



Sarasota Family YMCA, Inc. /
Safe Children Coalition
1 S. School Avenue, Suite 301
Sarasota, FL 34237
941-951-2916
www.sarasota-ymca.org

REQUEST FOR APPLICATIONS FOR SERVICE PROVIDERS

PURPOSE

This request is intended to identify and approve providers who can offer a continuum of services for children and families in Sarasota, Manatee and DeSoto Counties served by the Safe Children Coalition (SCC). With the exception of providers who have been suspended or debarred from doing business with the government, or who need to be licensed to provide a service and are not, providers who offer services needed by clients served through the SCC will likely be approved. The approval process may include follow up questions and answers, and negotiation of costs and / or aspects of the proposed service delivery system. Through this process the SCC proposes to develop a pool of providers offering a variety of services important to the clients served by the SCC. Once the pool of providers is developed, children and families will be referred by both the SCC staff and Case Management Agency staff to providers based on specific, identified needs matched to services offered by providers.

It is imperative that children and families are engaged in services in a manner reflecting a sense of urgency. Providers who are able to successfully demonstrate responsiveness will be given preference for referrals. Referrals to programs/services will be made based on the most appropriate fit for the needs of the client offered at the most reasonable cost. Meeting the criteria in this RFA, or any other solicitation, does not of itself obligate the YMCA to extend a contract for, pay for, or utilize the provider's services.

BACKGROUND

Children need to grow in safe, permanent homes where they are free from abuse, neglect and other forms of maltreatment by their caregivers. Even though most caregivers want to provide this environment for their children, some lack the knowledge, skills, and resources to nurture and protect their children. In these circumstances, the Sarasota Family YMCA, as Lead Agency for the project, must assure the safety and welfare of vulnerable children as a primary priority and to strengthen and support the child's family.

Assuring the safety and welfare of children, while attempting to strengthen and preserve the child's family, requires a cohesive system that is family-centered, community-based, integrated, outcome oriented, culturally competent, timely and accountable. In order to achieve permanency for children in the timeframes required by federal and state laws, the child protection system needs to introduce new practices, service innovations, and collaborative partnerships.

Pursuant to Section 409.1671, Florida Statutes (1999), Privatization of Foster Care and Related Services, the Sarasota Family YMCA is seeking qualified community-based organizations that are interested in providing foster care related services in Sarasota, Manatee and/or DeSoto counties. Foster care and related services are defined as an integrated system of care providing: family support; family preservation; early intervention services; prevention services; outreach neighborhood services – home visitation; child, sibling and family visitation services; recruitment; education, support and retention services for shelter, foster and adoptive parents; emergency shelter; in-home protective services; relative care placements; licensed foster care; specialized therapeutic foster care; foster care supervision; unified and integrated case management services; post-placement supervision; residential treatment; residential group care; independent living; family reunification; adoption; and appropriate related services as specified in the child welfare case plan for each client. Services within the system of care may be acquired through sub-contracts, rate agreements or through a Purchase of Service process.

INSTRUCTIONS

Service providers must submit a completed RFA. Providers may submit an RFA to have their qualifications (including an approved RFA) on file and current with the YMCA, or may submit a completed or updated RFA at a future date as a specific request for consideration, exclusive of a formal solicitation for services.

Notice of Application Approval: All RFA submissions will be reviewed and the YMCA will notify the service provider if its application has been accepted. In that case, the provider may respond to other solicitations without re-submitting its administrative data. However, meeting the criteria in this RFA, or any other solicitation, does not of itself obligate the YMCA to extend a contract for, pay for, or utilize the provider's services.

The YMCA reserves the right to negotiate a final cost/price/unit rate or aspects of the proposed service delivery with each accepted provider in order to ensure the most reasonable price is available for each service and the needs of the clients are met through the purchase of these services.

As providers are identified, specific reporting requirements will be individually discussed based on the service provided and the funding used to purchase the services.

Questions / Answers: As part of the RFA process, questions regarding the RFA generally may be submitted up to one week (7 days) prior to the due date (unless otherwise specified in a solicitation document). Questions and answers will be posted on the YMCA web-site with the RFA documents on an ongoing basis. Questions should be submitted to the YMCA / SCC Contact Person identified in General Information by the date specified, if specified.

Response Format for RFA: In order to be considered for selection, respondents must submit a complete response to this RFA. All responses should be prepared simply and economically, providing a straightforward, concise description of the agency and the services provided. Emphasis should be placed on completeness and clarity of content.

