

AN ORDINANCE **2010-12-16-1103**

**AUTHORIZING AMENDMENTS TO FOUR PROFESSIONAL SERVICES AGREEMENTS WITH THE AMERICAN CANCER SOCIETY, BEXAR COUNTY HOSPITAL DISTRICT d/b/a UNIVERSITY HEALTH SYSTEM, THE SOUTH CENTRAL AREA HEALTH EDUCATION CENTER, AND THE SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG ABUSE WHICH WILL INCREASE AUDIT AND REPORTING REQUIREMENTS FOR ALL ORGANIZATIONS AND WILL FURTHER AMEND THE SCOPE OF SERVICES AND INCREASE COMPENSATION TO THE SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG ABUSE BY AN ADDITIONAL \$40,000.00.**

\* \* \* \* \*

**WHEREAS**, the San Antonio Metropolitan Health District's (Metro Health) Tobacco Prevention & Control Program is funded by the Texas Department of State Health Services (DSHS) and has operated since 2008; and

**WHEREAS**, the program focuses on reducing the use of tobacco products and eliminating related health disparities in Bexar County; and

**WHEREAS**, Metro Health enters into professional services agreements with community organizations to assist in delivery of education services and information; and

**WHEREAS**, authorized agreements exist for the four organizations listed above; however, the agreements do not presently contain the language necessary to compel the level of auditing, monitoring, and reporting required by the grantor and City policies; and

**WHEREAS**, additional funding has also been allocated for the development of a grantor-required youth coalition focused on tobacco use prevention and will be added to the budget and scope of services for the amended agreement with the San Antonio Council on Alcohol and Drug Abuse to allow execution of the activity; **NOW THEREFORE:**

**BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:**

**SECTION 1.** The City Manager or her designee or the Director of the San Antonio Metropolitan Health District or his designee, is authorized to execute amendments to four professional services agreements with the American Cancer Society, Bexar County Hospital District d/b/a University Health System, the South Central Area Health Education Center, and the San Antonio Council on Alcohol and Drug Abuse which will increase audit and reporting requirements for all organizations and will further amend the scope of services and increase compensation to the San Antonio Council on Alcohol and Drug Abuse by \$40,000.00. A copy of the agreements in substantially final form are attached hereto and incorporated herein for all purposes as **Attachments I** through **IV** in the order listed above.

**SECTION 2.** Fund 2601636058 entitled "Tobacco Community Coalitions 2011" and Internal Order 136000000500, are hereby designated for use in the accounting for the fiscal transaction in the acceptance of these service agreements.

**SECTION 3.** The sum of \$40,000.00 is hereby appropriated in the above designated fund and will be disbursed from GL 5201040 "Fees to Professional Contractors". Payment is authorized to the San Antonio Council on Alcohol and Drug Abuse and should be encumbered with a purchase order.

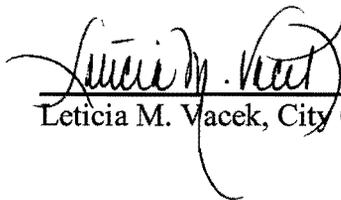
**SECTION 4.** The financial fiscal allocations in this Ordinance are subject to approval by the Chief Financial Officer, City of San Antonio. The Chief Financial Officer, may, subject to concurrence by the City Manager or the City Manager's designee, correct allocations to specific SAP Fund Numbers, SAP Project Definitions, SAP WBS Elements, SAP Internal Orders, SAP Fund Centers, SAP Cost Centers, SAP Functional Areas, SAP Funds Reservation Document Numbers, and SAP GL Accounts as necessary to carry out the purpose of this Ordinance.

**SECTION 5.** This ordinance shall become effective immediately upon passage by eight (8) or more affirmative votes of the entire City Council; otherwise, said effective date shall be ten (10) days from the date of passage hereof.

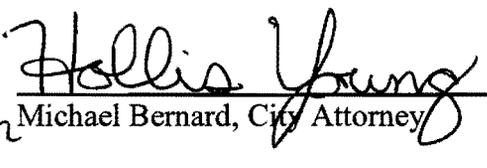
PASSED AND APPROVED this 16<sup>th</sup> day of December, 2010.

  
M A Y O R  
Julián Castro

**ATTEST:**

  
\_\_\_\_\_  
Leticia M. Vacek, City Clerk

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
for Michael Bernard, City Attorney



Request for  
**COUNCIL  
ACTION**

City of San Antonio



## Agenda Voting Results - 44

<b>Name:</b>	6, 7, 8, 9, 10, 11, 12, 16, 17, 18, 20A, 20B, 22A, 22B, 24, 25A, 25B, 25C, 26, 27, 30, 31, 33A, 33B, 33D, 33E, 34, 35, 36, 37, 39A, 39B, 40, 41, 42A, 42B, 43A, 43B, 44, 45, 46, 47, 48, 49, 50						
<b>Date:</b>	12/16/2010						
<b>Time:</b>	10:30:06 AM						
<b>Vote Type:</b>	Motion to Approve						
<b>Description:</b>	An Ordinance authorizing amendments to four professional services agreements with the American Cancer Society, Bexar County Hospital District, the San Antonio Council on Alcohol and Drug Abuse, and the South Central Area Health Education Center which will increase audit and reporting requirements and amend the scope of services and compensation by \$40,000.00 to the San Antonio Council on Alcohol and Drug Abuse agreement. [Sharon De La Garza, Assistant City Manager; Dr. Fernando A. Guerra, Director, Health]						
<b>Result:</b>	Passed						
Voter	Group	Not Present	Yea	Nay	Abstain	Motion	Second
Julián Castro	Mayor		x				
Mary Alice P. Cisneros	District 1		x				x
Ivy R. Taylor	District 2		x				
Jennifer V. Ramos	District 3		x				
Philip A. Cortez	District 4		x			x	
David Medina Jr.	District 5		x				
Ray Lopez	District 6		x				
Justin Rodriguez	District 7	x					
W. Reed Williams	District 8		x				
Elisa Chan	District 9		x				
John G. Clamp	District 10		x				

**AMENDMENT TO  
PROFESSIONAL SERVICES AGREEMENT**

This amendment is entered into by and between the City of San Antonio, a Texas Municipal Corporation, (hereinafter referred to as "City") acting by and through its City Manager, pursuant to Ordinance No. 2010-04-01-0264 passed and approved on April 1, 2010, and the American Cancer Society, High Plains Division, by and through its Regional Vice President, Lane Moore (hereinafter referred to as ACS), both of which may be referred to herein collectively as the "Parties".

**WHEREAS**, the City presently subcontracts with the ACS for the Tobacco Prevention and Control Coalition Program (SA-TPCC) pursuant to a Professional Services Agreement (hereinafter referred to as "the Agreement") that commenced on September 1, 2010 pursuant to Ordinance No. 2010-04-01-0264; and

**WHEREAS**, it is in the best interest of the City that an amendment of the Agreement now be executed that includes special provisions and direction for contract monitoring and documentation of in-kind and actual expenses; and

**WHEREAS**, the Texas Department of State Health Services (TDSHS) as the funder of SA-TPCC has subsequently instructed that SA-TPCC develop a Youth Tobacco Coalition initiative; and that the Agreement budget be revised; and

**WHEREAS**, ACS has agreed to take on this additional task; and

**WHEREAS**, it is in the best interest of the City that an amendment of the Agreement now be executed; **NOW THEREFORE:**

City and ACS agree to amend the Agreement as follows:

1. The following listed document, attached hereto and incorporated herein as Exhibit I, is added to the Agreement as set out within this Amendment and shall be effective as noted:

- **Exhibit I to this Amendment:** Attachment III – Special Provisions to be effective for the period September 1, 2010 - August 31, 2011.

2. Section 4.4.2 is amended as follows:

4.4.2 ACS understands that it shall submit detailed monthly activity reports of SA-TPCC program measures addressed through its activities by no later than the 5<sup>th</sup> business day of the following month as based upon the minimum requirements agreed upon by the Parties, which is affixed hereto and incorporated herein for all purposes as Attachment I. This report will be submitted electronically using forms designated by SA-TPCC to Tobacco Program Staff and the designated representative of the CEW. Non submittal or late submittal of required monthly activity reports or the supporting documents that go with the report are grounds for delaying reimbursement of corresponding invoices or possible rejection of said invoices should the activity reports be submitted more than 30 days following the

end of the monthly reporting period. Additionally, ACS agrees to be fully subject to the Special Provisions as outlined in Attachment III.

