performance of the services provided under this Contract.
- B. A fiscal review may be conducted up to two times during the Contract term. Prior to this review, BCHS may request documentation including a copy of Recipient's published annual report for the prior year.
- C. Boulder County will invite Recipient to attend and participate in relevant trainings and meetings during the agreement period.

### **8. DELIVERABLE AND REPORTING REQUIREMENTS**

- A. Contractor shall submit quarterly reports by the 45th day following the end of the quarter using the metrics outlined in Exhibit A-4.
  - 1. Quarterly reports will be submitted by email to [hhsimpactreporting@bouldercounty.org](mailto:hhsimpactreporting@bouldercounty.org)
  - 2. Excel reporting form will be sent to BCHS for quarterly report submission by Contractor.

**B.** IMAGINE will provide copies of any required State Level Reports upon request. Submit to the following email:  
[hhsimpactreporting@bouldercounty.org](mailto:hhsimpactreporting@bouldercounty.org)

**C.** Contractor shall notify BCHS within 30 days of vacancies for positions funded under this Contract. Notification shall be sent in writing to Whitney Wilcox at [wwilcox@bouldercounty.gov](mailto:wwilcox@bouldercounty.gov)

- D. Contractor shall submit an annual qualitative report at the conclusion of each Contract term. Annual reports shall be submitted no later than the 45 days following the end of the Contract term. Reports shall be submitted to [hhsimpactreporting@bouldercounty.org](mailto:hhsimpactreporting@bouldercounty.org)

## **9. CONTRACTOR RECORDS AND INSPECTION**

- A. Contractor shall maintain a file of all documents, records, communications, notes and other materials relating to the services provided under this Contract (the "Records").
- B. Contractor shall permit the County to audit, inspect, examine, excerpt, copy and transcribe Records for payer purposes during the state-defined Record Retention Period. Contractor shall make Records available during normal business hours at a Contractor office or place of business, or at other mutually agreed upon times or locations, upon no fewer than two business days' notice.
- D. Training and credentialing records of staff shall be made available upon request.

## **10. ROLE OF CONTRACTOR OVERSIGHT OF FUNDS**

- A. Contractor will oversee the expenditure of Boulder County IDD/DD Mill Levy in providing effective IDD-specific services.
- B. Contractor shall ensure that funds utilized by this Contract do not supplant Medicaid nor other funds that can cover consumer services.
- C. Contractor shall determine eligibility for Boulder County consumers' status, using the eligibility definition from Boulder County's IDD Mill Levy language per section 4 above.
- D. Contractor shall determine, and report on % of consumers served who are residents of Boulder County by program area. Contractor shall only invoice BCHS for the % of shortfall that is less than or equal to the % of Boulder County residents served by that program area, to ensure that Boulder County funds are not subsidizing services for residents who reside outside of Boulder County.
- E. Contractor may braid or leverage Contract funds with other funding sources in order to enhance services and/or expand capacity to serve consumers.

**11. SCHEDULE OF ATTACHMENTS:**

The following attachments to this Exhibit are hereby attached and incorporated by this reference:

- A.** Exhibit A-1, Budget Form
- B.** Exhibit A-2, Sample Income Statement
- C.** Exhibit A-3, Monthly Invoice Coversheet with Allocation by Program
- D.** Exhibit A-4, Program Level Report

# **EXHIBIT A-1 BUDGET FORM**

## **Boulder County Department of Housing and Human Services IDD 2025 Amendment Budget**

**Contract Term: 07/01/2025 to 12/31/2025**

**Agency Name: Developmental Disabilities Centers dba Imagine!**

**Program Name: General Operations**

**Approved Amount:** \$ 1,302,682.00

**Once you have matched the award amount below, this should be "0" :** \$ -

**Feel free to add or change expense rows categories to this form**

<b>DESCRIPTION</b>	<b>Budget of Line Item</b>
<b>Salaries</b> <i>(list positions and indicate FTE allocated to each source and whether the person within the position is bilingual/bicultural or bilingual only)</i>	\$ 543,424.00
<b>Payroll Taxes &amp; Benefits</b>	\$ 118,203.00
<b>Operating Expenses</b> <i>(list costs including travel, rent, utilities, phone, postage, supplies, &amp; printing)</i>	\$ 220,104.00
<b>Equipment</b> <i>(list all costs)</i>	\$ -
<b>Subcontractor/consultation/Employee services</b> <i>(list individual costs)</i>	\$ 104,494.00
<b>Other Costs</b>	\$ 218,031.00
<b>TOTAL Program Budget</b>	<b>\$ 1,184,256.00</b>
Admin 10%	\$ 118,426.00
<b>TOTAL FUNDED</b>	<b>\$ 1,302,682.00</b>