The RFA response must have a cover letter on agency letterhead signed by the agency's President or the Chair of the agency's Board of Directors. If someone signs other than this individual, please include written verification indicating signature authority. The cover letter should be one (1) page, and should include the respondent's correct mailing address and the name of a primary contact person who can answer questions about the RFA response.

Please use the RFA Cover Sheet as page two (2) of your application. On the RFA Cover Sheet, the agency is asked to name a Provider Network contact that will represent the agency at Provider Network functions. This person should have authority to speak for the agency, and have the flexibility in his or her schedule to participate on a regular basis.

Responses should be printed on one-sided paper, single-spaced, using an 11-point or larger font. Responses may be submitted using notebooks with tabs, binder clips, rubber bands or envelopes. Do not staple any part of the application. Respondents are responsible for all costs of response preparation. The YMCA is not liable for any costs incurred in response to the RFA. One original response should be submitted in hard copy to the YMCA / SCC Contact Person identified in General Information by the date specified, if one is specified.

Narrative Response: The narrative response should include the following information (which can fill a maximum of five (5) pages):

- **MISSION** - What is the agency's mission? Include a brief statement of purpose, goals and philosophy.
- **SERVICES** – Which programs and services are you offering to provide? Please provide the following information at a minimum:
 - i. Describe the service you propose to offer.
 - ii. Describe your eligibility criteria and how clients will access services.
 - iii. Are programs offered in languages other than English? If so, which languages?
 - iv. What geographic areas do you cover?
 - v. Where will services be provided (physical location)?
 - vi. What is the frequency of service interaction with the client(s)?
 - vii. What is the duration of services provided (approximate length of sessions and average length of stay in program)?

- viii. What are the minimum and maximum participants you will serve under the proposed unit of service (i.e. 7 – 10 people per group)?
- ix. Describe the program's use of a waiting list. Include in the description the number of persons currently on the waiting list by city/area, the average length of time persons spend on the list before receiving services, and whether partial services are provided to those on the waiting list.
- x. How do you define successful engagement in your program and what are the outcomes you propose for these services?
- xi. What are the agency's qualifications for providing the identified service as well as the qualifications of the staff that will provide the services? How long has the agency been providing this service? How long has your CEO/Executive Director been in his/her position? How long has the Program Director (or equivalent) been in his/her position?
- xii. Define your unit of service and the cost per unit of service (i.e. 1 hour of service @ \$25, etc.). Describe any cost variations if there is a different charge for one county over another (example: A Manatee agency might charge less for a Manatee home visit than one in Venice or Northport or Arcadia). Note: The YMCA/SCC will not pay a rate higher than a scheduled Medicaid or Substance Abuse and Mental Health (SAMH) rate for a like service that is provided to a client not eligible for 3rd party funding.
- xiii. Do you have agreements with other funders to provide these services? If so, who? Will these funds allow you to provide services at a reduced cost, or at no cost to client referred by the Safe Children Coalition?
- xiv. Describe your back up documentation of service provision.

Note: if licensing standards are required related to the services offered in this RFA for 3rd party billing (i.e. Medicaid), those same standards must be met with services provided to SCC clients/referrals.

GENERAL INFORMATION

YMCA / SCC Contact Person: The designated contact person for the RFA is:

Assistant Director of Contract Administration
Sarasota Family YMCA, Inc.
1 S. School Avenue, Suite 301
Sarasota, FL 34237
941.951.2916 or jpowers@sarasota-ymca.org

RFA COVER SHEET

Please use this document as your checklist and attach all of the items listed below, in the order listed. All items are mandatory unless otherwise noted.

Legal name of organization:		Federal ID#:
Mailing address:		
City:	Zip:	Web address:
Executive Director/CEO Name:		Title:
Phone:	Fax:	Email:
Provider Network Contact Name:		Title:
Phone:	Fax:	Email:
Minority Provider: _____ Yes _____ No		Type of Provider: ____ Not for Profit ____ For Profit ____ Government

Narrative

- _____ Cover letter – 1 page Page 1
- _____ RFA Cover Sheet – 1 page Page 2
- _____ Narrative Response – maximum 5 pages Pages 3-7
- _____ Certifications / Attachments Pages 8+

Certifications

- _____ Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
- _____ Certification Regarding Lobbying
- _____ Conflict of Interest Declaration
- _____ Assurance of Civil Rights Compliance
- _____ Civil Rights Checklist (2 pages: required only if organization has 15 or more employees)