3. All other terms, conditions, covenants and provisions of the Agreement are hereby continued and shall remain in effect in their original form, except for the provisions modified by this Amendment.
4. This Agreement may be executed in several counterparts by the Parties hereto and each counterpart, when so executed and delivered, shall constitute an original instrument and such separate counterparts shall constitute but one and the same instrument.

EXECUTED IN DUPLICATE ORIGINALS, EACH OF WHICH SHALL HAVE THE FULL FORCE AND EFFECT OF AN ORIGINAL, this the \_\_\_\_\_ day of \_\_\_\_\_, 2010.

**City:**  
**CITY OF SAN ANTONIO**

**Contractor:**  
**AMERICAN CANCER SOCIETY**  
**HIGH PLAINS DIVISION, INC.**

\_\_\_\_\_  
Sharon De La Garza  
Assistant City Manager

\_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
By: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

Approved as to Form:

\_\_\_\_\_  
Michael D. Bernard  
City Attorney

**Special Provisions**

The American Cancer Society, High Plains Division, Inc. (Subrecipient) agrees and understands that funds for this project come in whole or in part from a grant made available through the Texas Department of State Health Services (TDSHS). The subrecipient understands that the San Antonio Metropolitan Health District (SAMHD) is the direct grantee of funds and must adhere to grant requirements imposed by TDSHS. The subrecipient understands that as a recipient of these funds it must comply with timelines and requirements in coordination with SAMHD in order to meet grant requirements.

As such, the subrecipient agrees that it will comply with all applicable monitoring, reporting and documentation requirements, as well as terms and conditions from TDSHS, including but not limited to those articulated below:

**I.**

**Standard Terms and Conditions**

1.1 **Generally:** SAMHD as grantee must comply with all terms and conditions outlined in its grant award, including grant policy terms and conditions contained in applicable Grant Policy Statements from the Texas Department of State Health Services (TDSHS) and the Department of Health and Human Services (HHS), and requirements imposed by specific program and grant administration regulations, as applicable. Subrecipients must comply with all requirements for subrecipients and cooperate with all monitoring procedures and provide required reporting and documentation to support SAMHD's requirements under the grant award. In addition to the standard terms and conditions of award, subrecipients receiving funds must abide by the general terms and conditions set out below.

1.2 **Civil Rights Obligations:** Recipients and subrecipients of State or Federal financial assistance must comply with Title VI of the Civil Rights Act of 1964 (prohibiting race, color, and national origin discrimination), Section 504 of the Rehabilitation Act of 1973 (prohibiting disability discrimination), Title IX of the Education Amendments of 1972 (prohibiting sex discrimination in education and training programs), and the Age Discrimination Act of 1975 (prohibiting age discrimination in the provision of services). For further information and technical assistance, please contact the HHS Office for Civil Rights at (202) 619-0403, OCRmail@hhs.gov, or <http://www.hhs.gov/oct/civilrights/>.

1.3 **Documentation of Expenses and in-kind match:** The grantee may use its own expense and financial documentation systems and procedures provided it observes the provisions of the following official guidance documents:

- Federal cost principles regarding the allowability of costs specific to the subrecipient's organization type:
  - The allowability of costs incurred by State, local or federally-recognized Indian tribal governments (the City of San Antonio or Bexar County) is determined in accordance with the provisions of OMB Circular A-87, "Cost Principles for State,

Local, and Indian Tribal Governments," available at:  
[http://www.whitehouse.gov/omb/circulars\\_a087\\_2004](http://www.whitehouse.gov/omb/circulars_a087_2004)

- The allowability of costs incurred by non-profit organizations (such as the American Cancer Society, the American Lung Association and the American Heart Association) is determined in accordance with the provisions of OMB Circular A-122, "Cost Principles for Non-Profit Organizations," available at:  
[http://www.whitehouse.gov/omb/circulars\\_a122\\_2004](http://www.whitehouse.gov/omb/circulars_a122_2004)
- The allowability of costs incurred by institutions of higher education (such as Trinity University, UTSA and the UT Health Science Center at San Antonio) is determined in accordance with the provisions of OMB Circular A-21, "Cost Principles for Educational Institutions," available at:  
[http://www.whitehouse.gov/omb/circulars\\_a021\\_2004](http://www.whitehouse.gov/omb/circulars_a021_2004)
- The allowability of costs incurred by hospitals is determined in accordance with the provisions of Appendix E of 45 CFR part 74, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals," available at: <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=5ce80adfb5e0caef1c156560c5fd2885&rgn=div9&view=text&node=45:1.0.1.1.35.6.11.3.11&idno=45>
- Fiscal Year 2011 Department of State Health Services Contract General Provisions (Core/Subrecipient), available at:  
<http://www.dshs.state.tx.us/grants/docs/2011GeneralProvisionsSubrecipient.doc>
- Texas DSHS Contractor's Financial Procedures Manual, available at:  
<http://www.dshs.state.tx.us/contracts/docs/cfpm10.doc>

1.3.1 City of San Antonio and SA-TPCC program staff will review documentation of subrecipient expenses and in-kind and will make the final judgment as to whether additional information is required to achieve compliance with the items listed in 1.3 above. Subrecipients will make corrections that are required to fulfill those requirements.

1.3.2 Should any of the provisions for documentation of expenses and in-kind match listed under 1.3 change as a result of a City of San Antonio Finance office ruling or a ruling by the Texas Department of State Health Services or the Auditor's Office of the State of Texas, [the subrecipient] will be notified as quickly as possible and given assistance in making necessary adjustments.

1.4 Lobbying: Federal law prohibits award recipients and sub-contractors from using State or Federal funds for lobbying Congress or a Federal agency, or to influence legislation or appropriations pending before the Congress or any State or local legislature.

This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

Any activity designed to influence action in regard to a particular piece of pending legislation would be considered lobbying. That is lobbying for or against pending legislation, as well as indirect or grass roots lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives at the Federal, state, or local levels to urge support of, or oppositions to, pending legislative proposals is prohibited.

Recipients of grants and cooperative agreements need to be careful to prevent grant funds from being used to influence or promote pending legislation. With respect to conferences, public events, publications, and grass roots activities that relate to specific legislation, recipients of grant funds should give close attention to isolating and separating the appropriate use of grant funds from non-grant funds.

### **III. Audit Requirements**

3.1 A grantee, such as SAMHD, that expends \$500,000.00 or more in a year in State or Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations.

3.2 Subrecipients receiving grant funds must also meet the same requirements of OMB Circular A-133 (if the total Federal or State grant funds received exceed \$500,000.00). In instances of noncompliance with Federal law and regulations, the subrecipient must take appropriate corrective action within six months after receipt of the audit. OMB Circular A-133 may be found at:

[http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133\\_revised\\_2007.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf)

3.3 If a subrecipient is not required to have a program-specific audit, SAMHD is still required to perform adequate monitoring of subrecipient activities. Subrecipients shall cooperate with all such activities. Additionally, as a condition of accepting funding, it is noted that the subrecipient agrees to permit City or independent auditors to have access to subrecipient records and financial records as necessary.

### **IV. Reporting Requirements**

4.1 SAMHD must report on subrecipient activities as specified below, and subrecipient agrees to cooperate with SAMHD in providing information as necessary for SAMHD to comply with the following requirements:

Subrecipients must submit monthly invoices, performance measure reports and supporting documentation to SAMHD, containing the following information:

- A. The prescribed reporting form reports all spending, in-kind expenses and the performance measures achieved for the previous month. The form shall be filled out monthly and emailed electronically to the City no later than the 5<sup>th</sup> business day of the following month. The pages requiring signatures may be printed out by the subcontractor, signed and scanned and sent to the City separately. Each page requires two signatures.
- B. All required documentation for reimbursable expenses, in-kind expenses and performance measures must be scanned with the invoice and sent electronically to the City by the 5<sup>th</sup> working day of the following month.