**A-2**  
**SAMPLE INCOME STATEMENT**

<b>Developmental Disabilities Center dba Imagine!</b>	
<b>Income Statement</b>	
<b>From July 2024 to June 2025</b>	
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
4001- State Case Mgmt	\$ -
4002- State SLS Mgmt	\$ -
4003- State EI Mgmt	\$ -
4005- State Base EI	\$ -
4010- State Family & Children	\$ -
4040- State SLS	\$ -
4201- Eligibility Determination	\$ -
4250- Section 8 Housing	\$ -
4260- Other Govt Grants	\$ -
4300- Medicaid Admin	\$ -
4301- Medicaid Case Mgmt	\$ -
4330- CES Services	\$ -
4400- Medicaid Residential	\$ -
4401- FACILITY COMM PART	\$ -
4402- NON-FACILITY COMM PART	\$ -
4403- Supported Employment	\$ -
4404- Transportation	\$ -
4405- Behavioral	\$ -
4407- Spec Med Supplies	\$ -
4409- Vision	\$ -
4420- Uncollectible Medicaid	\$ -
4440- MEDICARE PART B	\$ -
4441- MEDICAID- STATE PLAN	\$ -
4460- Medicaid SLS Services	\$ -
4475- Child Welfare County Reserve	\$ -
4500- Food Stamp Revenue	\$ -
4600- Boulder Cnty Revenue	\$ -
4601- Broomfield Cnty Revenue	\$ -
4630- Other Government Income	\$ -
4700- Customer Fees	\$ -
4705- Rent & Utilities Revenue	\$ -
4710- Contract Revenues	\$ -
4735- Interest Income	\$ -
4740- Private Pay	\$ -
4745- TRUST FUND REVENUE	\$ -



4747- Uncollectible State	\$ -
4750- Other Revenue	\$ -
4775- Foundation Grants	\$ -
4780- Gain or Loss on Assets	\$ -
4900- In-Kind Donations	\$ -
<b>Total- Income</b>	<b>\$ -</b>
<b>Expense</b>	
5000-5002- Salaries	\$ -
5005-5010- Employee Taxes	\$ -
5015-5030- Employee Benefits	\$ -
5100-5109- Professional Services	\$ -
5110- Audit Expense	\$ -
5111- Legal	\$ -
5114- Pref Vision	\$ -
5115- Prof Behavioral	\$ -
5120- Consultants	\$ -
5150- Employee Education	\$ -
5160- Employee Events	\$ -
5170- Board of Directors Events	\$ -
5180- Mileage Reimbursement	\$ -
5190- Travel/Entertainment	\$ -
5200- Fuel and Oil	\$ -
5210- Vehicle Maintenance	\$ -
5300- Rent	\$ -
5310- Building Maintenance	\$ -
5320- Electric	\$ -
5321- Water	\$ -
5322- Gas	\$ -
5323- Sewer	\$ -
5324- Trash	\$ -
5325- Cable	\$ -
5330- Janitorial/Supplies	\$ -
5350- Equipment Maintenance	\$ -
5370- Equipment Lease	\$ -
5400- Office Expense	\$ -
5401- Printing/Copier Expense	\$ -
5402- Postage Expense	\$ -
5410- Medical/Client Supplies	\$ -
5411- Spec Med Equip	\$ -
5415- Pharmacy Supplies	\$ -
5420- Other Supplies	\$ -
5421- Technology Supplies	\$ -
5425- Equipment/Furn Over \$100	\$ -
5450- Telephone	\$ -