Incorporation

- _____ IRS 501(c)(3) determination letter (required only if organization is a non-profit entity)
- _____ Organization chart with name and tenure of senior management staff
- _____ Board of Directors member list and terms of office (if applicable)
- _____ Articles of Incorporation (if applicable)
- _____ Bylaws (if applicable)
- _____ Written verification of signature authority
(required if cover letter is signed by someone other than the President or Chair of the Board)

Licensing and Accreditation

- _____ Evidence of licensing, including licensing agency, type and number; state in which license is held; expiration date; programs licensed under each license number (if applicable).
- _____ Evidence of accreditation, including accrediting body; status; expiration date; and most recent site visit survey report (if applicable).

Insurance

- | | | |
|---|-----------------|-----------------|
| Evidence of insurance, including: | Coverage Limits | Expiration Date |
| _____ General Liability (\$1 million/\$3 million) | _____ | _____ |

Finance

- _____ Current agency and program budget (use attached budget format)
- _____ Cost/rate for proposed services (including detail of rate development)
- _____ Most recent financial audit and any management letters (if applicable)
- _____ Provider self evaluation

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
CONTRACTS/SUBCONTRACTS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360-20369).

INSTRUCTIONS

1. Each provider whose contract/subcontract equals or exceeds \$25,000 in federal moneys must sign this certification prior to execution of each contract/subcontract. Additionally, providers who audit federal programs must also sign, regardless of the contract amount. The Sarasota Family YMCA, Inc. cannot contract with these types of providers if they are debarred or suspended by the federal government.
2. This certification is a material representation of fact upon which reliance is placed when this contract/subcontract is entered into. If it is later determined that the signer knowingly was not authorized to bind the provider, or otherwise rendered an erroneous certification, the federal government may pursue available remedies, including suspension and/or debarment.
3. The provider shall provide immediate written notice to the YMCA Contract Administrator at any time the provider learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “debarred,” “suspended,” “person,” “principal,” and “voluntarily excluded,” as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the YMCA Contract Administrator for assistance in obtaining a copy of those regulations.
5. The provider agrees by submitting this certification that, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract/subcontract unless authorized by the federal government.
6. The provider further agrees by submitting this certification that it will require each subcontractor of this contract/subcontract, whose payment will equal or exceed \$25,000 in federal moneys, to submit a signed copy of this certification.
7. The Sarasota Family YMCA, Inc. may rely upon a certification of a provider that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.
8. This signed certification must be kept in YMCA’s contract file. Any subcontractor’s certification must be kept at the provider’s business location.

CERTIFICATION

- (1) The prospective provider certifies, by signing this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department or agency.
- (2) Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.

Signature of Provider’s Authorized Signee

Date

Name and Title of Provider’s Authorized Signee

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Date

Name of Authorized Individual

Title

Name and Address of Organization

CONFLICT OF INTEREST DECLARATION

for _____
(name of agency/organization)

	YES	NO
1. Do you, your immediate family, or your business partner have financial or other interests in Sarasota Family YMCA, Inc. (YMCA) or the recipient(s) of the proposed services?	___	___
2. Have gratuities or anything of monetary value been offered or exchanged between you, your immediate family, or your business partner and any employee of YMCA?	___	___
3. Within the last 24 months, have you been employed by, or do you plan to seek or accept future employment with, YMCA or the recipient(s) of the proposed services?	___	___
4. Are there any other conditions which may cause a conflict of interest?	___	___
5. Has any member of this agency or any person having interest in this agency been awarded a contract by the Sarasota Family YMCA, Inc. on a non-competitive basis to:	___	___
i. Develop this procurement document,		
ii. Perform a feasibility study concerning the scope of work contained in this procurement document.		

If you checked “yes” after any of the above questions, please explain your answer. Please attach additional sheets as necessary.

I declare that my answers and any related explanation(s) are true, correct and complete to the best of my knowledge and belief, and I will notify YMCA’s Director of Contract Administration in writing in the event of any change affecting such correctness or completeness.

Name

Date

Title

Company

Reviewed by YMCA: Name _____

Date _____

ASSURANCE OF CIVIL RIGHTS COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND THE OMNIBUS BUDGET RECONCILIATION ACT OF 1981.

The Subcontractor provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other Federal financial assistance to programs or activities receiving or benefiting from Federal financial assistance.