- C. Individual items submitted for reimbursement on the invoice, for in-kind expenses or inclusion in the performance measures must directly reference attached documentation in order for it to be accepted.
- D. The requirements for documentation are found in the documents listed in 1.3 above and 4.2 below. In many cases the state requirements are stricter than the federal requirements. As a rule, if requirements in one document are different from similar requirements in the other State and Federal requirements, the requirement that is the strictest will apply. Also, in some cases, the State regulations are silent. In that instance, the federal regulations take precedence.
- E. The following attachments shall be used by subrecipients in order to assess and document expenses:
  - i. Appendix A – Examples of Time Sheets for personnel reimbursed by grant funding. This is customized for each subrecipient and provided electronically by SA-TPCC staff. Other time sheet forms may be used provided the same information is captured.
  - ii. Appendix B– The request for reimbursement invoice / in-kind cost submission / performance measures form. This is customized for each subrecipient and provided electronically by SA-TPCC staff.
  - iii. Appendix C – The SA-TPCC Activity Tracking Form, which is to be used as a cover sheet with supporting materials to document health fairs, presentations and other events.
  - iv. Appendix D – The In-Kind Contribution Form is to be used to document in-kind personnel time and other in-kind expenses that are included on the invoice. Use it as a cover sheet for your in-kind documentation. When used to document in-kind personnel time, the hourly value of the employee’s time is to be used. This includes salary and fringe benefits.

4.2 Subrecipient agrees to provide any and all information necessary for SAMHD to complete monitoring as required by TDSHS and the City of San Antonio. The following attachments are documents that will be used by SAMHD to monitor compliance of the subrecipient with the parameters of the contract and with the State and Federal administrative requirements as listed above in 1.3 and shown below as items (D) through (I):

- A. Appendix E: The Subcontractor Fiscal Systems Checklist. This checklist will be reviewed with the subrecipients at least once at the beginning of the grant year. Follow-up will be pursued in the event of discovery of non-compliance.
- B. Appendix F: The On-Site Monitoring Review form. This will be used to document meetings with subrecipients and track progress of issues to be resolved.
- C. Appendix G: The Agency Certification File is the depository of all organizational/corporate documents for each contractor, vendor, delegate agency, grantee or subrecipient under contract with SAMHD. The assigned Contract Delegate is responsible for maintaining all updated and listed information and documents for each subrecipient. New copies of all of the listed documents shall be provided to SAMHD by no later than 5 months into the new fiscal year.
- D. OMB Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments"
- E. OMB Circular A-122, "Cost Principles for Non-Profit Organizations."

- F. OMB Circular A-21, "Cost Principles for Educational Institutions."
- G. Appendix E of 45 CFR part 74, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals."
- H. Fiscal Year 2011 DSHS Contract General Provisions
- I. DSHS Contractor's Financial Procedures Manual

<< ORGANIZATION NAME >> TIME SHEET

Employee Name:

Time Sheet Period:

*Instructions: Enter number of hours worked in each project area each day.*

Project	SUN	MON	TUE	WED	THU	FRI	SAT	Total	SUN	MON	TUE	WED	THU	FRI	SAT	Total	TOTAL
Date																	
SA-TPCC								0.00								0.00	0.00
Other								0.00								0.00	0.00
Other								0.00								0.00	0.00
Other								0.00								0.00	0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Number of hours for SA-TPCC: 0.00  
 Hourly pay rate equivalent: \_\_\_\_\_  
 Total salary value for period: \$0.00

Fringe rate equivalent: \_\_\_\_\_  
 Total personnel cost for period: \$0.00

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

<< ORGANIZATION NAME >> TIME SHEET

Employee Name:  
 Time Sheet Period:

Instructions: Enter number of hours worked in each project area each day.

Project	SUN	MON	TUE	WED	THU	FRI	SAT	Total	SUN	MON	TUE	WED	THU	FRI	SAT	Total	TOTAL	
Date																		
SA-TPCC								0.00									0.00	0.00
Regular								0.00									0.00	0.00
Holiday								0.00									0.00	0.00
Leave 1								0.00									0.00	0.00
Leave 2								0.00									0.00	0.00
Other								0.00									0.00	0.00
Regular								0.00									0.00	0.00
Holiday								0.00									0.00	0.00
Leave 1								0.00									0.00	0.00
Leave 2								0.00									0.00	0.00
Other								0.00									0.00	0.00
Regular								0.00									0.00	0.00
Holiday								0.00									0.00	0.00
Leave 1								0.00									0.00	0.00
Leave 2								0.00									0.00	0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Number of hours for SA-TPCC: 0.00  
 Hourly pay rate equivalent: \_\_\_\_\_  
 Total salary value for period: \$0.00

Fringe rate equivalent: \_\_\_\_\_  
 Total personnel cost for period: \$0.00

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

<< ORGANIZATION NAME >> TIME SHEET

Employee Name:  
Time Sheet Period:

Instructions: Enter number of hours worked in each project area each day.

Project	SUN	MON	TUE	WED	THU	FRI	SAT	Total
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Number of hours for SA-TPCC: 0.00  
 Hourly pay rate equivalent: \_\_\_\_\_  
 Total salary value for period: \$0.00

Fringe rate equivalent: \_\_\_\_\_  
 Total personnel cost for period: \$0.00

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS**  
**SA-TPCC Contractor Monthly Performance Reports and Invoices**  
**September 1, 2010 - August 31, 2011**

**General:**

Complete the performance report and invoice templates for the appropriate month and submit by email to richard.jackson@sanantonio.gov by the 5th business day of the subsequent month. The entire modifiable Excel file must be submitted electronically each month to allow Metro Health staff to copy the performance measures into an aggregated file. Signed reports and invoices must also be submitted and may be provided in two different ways: 1) insert an electronic signature directly in the worksheet, or 2) print the completed worksheet, sign, scan, and then email the signed version. Supporting documentation must be submitted for all activities and costs and may be sent electronically or by mail. Supporting documentation should be organized and numbered or referenced in a way to link the materials to the Excel reports. Examples are provided for a completed performance report and invoice. The Master worksheet is linked to each monthly performance report and invoice to summarize all items reported. Do not modify the Master worksheet.

**Due Dates:**

October 7, November 5, December 7, January 7, February 7, March 7, April 7, May 6, June 7, July 8, August 5, September 6

**Performance Report:**

The performance report is structured to allow you to report according to the objectives outlined in the scope of service in your contract. List the performance period being reported and the date of submission. Mark the check boxes that portray your progress during the month being reported and reference the supporting documentation that demonstrates those activities. List the quantities of all performance measures completed during the month, break them down by topic if applicable (cessation, prevention, SHS, disparities), identify the related activity number from your scope of service, and reference the supporting documentation. After the objective report tables a text box is available to report any barriers or additional activities as needed. Next, the performance measures will be summarized from the objective report tables. At the end of the report, provide two signatures to verify the completion of the activities and accuracy of the report. All of the performance measures listed for the month are linked to the Master worksheet. Do not modify the Master worksheet. Submit corresponding supporting documentation organized and referenced.

**Invoice and In-Kind Statement:**

The invoice and in-kind statement are organized in the same manner as the budget in your contract. List the cost period and the date of submission. Enter the cost items and descriptions, supporting documentation, and amount. The costs will self-total for each category and at the end of the invoice and in-kind statement. At the end of the invoice, provide two signatures to verify the accuracy of the invoice. Repeat the same procedure for the statement of in-kind contributions that follows. Separate sets of signatures are required for the invoice and in-kind statement. The invoice and in-kind totals listed for the month are linked to the Master worksheet. Do not modify the Master worksheet. Submit corresponding supporting documentation organized and referenced.