5425- Equipment/Furn Over \$100	\$ -
5450- Telephone	\$ -
5455- T1/Computer Lines	\$ -
4560- Dues and Fees	\$ -
5470- Pubs and Subs	\$ -
5490- Food	\$ -
5495- Food Stamp Expense	\$ -
5500- Consumer Activities	\$ -
5505- Audit Refunds	\$ -
5530- Consumer	\$ -
5550- State Grant	\$ -
5551- Boulder County Grant	\$ -
5552- Broomfield County Grant	\$ -
5700- Liability Insurance	\$ -
5750- Interest Building	\$ -
5755- Interest Expense	\$ -
5800- Advertising	\$ -
5810- Bad Debt Expense	\$ -
5820- Fund Raising Expense	\$ -
5830- Advertising/PR/Fred Only	\$ -
5830- Other Expenses	\$ -
5850- Bank/Payroll Charges	\$ -
5900- In-Kind Expense	\$ -
8000-8050 Deprec	\$ -
<b>Total Expense</b>	\$ -
<b>Net Ordinary Income</b>	
<b>Other Income and Expenses</b>	
<b>Other Income</b>	
4730- Realized Investment Earnings	\$ -
4731- Unrealized Investment Earnings	\$ -
<b>Total- Other Income</b>	
<b>Other Expense</b>	
9000- Periodic Pension Cost	\$ -
<b>Total- Other Expense</b>	\$ -
<b>Net Other Income</b>	\$ -
<b>Net Income</b>	\$ -

**EXHIBIT A-3**  
**SAMPLE MONTHLY INVOICE BY PROGRAM**

Direct Services	Original Allocation	Jan-2020	Feb-2020	Mar-2020	Apr-2020	May-2020	Jun-2020
Mental Health							
School Age Services							
Nursing							
Adult Community Services							
Technology							
Embedded Behavior Supports							
Imagine Indirect Costs							
Total Direct and Indirect							
Service Administration							
Social Enterprise Services							
Total Contract							

[illegible]

## A-4 PROGRAM LEVEL REPORT

Name of Organization:	
Name of Program (should match funding award):	
Name of Person Completing Report:	
Program staff email to use if questions arise:	

	Q1	Q2	Q3	Q4	Notes
<b>Quarterly Metrics</b>					
<b>Total Clients Served by Quarter</b>					
<b>Number of clients served by Residency</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Boulder					
Lafayette					
Louisville					
Longmont					
Other Cities Inside Boulder County					
Homeless Inside Boulder County					
Other Cities Outside Boulder County					
Homeless Outside Boulder County					
Unknown					
<b>Number of clients served by Age</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
0-5					
6-12					
13-17					
18-24					
25-54					
55 or older					
Child- Age Unknown					
Adult- Age Unknown					
<b>Direct Services By Program</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Mental Health (Individuals enrolled)					
Behavioral Management and Therapies and Education					
School Age Services (Individuals enrolled)					
Adult Community Services (Individuals enrolled)					
Nursing					
Technology Services					
Social Enterprise					
Services Administration (Rep Payee)					
<b>Race</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
American Indian/Alaska Native					
Asian					
Black/African American					
Native Hawaiian or other Pacific Islander					
Mixed Race					
White/Caucasian					
Other					
Unknown					
<b>Hispanic, Latino or Spanish origin</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
No, Not of Hispanic, Latina/o, or Spanish origin					
Yes, of Hispanic, Latina/o, or Spanish origin					
Unknown					
<b>TOTAL Number of Individuals served by Program by Gender</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Male					
Female					
Non-binary					
Genderqueer/Gender non-conforming					
Agender					
Two-Spirit (specific to Indigenous respondents)					
Transgender					
GENDER Unknown					
<b>School Aged Services</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Current number clients served in school-aged services					
Current summer camp clients served					
Current summer camp waitlist					
Current clients taken off waitlist					
<b>Adult Community Services</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Current number clients served in adult community services					
Current adult community services on waitlist					
Current clients taken off waitlist					
<b>Behavioral Management, Therapies and Education</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Psychiatric Evaluations provided					
Psychotherapy and counseling assessment provided					
Behavioral assessment provided					
<b>Psychological, neuropsychological, academic, and mental health evaluation pr</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Medical testing provided					
Treatment Plans developed					
<b>Mental Health and Dual Diagnosis</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Number of persons within mental health services					
<b>Nursing</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Number of persons receiving nursing services					
Waitlist					
<b>Service Administration</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Number of persons participating in services					
<b>Social Enterprise Services</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	
Number of clients in program					
Art Shows attended					
Classes offered and number of participation					
Number of art work sold					

Quarterly Questions for Funders:	
1. What % of program funding does this contract provide as a percent of the total program budget:	
2. Please describe the ways in which this funding helps meet program goals:	
3. Please briefly describe any gaps or areas of need that you are noticing emerge in the community:	
4. This contract is funded by tax dollars. If you are able to share a success story of this program that we can share with the public, How do you know that the program is successful please provide a metric please do so here:	