The Subcontractor assures Sarasota Family YMCA, Inc. (YMCA) that it will comply with:

1. Title VI of Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving or benefiting from Federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from Federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving for benefiting from Federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from Federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from Federal financial assistance.
6. All regulations, guidelines, and standards lawfully adopted under the above statutes.

The Subcontractor agrees that continued compliance with this assurance constitutes a condition of continued receipt of or benefit from Federal financial assistance, and that it is binding upon the Subcontractor, its successors, transferees, and assignees for the period during which such assistance is provided. The Subcontractor further assures that all contractors, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the Subcontractor understands that YMCA may, at its discretion, terminate the subcontract; seek a court order requiring compliance with the terms of this assurance; seek other appropriate judicial or administrative action requiring compliance with the terms of this assurance; or seek other appropriate judicial or administrative relief, to include Federal financial assistance being terminated and further such assistance being denied.

The person whose signature appears below is authorized to sign this assurance, and to commit the Subcontractor to the above provisions.

Subcontractor's Authorized Official

Date

Subcontractor

Sarasota Family YMCA, Inc.
(CBC / Circuit 12)

Subcontractor's Address

City State Zip Code

CIVIL RIGHTS COMPLIANCE CHECKLIST

Provider/Facility Name	County	Circuit
Address		Completed By
City, State, Zip Code	Date	Telephone

PART I. 1. Briefly describe the geographic area served by the provider/facility and the type of service provided:

2. POPULATION OF AREA SERVED. Source of data:

Total #	% White	% Black	% Hispanic	% Other	% Female		

3. STAFF CURRENTLY EMPLOYED. Effective date:

Total #	% White	% Black	% Hispanic	% Other	% Female	% Handicap	

4. CLIENTS CURRENTLY ENROLLED OR REGISTERED. Effective date:

Total #	% White	% Black	% Hispanic	% Other	% Female	% Handicap	% Over 40 Yrs.

5. ADVISORY OR GOVERNING BOARD, IF APPLICABLE.

Total #	% White	% Black	% Hispanic	% Other	% Female		

PART II. USE A SEPARATE SHEET OF PAPER FOR ANY EXPLANATION REQUIRING MORE SPACE.

6. Is an Assurance of Civil Rights Compliance on file with the Sarasota Family YMCA, Inc.? If NA or NO, explain. NA YES NO

7. Compare staff composition to the population. Are staff representative of the population? If NA or NO, explain. NA YES NO

8. Compare client composition to the population. Are race/sex characteristics representative of the population? If NA or NO, explain. NA YES NO

9. Are eligibility requirements for services applied to clients and applicants without regard to race, color, national origin, sex, age religion or handicap? If NA or NO, explain. NA YES NO

10. Are all benefits, services and facilities available to applicants and participants in an equally effective manner regardless of race, sex, color, age, national origin, religion or handicap? If NA or NO, explain. NA YES NO

11. For inpatient services, are room assignments made without regard to race, color, national origin or handicap? If NA or NO, explain. NA YES NO

PART III. USE A SEPARATE SHEET OF PAPER FOR ANY EXPLANATION REQUIRING MORE SPACE.

12. Is the provider/facility accessible to non-English speaking clients? If NA or NO, explain. NA YES NO
13. Are employees, applicants and participants informed of their protection against discrimination? If YES, how? Verbal Written Poster If NA or NO, explain NA YES NO
14. Give the number and current status of any discrimination complaints regarding services or employment filed against the provider/facility. NA NUMBER
15. Is the provider/facility physically accessible to mobility, hearing and sight impaired individuals? If NA or NO, explain. NA YES NO

PART IV. THE FOLLOWING QUESTIONS APPLY TO PROVIDERS/FACILITIES WITH 15 OR MORE EMPLOYEES.

16. Has a self-evaluation been conducted to identify any barriers to serving handicapped individuals, and to make any necessary modifications? If NO, explain. YES NO
17. Is there an established grievance procedure that incorporates due process into the resolution of complaints? If NO, explain. YES NO
18. Has a person been designated to coordinate Section 504 compliance activities? If NO, explain. YES NO
19. Do recruitment and notification materials advise applicants, employees and participants of nondiscrimination on the basis of handicap? If NO, explain. YES NO
20. Are auxiliary aids available to assure accessibility of services to hearing and sight impaired individuals? If NO, explain. YES NO

PART V. FOR PROVIDERS/FACILITIES WITH 50 OR MORE EMPLOYEES AND FEDERAL CONTRACTS OF \$50,000 OR MORE.