**SOUTH CENTRAL AREA HEALTH EDUCATION CENTER  
MONTHLY PERFORMANCE REPORT  
Metro Health/SA-TPCC Contract: September 1, 2010 - August 31, 2011**

Performance Period: September 2010  
Date Submitted: \_\_\_\_\_

# Example

**Objective 1: Conduct cessation training consultation for health care providers and worksites.**

- Activity 1.1: Participate in SA-TPCC committee to plan and modify HCP and worksite outreach
- Activity 1.2: Conduct tobacco cessation consultations with 200 HCPs
- Activity 1.3: Inform 50 work site wellness or benefits offices of local resources for tobacco cessation
- Activity 1.4: Establish and produce a training video for health professions students that demonstrates effective counseling and follow up techniques for tobacco cessation
- Activity 1.5: Assess use of tool kit modifications based on 2009-2010 focus group findings
- Activity 1.6: Maintain CME accreditation for web-based billing/coding video and make revisions as needed

Progress this month (mark all that apply)						Supporting documentation	
<input checked="" type="checkbox"/> Plan	<input type="checkbox"/> Recruit	<input type="checkbox"/> Implement	<input type="checkbox"/> Evaluate			Time sheet for planning hours, meeting notes, list of targets identified	
<input checked="" type="checkbox"/> Meet	<input checked="" type="checkbox"/> Schedule	<input type="checkbox"/> Monitor	<input type="checkbox"/> Report				
<input type="checkbox"/> Receive info/training	<input type="checkbox"/> Deliver info/training	<input type="checkbox"/> Other (detail in "supporting documentation")					
Performance measures achieved	Quant.	Topics				Related Activity #	Supporting documentation (reference numbered attachment)
# meetings attended	1	prev.	cess.	SHS	disp.	1.1	
# HCP targets identified	20					1.2	attachment A
# of cessation consultations with HCPs	0					1.2	
# work site targets identified	5					1.3	attachment B
# work site cessation consultations	0					1.3	

**Objective 2: Conduct youth outreach and education.**

- Activity 2.1: Conduct at least 1 Tobacco Free Kids Day event; engage youth in activities and disseminate prevention information
- Activity 2.2: Deliver TATU course to 50 youth

Progress this month (mark all that apply)						Supporting documentation	
<input checked="" type="checkbox"/> Plan	<input checked="" type="checkbox"/> Recruit	<input checked="" type="checkbox"/> Implement	<input type="checkbox"/> Evaluate			Time sheet for planning hours, list of recruited youth, course sign-in sheets	
<input type="checkbox"/> Meet	<input type="checkbox"/> Schedule	<input type="checkbox"/> Monitor	<input type="checkbox"/> Report				
<input type="checkbox"/> Receive info/training	<input type="checkbox"/> Deliver info/training	<input type="checkbox"/> Other (detail in "supporting documentation")					
Performance measures achieved	Quant.	Topics				Related Activity #	Supporting documentation (reference numbered attachment)
# events conducted	0	prev.	cess.	SHS	disp.	2.1	
# youth involved in alt. activities	0	0	0	0	0	2.1	
# youth receiving info	0	0	0	0	0	2.1	
# adults receiving info	0	0	0	0	0	2.1	
# youth recruited for TATU	50					2.2	attachment C
# youth receiving education (TATU)	15					2.2	attachment D-E
# course series conducted	1					2.2	attachment D-E

**Objective 3: Participate in SA-TPCC capacity building.**

- Activity 3.1: Participate in regular coalition meetings to report performance and progress.
- Activity 3.2: Participate in coalition Steering Committee.

Progress this month (mark all that apply)	Supporting documentation

<input type="checkbox"/> Plan	<input type="checkbox"/> Recruit	<input type="checkbox"/> Implement	<input type="checkbox"/> Evaluate	Time sheet for meeting			
<input checked="" type="checkbox"/> Meet	<input type="checkbox"/> Schedule	<input type="checkbox"/> Monitor	<input type="checkbox"/> Report				
<input type="checkbox"/> Receive info/training	<input type="checkbox"/> Deliver info/training	<input type="checkbox"/> Other (detail in "supporting documentation")					
Performance measures achieved	Quant.	Topics				Related Activity #	Supporting documentation (reference numbered attachment)
		prev.	cess.	SHS	disp.		
# meetings attended	1					3.1	

**Brief narrative regarding performance barriers or additional activities (if applicable)**

**Summary of TDSHS Performance Measure Achievement (calculated from reports above)**

Measure	Quant.	Topics			
		prev.	cess.	SHS	disp.
# of renewed community agreements					
# new community agreements					
# of cessation consultations with HCPs	0				
# work site cessation consultations	0				
# adults receiving information	0	0	0	0	0
# youth receiving information	0	0	0	0	0
# tobacco presentations					
# adults attending presentations					
# youth attending presentations					
# adults involved in alt. activities					
# youth involved in alt. activities	0	0	0	0	0
# youth receiving educ/skills training	15				
# tobacco media awareness activities					
# tobacco media contacts					
# environ/regulatory/legal strategies implemented or changed					

**Verification statement:**

This report represents an accurate summary of performance for the period listed. Supporting evidence of performance is attached to this report and is maintained on file at the sub-recipient's office as specified in the contract.

<< signature line >>  
 \_\_\_\_\_  
 << Type name and title here >>

<< date line >>  
 \_\_\_\_\_  
 Date

<< signature line >>  
 \_\_\_\_\_  
 Paula Winkler, Director

<< date line >>  
 \_\_\_\_\_  
 Date

Note: Two certifying signatures are required for each performance report.

**SOUTH CENTRAL AREA HEALTH EDUCATION CENTER  
INVOICE FOR COST REIMBURSEMENT**  
Metro Health/SA-TPCC Contract: September 1, 2010 - August 31, 2011

Cost Period: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

# Example

<i>Personnel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Jane Doe, Program Coordinator, salary 100% time	Time sheets, payroll worksheet	\$ 3,500.00
Jane Doe, fringe benefits, 14.2% of salary	Time sheets, payroll worksheet	\$ 497.00
<b>Personnel Total</b>		<b>\$ 3,997.00</b>

<i>Local Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Travel for coalition meetings and public events, 136 miles x \$0.50/mile	Mileage log	\$ 68.00
<b>Local Travel Total</b>		<b>\$ 68.00</b>

<i>Out-of-City Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
none		
<b>Out-of-City Travel Total</b>		<b>\$ -</b>

<i>Operating &amp; Work Plan Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Educational materials purchased for public outreach events, 1500 brochures on tobacco prevention for youth	Paid invoice to materials distributor	\$ 1,523.90
<b>Operating/Work Plan Total</b>		<b>\$ 1,523.90</b>

**Subtotal of Direct Costs \$ 5,588.90**

*Indirect Costs: 10% of all direct costs* **\$ 558.89**

**TOTAL COSTS FOR REIMBURSEMENT**

**\$ 6,147.79**

**Verification statement:**

This invoice represents expenses incurred for the period listed. Supporting evidence of costs is attached to this invoice and is maintained on file at the sub-recipient's office as specified in the contract.

<< signature line >>  
<< Type name and title here >>

<< date line >>  
Date

<< signature line >>  
<< Type name and title here >>

<< date line >>  
Date

Two certifying signatures are required for each invoice.

**SOUTH CENTRAL AREA HEALTH EDUCATION CENTER  
STATEMENT OF FINANCIAL IN-KIND CONTRIBUTIONS  
Metro Health/SA-TPCC Contract: September 1, 2010 - August 31, 2011**

**Cost Period:** \_\_\_\_\_  
**Date Submitted:** \_\_\_\_\_

<i>In-Kind Personnel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Jane Doe, fringe benefits, 14.2% of salary	Time sheets, payroll worksheet	\$ 497.00
<b>In-Kind Personnel Total</b>		<b>\$ 497.00</b>

<i>In-Kind Local Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Travel for coalition meetings and public events, 136 miles x \$0.50/mile	Mileage log	\$ 68.00
<b>In-Kind Local Travel Total</b>		<b>\$ 68.00</b>

<i>In-Kind Out-of-City Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
none		
<b>In-Kind Out-of-City Travel Total</b>		<b>\$ -</b>

<i>In-Kind Operating &amp; Work Plan Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Educational materials purchased for public outreach events, 1500 brochures on tobacco prevention for youth	Paid invoice to materials distributor	\$ 1,523.90
<b>In-Kind Operating/Work Plan Total</b>		<b>\$ 1,523.90</b>

**TOTAL IN-KIND CONTRIBUTION SUBMITTED** **\$ 2,088.90**

**Verification statement:**  
This statement represents expenses incurred for the period listed that are submitted as an in-kind contribution. Supporting evidence of costs is attached to this statement and is maintained on file at the sub-recipient's office as specified in the contract.