21. Does the provider/facility have a written affirmative action program? If NO, explain. YES NO

SARASOTA FAMILY YMCA, INC. USE ONLY		
Reviewed By:	In Compliance: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Title:		
Date:	Telephone:	Response Due:
<input type="checkbox"/> On-site <input type="checkbox"/> Desk Review		Response Received:

PROVIDER SELF EVALUATION

Please answer all questions by checking off the applicable box. For those items that are not applicable to you check N/A. For example, if you do not have any subcontracts, you should check N/A for each item in Section IX, Subcontracts/Professional Agreements.

Please note that a “no” response does not disqualify an agency from the RFA process. This information is used to determine the agency’s level of sophistication with regard to financial management. Through the qualification process, questions regarding “no” responses may be addressed individually with agencies to ensure appropriate practices are in place to comply with requirements of state and Federal funding.

Please provide a brief explanation for any negative response.

I. SEGREGATION OF DUTIES

1. Someone other than the timekeeper and persons who deliver paychecks to employees prepares the payroll. Yes No N/A
2. The duties of record keeper are separated from any cash-related functions. Yes No N/A
3. Check signing is limited to those authorized to make disbursements and whose duties exclude posting and recording of cash received. Yes No N/A
4. Personnel performing the disbursement function are excluded from purchasing, receiving, inventory, and general ledger functions. Yes No N/A
5. Mail receipts are opened and listed by someone not involved in posting, deposit preparation and deposit making. Yes No N/A
6. The person making the deposit is different from the person who prepares the deposit. Yes No N/A
7. An official who is not responsible for its preparation and is outside the payroll department approves the payroll. Yes No N/A

II. POLICIES AND PROCEDURES

1. Policies and procedures are reviewed annually and updated as necessary to reflect current operations. Yes No
2. Written policies and procedures address:
 - a. Record retention Yes No
 - b. Travel and entertainment Yes No
 - c. Purchasing Yes No
 - d. Asset acquisition, inventory, and disposal Yes No N/A
 - e. Cash management (payables, receivables, deposits, petty cash, reconciliations, etc.) Yes No
 - f. Credit cards Yes No N/A
 - g. Subcontractors Yes No N/A

- h. Bad debt write-offs Yes No N/A
- i. Personnel Yes No
- j. Employee loans Yes No N/A
- l. Computer back-up Yes No N/A
- m. Data Security Yes No N/A

III. CASH

A. CASH HANDLING PROCEDURES

- 1. a. All revenue is deposited into one operating account. Yes No N/A
- b. Deposits are made on a ____ daily; ____ weekly; _____ other (be specific) Yes No N/A basis.
- 2. The agency maintains a cash receipts journal. Yes No N/A
- 3. Revenue received that is not deposited on the same day is stored in a locked and secure location. Yes No N/A
- 4. The person receiving the monthly bank statement in the mail is not the same person responsible for performing the monthly account reconciliation. Yes No N/A
- 5. The bank statements and paid checks are received unopened from the bank by the person reconciling the account. Yes No N/A
- 6. Checks received in the mail are restrictively endorsed immediately upon opening the mail. Yes No N/A
- 7. Cash received from fund raising events are properly controlled, accounted, and reported. Yes No N/A
- 8. Bank reconciliations are performed monthly, reviewed, and signed by the next level of management. Yes No

B. PETTY CASH

- Yes No N/A
- 1. A specific employee is designated, in writing, as custodian.
- 2. Petty cash is not commingled with other funds and is used for small, emergency expenses. Yes No N/A
- 3. Cash fund is kept in a locked, secure location. Yes No N/A

4. Payments are made through vouchers that are completely and accurately filled out. Yes No N/A
5. Payments are supported by invoices or receipts. Yes No N/A
6. Payments made are under \$50 (for small incidental purchases). Yes No N/A
7. Travel payments are not made from petty cash. Yes No N/A
8. Documents are effectively canceled (marked paid) when expense is paid. Yes No N/A
9. Surprise audits are periodically performed and documented in writing. Yes No N/A
10. The size of the petty cash fund is adequate to meet emergency expenses. Yes No N/A

IV. ACCOUNTS RECEIVABLE

1. A detailed accounts receivable aging schedule is maintained by accounting. Yes No N/A
2. The accounts receivable aging schedule is reconciled to the general ledger monthly. Yes No N/A
3. The agency has established accounts receivable write off procedures that:
- a. are properly documented Yes No
- b. are approved by the President/Chief Executive Officer and the Board of Directors Yes No

V. ACCOUNTS PAYABLE

A. DISBURSEMENTS

1. The agency maintains an accounts payable ledger (checkboxbook) for its operating account. Yes No
2. During the payment process, the following are verified by management:
- a. Checks are issued in sequence Yes No
- b. Voids are clearly documented and accounted for Yes No
- c. Multiple payments made to one payee during the month are researched Yes No
- d. Payments are based on original invoices Yes No
- e. Payments are approved by appropriate levels of management Yes No

- f. Back-up is effectively canceled upon payment (help prevent duplicate payments) Yes No
- g. The check amount and invoice amount agree Yes No
- h. Bills are timely paid Yes No
- i. Payments to the Executive Director are countersigned by a Board member Yes No N/A

For tax exempt providers:

- k. Sales tax is not being paid on purchases of goods or services. Yes No N/A

B. EMPLOYEE EXPENSE TRANSACTIONS

- 1. Expense reports/vouchers are utilized Yes No
- 2. All expenses are supported with original receipts Yes No
- 3. The business purpose of the expenses are clearly stated Yes No
- 4. A mileage sheet is used to calculate and reimburse mileage expenses Yes No N/A

C. CREDIT CARD TRANSACTIONS

- 1. The agency maintains a listing of who has credit cards and the corresponding credit card numbers. Yes No N/A
- 2. The agency performs monthly reconciliations of credit card statements. Yes No N/A
- 3. The agency has review procedures that are used to track and pay balances. Yes No N/A
- 4. The cardholder or designee is not making personal purchases. Yes No N/A
- 5. Is there a policy that prohibits personal purchases? Yes No N/A
- 6. Corporate credit cards that are loaned to employees are controlled through a log indicating the date, person's name, purchase amount, and description. Yes No N/A
- 7. Original receipts support expenses charged to credit card Yes No N/A

D. TAX PAYMENTS

- 941s and Unemployment Compensation Taxes (UCTs) are completed, submitted and paid timely. Yes No N/A

VI. FINANCIAL REPORTING

1. Monthly financial statements are prepared. Yes No N/A
These include the following:
- a. A statement of activities (income statement) listed by cost center Yes No N/A
 - b. A statement of financial condition/position (balance sheet) Yes No N/A
 - c. Budget variance report Yes No N/A
2. Support documentation for all journal entries made are retained. Yes No N/A
3. a. The agency performs a monthly closing and Yes No N/A
b. Prepares/prints a complete set of accounting books (general ledger, accounts payable journal, accounts receivable journal, etc.) Yes No N/A
4. The agency maintains a current chart of accounts which:
- a. Allows for cost center accounting Yes No N/A
 - b. Tracks administration as a cost center Yes No N/A
 - c. Has a methodology to allocate indirect costs including administration Yes No N/A
5. Has the agency been audited during the past two years? Yes No N/A
6. Was a Management Letter issued?? Yes No N/A
7. Agency management submits monthly financial statements to the Board of Directors. Yes No N/A
8. The agency has an operating budget that was approved by the Board of Directors. Yes No N/A
9. Do procedures exist to monitor compliance with reporting requirements, use of funds and other conditions in accordance with funding agreement terms, and timely billing of amounts due? Yes No N/A

VII. METHOD OF PAYMENT (INVOICING)

Documentation supporting the number of units and dollars claimed on corresponding invoices are kept by the agency and are available for review and inspection. Yes No

VIII. ASSETS AND PROPERTY

1. An annual asset inventory is taken and recorded in writing. Yes No N/A
2. Property records are reconciled to the general ledger at least annually. Yes No N/A
3. Property / capital assets are recorded on an asset ledger with the following information:

- a. sequential item number Yes No N/A
 - b. description Yes No N/A
 - c. funding source Yes No N/A
 - d. purchase date and amount Yes No N/A
 - e. cost Yes No N/A
 - f. location Yes No N/A
 - g. condition Yes No N/A
 - h. asset tag number (capital assets of \$1,000 or more) Yes No N/A
4. Acquisitions and disposals are documented in writing. Yes No N/A