<< signature line >>  
\_\_\_\_\_  
<< Type name and title here >>

<< date line >>  
\_\_\_\_\_  
Date

APPENDIX B

<< signature line >>

<< Type name and title here >>

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<< date line >>

Date

---

Two certifying signatures are required for each statement of in-kind contribution.

**<< ORGANIZATION NAME >>  
SA-TPCC Activity Tracking Form**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Duration:** \_\_\_\_\_

**Activity Name (if applicable):** \_\_\_\_\_

**Type of Activity:** \_\_\_\_\_ Health Fair \_\_\_\_\_ Presentation \_\_\_\_\_ Other

**Topic(s) and Attendance:**

	Cessation	Prevention	SHS	Health Disparities
Adults				
Youth				

*Indicate the number of individuals that were in attendance with the topic(s) that were delivered at presentation/ event (Ex. If you covered prevention and cessation at a presentation with 50 people in attendance; you would place the number 50 in both the prevention and cessation blanks.)*

**Follow Up Tasks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Host Organization:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



City of San Antonio  
San Antonio Metropolitan Health District

**Subcontractor Fiscal Systems Checklist**

This checklist is used as a review guide to validate the Contractor's financial controls and contractual compliance.

Name of Contractor: \_\_\_\_\_

Name of Project(s): San Antonio Tobacco Prevention and Control Coalition

Point of Contact & No: \_\_\_\_\_

Funding Source: Texas Department of State Health Services contract

City Contract Number \_\_\_\_\_ Term of Contract 9/1/2010 through 8/31/2011

Fiscal Monitor: \_\_\_\_\_ Review Date: \_\_\_\_\_

Contractor Representative(s): \_\_\_\_\_ Review Date: \_\_\_\_\_

Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Subcontractor Fiscal Systems Checklist

Separation of Duties		Yes	No	N/A
The agency has separation of duties.		X		
Indicate the name of the individual who performs the various functions listed below. <i>(Monitoring Note: Same person doing E., F., B., &amp; C., would cause concern ---- check additional receipts, disbursements, or invoice.)</i>	Employee's Name and Functional Title			
I. Cash Receipts/Disbursements				
A. Opens Mail				
B. Prepares check deposits				
C. Reconciles bank accounts				
D. Records miscellaneous receipts				
E. Authorizes disbursements				
F. Prepares checks				
G. Compares checks with vouchers				
Other Related Duties:				
<b>Observations/Impacts/Recommendations:</b>				
No issues noted. Was given a tour of the accounting area and shown the location of all of the checks (locked up) and where the general ledger was and authorization for disbursements.				
Contractor Accounting System		Yes	No	N/A
1. The accounting records provide accountability over funds, property and other assets.				
2. The contractor's records compare actual outlays with budget amounts.				
3. The accounting records are supported by source documents (timesheets, employees' benefits, purchase invoices).				

Subcontractor Fiscal Systems Checklist

4. The contractor has an accounting system that maintains:			
(A) A cash receipts journal of city funds.			
(B) A cash disbursements journal of city funds.			
(C) A general ledger with an income and expense account for each budgeted line item.			
(D) The filing of paid invoices showing check number, date paid and evidence of goods or services according to the account and budget line to which they were charged.			
<b>Observations/Impacts/Recommendations:</b>			
<b>Cash Management</b>			
1(A) At least one of the below signatures restricted to an official not responsible for maintaining accounting records. <i>(Please complete the following information on all check signers.)</i>	Yes	No	N/A
(B) The contractor reconciles the bank statement with the ledger account each month.			
(C) The contractor provides a locked and secure area for blank checks to prevent unauthorized access.			
2. The contractor documents reviews on all outstanding checks at least monthly.			
3. The contractor stopped payment on all checks over 60 days old, specific to COSA funds.			
4. Staff positions in the approved budget agree with those on the payroll records.			
5. The contractor makes timely tax deposits for all required employees in accordance with all applicable local, state, and Federal law.			

<b>Observations/Impacts/Recommendations:</b>			
<b>Travel</b>			
1. The contractor's reimbursement for employees' mileage billed	Yes	No	N/A

Subcontractor Fiscal Systems Checklist

at a rate no higher than the rate designated by the funder for mileage reimbursement. (\$.55 before 1/1/10, \$.50 after 1/1/10)			
(A) All employees who received mileage reimbursements have required documentation of claim.			
(B) The contractor has evidence of a valid Texas Driver's License for all employees who have received mileage reimbursements.			
(C) The contractor has evidence of a liability insurance for all employees who have received mileage reimbursements			
2. All travel expenditures reviewed were authorized (e.g. no unauthorized travel or persons charged to program who were not in the budget, etc.). (Monitoring note: List if authorization is not obtained)			
3. The contractor obtained prior approval from city for out of town travel costs.			
4. The contractor provided detailed documentation to the City for all out of town travel costs..			
5. The out of town travel cost were within the per diem rate.			
6. The contractor submitted itineraries and attendance certification.			

**Observations/Impacts/Recommendations:**

Administration	Yes	No	N/A
1. Blank checks are not signed in the contractor's checking account.			
2. The contractor does not issue checks for cash or bearer with the exception of those for petty cash that exceeded \$100.			
3. The contractor does not issue petty cash reimbursements that in the aggregate exceed \$200 in a calendar month without original receipts and City's written approval.			
4. The contractor properly executes budget revisions. <i>(Only to be done if an amendment is obtained prior to execution of revisions).</i>			

**Observations/Impacts/Recommendations:**

Equipment	Yes	No	N/A
Equipment/property purchases exceeding \$500 were in the approved budget or a revised budget with City approval was received.			

**If no, list items and amounts and corrective action:**

Equipment not allowed in grant.

Reporting	Yes	No	N/A
-----------	-----	----	-----

Subcontractor Fiscal Systems Checklist

1. Invoices for reimbursement are submitted to the City on a monthly or bi-weekly basis.			
2. The contractor provided all required fiscal, program measure and program reports as specified in the contract. <i>(Section 4)</i>			
3. The contractor submitted all final fiscal reports as determined by the contract.			
4. The contractor properly executes budget revisions. <i>(Only to be done if an amendment is obtained prior to execution of revisions).</i>			
<b>Observations/Impacts/Recommendations:</b>			

<b>Scoring</b>			
	Yes	No	Possible Measures
<i>Total</i>			
<i>Measures scored "N/A" are not included in total.</i>			

**Overall Score:** \_\_\_\_\_

<b>Overall Statement of Compliance</b>
<b>Summary of Observations and Recommendations (refer to Section)</b>

Agency concurs with report:  Yes  No  Report is pending more information  
 (Attach Agency comments to this form)

**SAMHD  
ON-SITE MONITORING REVIEW**

PROJECT (CONTRACT) Name: \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_

INDIVIDUALS PRESENTS (Other than SAMHD Staff):

\_\_\_\_\_

**PURPOSE OF VISIT**  
(Please list the items covered by your visit).

\_\_\_\_\_

**SUMMARY OF VISIT**

\_\_\_\_\_

**ACTION REQUIRED**

IS FOLLOW-UP NECESSARY:     YES                       NO                      IF YES, EXPLAIN.

\_\_\_\_\_

\_\_\_\_\_  
Submitted by: (Signature) Contract Delegate or  
Program Monitor

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Approved by: (Signature) SAMHD Program Supervisor

\_\_\_\_\_  
DATE

**SAMHD**  
**Contract File Management System**  
**Agency Certification File**

The San Antonio Metropolitan Health District's (SAMHD) contract file management system is organized into three (3) major file categories: (1) Program File (2) Fiscal File (3) Contractor or Agency Certification File [if required]. Each file has different documentation requirements. The Agency Certification File is the depository of all organizational/corporate documents for each contractor, vendor, delegate agency, grantee or subgrantee under contract with the City's Health Department. The assigned Contract Delegate is responsible for maintaining all relevant information and documents for each project contract. For reference purposes, maintain this "file checklist" in the Agency Certification File.