IX. LOANS

1. If loans are made to employees, formal, signed agreements are secured and contain the following:
- a. Date loan made, amount, and maturity Yes No N/A
 - b. Terms and conditions regarding repayment Yes No N/A
 - c. Approval by the President/Executive Director Yes No N/A
 - d. Disclosure to the Board of Directors through an aging schedule or other report Yes No N/A
2. If loans are being granted to officers and/or directors of the agency, please explain on separate attachment. Yes No N/A
- Attachment # _____ included. Yes No

X. PERSONNEL MANAGEMENT / PAYROLL

1. All personnel files contain the following:
- a. Current job description signed and dated by employee Yes No
 - b. I-9 forms Yes No
 - c. W-4 forms Yes No
 - d. Annual evaluations (if required) Yes No
 - e. Pay rates and changes are clearly documented and agree with the latest payroll register. Yes No
 - f. Reference checks Yes No

2. a. Employees document their work hours through a time sheet or punch clock. Yes No
 b. The employee signed the time records. Yes No
 c. The supervisor reviewed and signed the time records. Yes No
3. Non-exempt employees receive time and a half for all hours in excess of 40 per week. Yes No
4. Do any of your employees also have a contract with your agency? If yes, please explain in separate attachment. Yes No
- Attachment # _____ included Yes No

XI. LOBBYING

1. The agency has complied with s. 216.347, F.S., which prohibits the use of state contract funds for the purpose of lobbying the Legislature or a state agency. Yes No
2. If contracts contain federal funding in excess of \$100,000 and the provider organization spends any money on lobbying, the provider has sent a Disclosure of Lobbying Activities, Standard Form LLL, to the contract manager for federal review. Yes No

XII. INSURANCE

1. The agency has comprehensive liability insurance. Yes No
2. Policies are in effect. Yes No
- Yes No

DECLARATIONS - TO BE COMPLETED BY ALL PROVIDERS

1. Please list any and all family relationships that exist between your Board of Directors, your agency's principal officers, your agency's employees and independent contractors.

2. Please provide a complete accounting of any and all transactions of business completed during the past twelve months between your agency and other entities or businesses owned or controlled by members of the Board of Directors. Please describe what steps were taken to ensure that the amounts paid were reasonable and competitive.

3. Does any business or entity that has conducted any financial transactions with your agency during the past twelve-month's employ any Board Members? If so, please provide an accounting of representative invoices for these transactions and also explain what steps were taken to assure that the amounts paid were reasonable.

4. Please list any and all civil litigation pending against your agency. Include a statement as to the amount of each claim and whether such potential for loss is covered by insurance.

5. Are any amounts or reports due to the Internal Revenue Service and any other taxing agency that have not been paid or filed? Specify amounts, reports, and due dates.

6. Please list all persons and their titles currently authorized to sign contract(s) with the YMCA on behalf of your agency.

7. Please describe any volunteer relationships between your organization and any other local/regional community-based social service agency (i.e. CFO is on the Board of Directors of another agency in the community).

8. Has there been any change in structure/operations of your programs in the past twelve months? If yes, please describe in detail.

9. Has staff turnover occurred in key managerial or clinical positions during the past twelve months? If yes, what are the affected positions and reasons for the turnover?

10. Have any client grievances / complaints been filed against you? If yes, what was the nature of the grievances, dates, and other pertinent information?

11. Do you operate satellite sites? If so, how many locations? And is management of the satellite offices decentralized or centralized?

12. The YMCA is committed to ensuring provision of the highest quality services to the persons we serve. Accordingly, the YMCA has expectations that where accreditation is generally accepted nationwide as a clear indicator of quality service, the majority of our providers will be accredited.

Is your agency or any component of your agency accredited by any national accrediting organizations? If so, list the programs/modalities accredited, the name of the accrediting organization and its contact person, address, phone number, date of most recent accreditation and date of expiration. Also, state the type of accreditation (e.g., conditional, partial, provisional, one year, three year, accreditation watch, denied, with Type I recommendations, with commendation, having specific recommendations for improvement, etc.)

CERTIFICATION:

I hereby certify that the answers provided in this self-monitoring document are true and accurate to the best of my knowledge. I understand that falsification or misrepresentation on any question may be considered a breach of contract that may lead to the termination of all contracts with the YMCA.

Signature - Executive Director or CEO

Date

Name - Executive Director or CEO

AND

Signature – CFO or Business Manager

Date

Name – CFO or Business Manager