Organization Name: \_\_\_\_\_  
 Project Name/Number: \_\_\_\_\_  
 Grant Number/CFDA Number: \_\_\_\_\_  
 Contract Allocation: \_\_\_\_\_

Documents	Date Received/ Reviewed By	Comments
<b>A. Administration</b>		
1. Copy of IRS Tax Exempt 501 (c)(3) Certificate <b>OR</b> <b>OTHER</b> IRS Determination		
2. Copy of Articles of Incorporation (State of Texas)		
3. Copy of Agency Charter and Adopted By-Laws		
4. Copy of Names/Title/Addresses - Current Board Directors; Copy of Board Meeting Agendas/Minutes		
5. Copy of Current Filed 990, or 990T Information Tax Return		
6. Copy of Agency Personnel Policies/Procedures including, but not limited to: <input type="checkbox"/> a. Leave Policy <input type="checkbox"/> b. Employment Policy <input type="checkbox"/> c. Equal Opportunity Employment Plan <input type="checkbox"/> d. Probationary/Evaluation Procedures <input type="checkbox"/> e. Job Titles, Descriptions and Salaries of all City paid employees		
7. Organizational Chart		
8. Ethics Policy (if required by the contract)		
9. Discretionary Contracts Disclosure Form(s)		
10. Copy of forms used for administrative expenditures (if included in project budget; details to be kept with invoice package) <input type="checkbox"/> a. Payroll Time Sheets/Leave Records <input type="checkbox"/> b. Travel Requests/Receipts Reports <input type="checkbox"/> c. Long Distance Telephone Log <input type="checkbox"/> d. Mileage Log <input type="checkbox"/> e. Postage Log		
11. Equipment/Capital Outlay Procurement Records <input type="checkbox"/> a. Copy of updated Inventory list of items, equipment, and property purchased with City funds. <input type="checkbox"/> b. Copy of Purchasing Procurement Policies		

Revised 8//05

Documents	Date Received/ Reviewed By	Comments
<p><b>B. Financial/Insurance/Bonding</b></p> <p>1. Copy of most recent audit requirements <u>as identified</u> in contract.</p> <p><input type="checkbox"/> If contractor expended \$250,000 or more of City funds, an independent audit of financial statements is required.</p> <p><input type="checkbox"/> If contractor expended less than \$250,000 of City funds, an unaudited financial statement (w/balance sheet and income statement) is required.</p> <p><input type="checkbox"/> If contractor expended \$500,000 or more in federal or state funds, a Single Audit performed by an independent CPA is required.</p>		<p>Copy of the latest audit and date of when the next one will be available needed. If online, web address of where it is available is fine.</p>
<p>2. Agency's Accounting and Fiscal System meets standards outlined in City's contract to be maintained on an accrual basis with a numbered account for the receipt and disbursement of funds. Check evidence of:</p> <p><input type="checkbox"/> a. General Ledger</p> <p><input type="checkbox"/> b. Cash Receipts Journal</p> <p><input type="checkbox"/> c. Cash Disbursements Journal</p> <p><input type="checkbox"/> d. General Journal</p> <p><input type="checkbox"/> e. Trial Balances</p> <p><input type="checkbox"/> f. Chart of Accounts</p> <p><input type="checkbox"/> g. Bank Reconciliation's General Ledger</p> <p><input type="checkbox"/> h. Bank Account Verification &amp; copy of Signature Card (list of all authorized check Signers; two signatures required on checks)</p>		
<p>3. Copies of Fidelity Bonds and Required Insurance Policy Certifications [i.e. Workers Compensation, Employers Liability, Commercial General Liability, Business Auto, Builder's Risk], Certifications, and Contract Surety Bonds [i.e. Bid Bonds, Payment Bonds, Performance Bonds, or any other approved alternatives] <u>as identified</u> in the contract.</p>		<p>What is term of the insurance coverage?</p> <p>Is correct insurance information attached to the contract and approved by COSA Risk Management?</p>
<p>4. Small, Minority or Woman Owned Business Advocacy: Copies of Small Business Economic Development Advocacy (SBEDA) forms approved by Economic Development and documentation of SBEDA and Good Faith Effort Plan compliance, if applicable.</p>	NA	NA

Notes:

The U.S. Treasury maintains a "T-list" of sureties authorized to issue payment or performance bonds at: [www.fms.treas.gov/c570/c57.html](http://www.fms.treas.gov/c570/c57.html). Use this list to determine if a surety is acceptable on a City project.

Procurement of Vendors, Contractors, & Subcontractors can be checked at: [www.epls.gov](http://www.epls.gov) or [www.epls.arnet.gov](http://www.epls.arnet.gov) to confirm vendors, contractors, and subcontractors are not among "excluded party/debarment list".

**AMENDMENT TO  
PROFESSIONAL SERVICES AGREEMENT**

This amendment is entered into by and between the City of San Antonio, a Texas Municipal Corporation, (hereinafter referred to as "City") acting by and through its City Manager, pursuant to Ordinance No. 2010-04-01-0264 passed and approved on April 1, 2010, and the Bexar County Hospital District d/b/a University Health System by and through its President/CEO George B. Hernández, Jr. (hereafter referred to as "UHS").

**WHEREAS**, the City presently subcontracts with the UHS for the Tobacco Prevention and Control Coalition Program (SA-TPCC) pursuant to a Professional Services Agreement (hereinafter referred to as "the Agreement") that commenced on September 1, 2010 pursuant to Ordinance No. 2010-04-01-0264; and

**WHEREAS**, it is in the best interest of the City that an amendment of the Agreement now be executed that includes special provisions and direction for contract monitoring and documentation of in-kind and actual expenses; and

**WHEREAS**, the Texas Department of State Health Services (TDSHS) as the funder of SA-TPCC has subsequently instructed that SA-TPCC develop a Youth Tobacco Coalition initiative; and that the Agreement budget be revised; and

**WHEREAS**, UHS has agreed to take on this additional task; and

**WHEREAS**, it is in the best interest of the City that an amendment of the Agreement now be executed; **NOW THEREFORE:**

City and UHS agree to amend the Agreement as follows:

1. The following listed document, attached hereto and incorporated herein as Exhibit I, is added to the Agreement as set out within this Amendment and shall be effective as noted:
  - **Exhibit I to this Amendment:** Attachment III – Special Provisions to be effective for the period September 1, 2010 - August 31, 2011.

2. Section 4.4.2 is amended as follows:

4.4.2 UHS understands that it shall submit detailed monthly activity reports of SA-TPCC program measures addressed through its activities by no later than the 5<sup>th</sup> business day of the following month as based upon the minimum requirements agreed upon by the Parties, which is affixed hereto and incorporated herein for all purposes as Attachment I. This report will be submitted electronically using forms designated by SA-TPCC to Tobacco Program Staff and the designated representative of the CEW. Non submittal or late submittal of required monthly activity reports or the supporting documents that go with the report are grounds for delaying reimbursement of corresponding invoices or possible rejection of said invoices should the activity reports be submitted more than 30 days following the end of the monthly reporting period. Additionally, UHS agrees to be fully subject to the Special Provisions as outlined in Attachment III.

3. All other terms, conditions, covenants and provisions of the Agreement are hereby continued and shall remain in effect in their original form, except for the provisions modified by this Amendment.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 2010.

**City:**  
**CITY OF SAN ANTONIO**

**Contractor:**  
**BEXAR COUNTY HOSPITAL DISTRICT**  
**D/B/A UNIVERSITY HEALTH SYSTEM**

\_\_\_\_\_  
Sharon De La Garza  
Assistant City Manager

\_\_\_\_\_  
George B. Hernández, Jr.  
President/Chief Executive Officer

Approved as to Form:

Approved as to Form:

\_\_\_\_\_  
Michael D. Bernard  
City Attorney

\_\_\_\_\_  
Serina Rivela  
Staff Attorney

**Special Provisions**

The Bexar County Hospital District d/b/a University Health System (Subrecipient) agrees and understands that funds for this project come in whole or in part from a grant made available through the Texas Department of State Health Services (TDSHS). The subrecipient understands that the San Antonio Metropolitan Health District (SAMHD) is the direct grantee of funds and must adhere to grant requirements imposed by TDSHS. The subrecipient understands that as a recipient of these funds it must comply with timelines and requirements in coordination with SAMHD in order to meet grant requirements.

As such, the subrecipient agrees that it will comply with all applicable monitoring, reporting and documentation requirements, as well as terms and conditions from TDSHS, including but not limited to those articulated below:

**I.**

**Standard Terms and Conditions**

1.1 **Generally:** SAMHD as grantee must comply with all terms and conditions outlined in its grant award, including grant policy terms and conditions contained in applicable Grant Policy Statements from the Texas Department of State Health Services (TDSHS) and the Department of Health and Human Services (HHS), and requirements imposed by specific program and grant administration regulations, as applicable. Subrecipients must comply with all requirements for subrecipients and cooperate with all monitoring procedures and provide required reporting and documentation to support SAMHD's requirements under the grant award. In addition to the standard terms and conditions of award, subrecipients receiving funds must abide by the general terms and conditions set out below.

1.2 **Civil Rights Obligations:** Recipients and subrecipients of State or Federal financial assistance must comply with Title VI of the Civil Rights Act of 1964 (prohibiting race, color, and national origin discrimination), Section 504 of the Rehabilitation Act of 1973 (prohibiting disability discrimination), Title IX of the Education Amendments of 1972 (prohibiting sex discrimination in education and training programs), and the Age Discrimination Act of 1975 (prohibiting age discrimination in the provision of services). For further information and technical assistance, please contact the HHS Office for Civil Rights at (202) 619-0403, OCRmail@hhs.gov, or <http://www.hhs.gov/ocr/civilrights/>.

1.3 **Documentation of Expenses and in-kind match:** The grantee may use its own expense and financial documentation systems and procedures provided it observes the provisions of the following official guidance documents:

- Federal cost principles regarding the allowability of costs specific to the subrecipient's organization type:
  - The allowability of costs incurred by State, local or federally-recognized Indian tribal governments (the City of San Antonio or Bexar County) is determined in accordance with the provisions of OMB Circular A-87, "Cost Principles for State,

Local, and Indian Tribal Governments," available at:

[http://www.whitehouse.gov/omb/circulars\\_a087\\_2004](http://www.whitehouse.gov/omb/circulars_a087_2004)

- The allowability of costs incurred by non-profit organizations (such as the American Cancer Society, the American Lung Association and the American Heart Association) is determined in accordance with the provisions of OMB Circular A-122, "Cost Principles for Non-Profit Organizations," available at: [http://www.whitehouse.gov/omb/circulars\\_a122\\_2004](http://www.whitehouse.gov/omb/circulars_a122_2004)
- The allowability of costs incurred by institutions of higher education (such as Trinity University, UTSA and the UT Health Science Center at San Antonio) is determined in accordance with the provisions of OMB Circular A-21, "Cost Principles for Educational Institutions," available at: [http://www.whitehouse.gov/omb/circulars\\_a021\\_2004](http://www.whitehouse.gov/omb/circulars_a021_2004)
- The allowability of costs incurred by hospitals is determined in accordance with the provisions of Appendix E of 45 CFR part 74, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals," available at: <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=5ce80adfb5e0caef1c156560c5fd2885&rgn=div9&view=text&node=45:1.0.1.1.35.6.11.3.11&idno=45>
- Fiscal Year 2011 Department of State Health Services Contract General Provisions (Core/Subrecipient), available at: <http://www.dshs.state.tx.us/grants/docs/2011GeneralProvisionsSubrecipient.doc>
- Texas DSHS Contractor's Financial Procedures Manual, available at: <http://www.dshs.state.tx.us/contracts/docs/cfpm10.doc>

1.3.1 City of San Antonio and SA-TPCC program staff will review documentation of subrecipient expenses and in-kind and will make the final judgment as to whether additional information is required to achieve compliance with the items listed in 1.3 above. Subrecipients will make corrections that are required to fulfill those requirements.

1.3.2 Should any of the provisions for documentation of expenses and in-kind match listed under 1.3 change as a result of a City of San Antonio Finance office ruling or a ruling by the Texas Department of State Health Services or the Auditor's Office of the State of Texas, [the subrecipient] will be notified as quickly as possible and given assistance in making necessary adjustments.

1.4 Lobbying: Federal law prohibits award recipients and sub-contractors from using State or Federal funds for lobbying Congress or a Federal agency, or to influence legislation or appropriations pending before the Congress or any State or local legislature.

This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

Any activity designed to influence action in regard to a particular piece of pending legislation would be considered lobbying. That is lobbying for or against pending legislation, as well as indirect or grass roots lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives at the Federal, state, or local levels to urge support of, or oppositions to, pending legislative proposals is prohibited.

Recipients of grants and cooperative agreements need to be careful to prevent grant funds from being used to influence or promote pending legislation. With respect to conferences, public events, publications, and grass roots activities that relate to specific legislation, recipients of grant funds should give close attention to isolating and separating the appropriate use of grant funds from non-grant funds.

### **III. Audit Requirements**

3.1 A grantee, such as SAMHD, that expends \$500,000.00 or more in a year in State or Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations.

3.2 Subrecipients receiving grant funds must also meet the same requirements of OMB Circular A-133 (if the total Federal or State grant funds received exceed \$500,000.00). In instances of noncompliance with Federal law and regulations, the subrecipient must take appropriate corrective action within six months after receipt of the audit. OMB Circular A-133 may be found at:

[http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133\\_revised\\_2007.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf)

3.3 If a subrecipient is not required to have a program-specific audit, SAMHD is still required to perform adequate monitoring of subrecipient activities. Subrecipients shall cooperate with all such activities. Additionally, as a condition of accepting funding, it is noted that the subrecipient agrees to permit City or independent auditors to have access to subrecipient records and financial records as necessary.

### **IV. Reporting Requirements**

4.1 SAMHD must report on subrecipient activities as specified below, and subrecipient agrees to cooperate with SAMHD in providing information as necessary for SAMHD to comply with the following requirements:

Subrecipients must submit monthly invoices, performance measure reports and supporting documentation to SAMHD, containing the following information:

- A. The prescribed reporting form reports all spending, in-kind expenses and the performance measures achieved for the previous month. The form shall be filled out monthly and emailed electronically to the City no later than the 5<sup>th</sup> business day of the following month. The pages requiring signatures may be printed out by the subcontractor, signed and scanned and sent to the City separately. Each page requires two signatures.
- B. All required documentation for reimbursable expenses, in-kind expenses and performance measures must be scanned with the invoice and sent electronically to the City by the 5<sup>th</sup> working day of the following month.

- C. Individual items submitted for reimbursement on the invoice, for in-kind expenses or inclusion in the performance measures must directly reference attached documentation in order for it to be accepted.
- D. The requirements for documentation are found in the documents listed in 1.3 above and 4.2 below. In many cases the state requirements are stricter than the federal requirements. As a rule, if requirements in one document are different from similar requirements in the other State and Federal requirements, the requirement that is the strictest will apply. Also, in some cases, the State regulations are silent. In that instance, the federal regulations take precedence.
- E. The following attachments shall be used by subrecipients in order to assess and document expenses:
  - i. Appendix A – Examples of Time Sheets for personnel reimbursed by grant funding. This is customized for each subrecipient and provided electronically by SA-TPCC staff. Other time sheet forms may be used provided the same information is captured.
  - ii. Appendix B– The request for reimbursement invoice / in-kind cost submission / performance measures form. This is customized for each subrecipient and provided electronically by SA-TPCC staff.
  - iii. Appendix C – The SA-TPCC Activity Tracking Form, which is to be used as a cover sheet with supporting materials to document health fairs, presentations and other events.
  - iv. Appendix D – The In-Kind Contribution Form is to be used to document in-kind personnel time and other in-kind expenses that are included on the invoice. Use it as a cover sheet for your in-kind documentation. When used to document in-kind personnel time, the hourly value of the employee’s time is to be used. This includes salary and fringe benefits.

4.2 Subrecipient agrees to provide any and all information necessary for SAMHD to complete monitoring as required by TDSHS and the City of San Antonio. The following attachments are documents that will be used by SAMHD to monitor compliance of the subrecipient with the parameters of the contract and with the State and Federal administrative requirements as listed above in 1.3 and shown below as items (D) through (I):

- A. Appendix E: The Subcontractor Fiscal Systems Checklist. This checklist will be reviewed with the subrecipients at least once at the beginning of the grant year. Follow-up will be pursued in the event of discovery of non-compliance.
- B. Appendix F: The On-Site Monitoring Review form. This will be used to document meetings with subrecipients and track progress of issues to be resolved.
- C. Appendix G: The Agency Certification File is the depository of all organizational/corporate documents for each contractor, vendor, delegate agency, grantee or subrecipient under contract with SAMHD. The assigned Contract Delegate is responsible for maintaining all updated and listed information and documents for each subrecipient. New copies of all of the listed documents shall be provided to SAMHD by no later than 5 months into the new fiscal year.
- D. OMB Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments"
- E. OMB Circular A-122, "Cost Principles for Non-Profit Organizations."

- F. OMB Circular A-21, "Cost Principles for Educational Institutions."
- G. Appendix E of 45 CFR part 74, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals."
- H. Fiscal Year 2011 DSHS Contract General Provisions
- I. DSHS Contractor's Financial Procedures Manual

<< ORGANIZATION NAME >> TIME SHEET

Employee Name:

Time Sheet Period:

*Instructions: Enter number of hours worked in each project area each day.*

Project	SUN	MON	TUE	WED	THU	FRI	SAT	Total	SUN	MON	TUE	WED	THU	FRI	SAT	Total	TOTAL
<b>Date</b>																	
SA-TPCC								0.00								0.00	0.00
Other								0.00								0.00	0.00
Other								0.00								0.00	0.00
Other								0.00								0.00	0.00
<b>Total</b>	<b>0.00</b>																

Number of hours for SA-TPCC: 0.00  
 Hourly pay rate equivalent: \_\_\_\_\_  
 Total salary value for period: \$0.00

Fringe rate equivalent: \_\_\_\_\_  
 Total personnel cost for period: \$0.00

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

<< ORGANIZATION NAME >> TIME SHEET

Employee Name:  
 Time Sheet Period:

Instructions: Enter number of hours worked in each project area each day.

Project	SUN	MON	TUE	WED	THU	FRI	SAT	Total	SUN	MON	TUE	WED	THU	FRI	SAT	Total	TOTAL
Date																	
SA-TPCC								0.00								0.00	0.00
Regular								0.00								0.00	0.00
Holiday								0.00								0.00	0.00
Leave 1								0.00								0.00	0.00
Leave 2								0.00								0.00	0.00
Other								0.00								0.00	0.00
Regular								0.00								0.00	0.00
Holiday								0.00								0.00	0.00
Leave 1								0.00								0.00	0.00
Leave 2								0.00								0.00	0.00
Other								0.00								0.00	0.00
Regular								0.00								0.00	0.00
Holiday								0.00								0.00	0.00
Leave 1								0.00								0.00	0.00
Leave 2								0.00								0.00	0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Number of hours for SA-TPCC: 0.00  
 Hourly pay rate equivalent: \_\_\_\_\_  
 Total salary value for period: \$0.00

Fringe rate equivalent: \_\_\_\_\_  
 Total personnel cost for period: \$0.00

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

<< ORGANIZATION NAME >> TIME SHEET

Employee Name:  
Time Sheet Period:

Instructions: Enter number of hours worked in each project area each day.

Project	SUN	MON	TUE	WED	THU	FRI	SAT	Total
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Number of hours for SA-TPCC: 0.00  
 Hourly pay rate equivalent: \_\_\_\_\_  
 Total salary value for period: \$0.00

Fringe rate equivalent: \_\_\_\_\_  
 Total personnel cost for period: \$0.00

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS**  
**SA-TPCC Contractor Monthly Performance Reports and Invoices**  
**September 1, 2010 - August 31, 2011**

**General:**

Complete the performance report and invoice templates for the appropriate month and submit by email to richard.jackson@sanantonio.gov by the 5th business day of the subsequent month. The entire modifiable Excel file must be submitted electronically each month to allow Metro Health staff to copy the performance measures into an aggregated file. Signed reports and invoices must also be submitted and may be provided in two different ways: 1) insert an electronic signature directly in the worksheet, or 2) print the completed worksheet, sign, scan, and then email the signed version. Supporting documentation must be submitted for all activities and costs and may be sent electronically or by mail. Supporting documentation should be organized and numbered or referenced in a way to link the materials to the Excel reports. Examples are provided for a completed performance report and invoice. The Master worksheet is linked to each monthly performance report and invoice to summarize all items reported. Do not modify the Master worksheet.

**Due Dates:**

October 7, November 5, December 7, January 7, February 7, March 7, April 7, May 6, June 7, July 8, August 5, September 6

**Performance Report:**

The performance report is structured to allow you to report according to the objectives outlined in the scope of service in your contract. List the performance period being reported and the date of submission. Mark the check boxes that portray your progress during the month being reported and reference the supporting documentation that demonstrates those activities. List the quantities of all performance measures completed during the month, break them down by topic if applicable (cessation, prevention, SHS, disparities), identify the related activity number from your scope of service, and reference the supporting documentation. After the objective report tables a text box is available to report any barriers or additional activities as needed. Next, the performance measures will be summarized from the objective report tables. At the end of the report, provide two signatures to verify the completion of the activities and accuracy of the report. All of the performance measures listed for the month are linked to the Master worksheet. Do not modify the Master worksheet. Submit corresponding supporting documentation organized and referenced.

**Invoice and In-Kind Statement:**

The invoice and in-kind statement are organized in the same manner as the budget in your contract. List the cost period and the date of submission. Enter the cost items and descriptions, supporting documentation, and amount. The costs will self-total for each category and at the end of the invoice and in-kind statement. At the end of the invoice, provide two signatures to verify the accuracy of the invoice. Repeat the same procedure for the statement of in-kind contributions that follows. Separate sets of signatures are required for the invoice and in-kind statement. The invoice and in-kind totals listed for the month are linked to the Master worksheet. Do not modify the Master worksheet. Submit corresponding supporting documentation organized and referenced.

**SOUTH CENTRAL AREA HEALTH EDUCATION CENTER  
MONTHLY PERFORMANCE REPORT  
Metro Health/SA-TPCC Contract: September 1, 2010 - August 31, 2011**

Performance Period: September 2010  
Date Submitted: \_\_\_\_\_

# Example

**Objective 1: Conduct cessation training consultation for health care providers and worksites.**

- Activity 1.1: Participate in SA-TPCC committee to plan and modify HCP and worksite outreach
- Activity 1.2: Conduct tobacco cessation consultations with 200 HCPs
- Activity 1.3: Inform 50 work site wellness or benefits offices of local resources for tobacco cessation
- Activity 1.4: Establish and produce a training video for health professions students that demonstrates effective counseling and follow up techniques for tobacco cessation
- Activity 1.5: Assess use of tool kit modifications based on 2009-2010 focus group findings
- Activity 1.6: Maintain CME accreditation for web-based billing/coding video and make revisions as needed

Progress this month (mark all that apply)						Supporting documentation	
<input checked="" type="checkbox"/> Plan	<input type="checkbox"/> Recruit	<input type="checkbox"/> Implement	<input type="checkbox"/> Evaluate			Time sheet for planning hours, meeting notes, list of targets identified	
<input checked="" type="checkbox"/> Meet	<input checked="" type="checkbox"/> Schedule	<input type="checkbox"/> Monitor	<input type="checkbox"/> Report				
<input type="checkbox"/> Receive info/training	<input type="checkbox"/> Deliver info/training	<input type="checkbox"/> Other (detail in "supporting documentation")					
Performance measures achieved	Quant.	Topics				Related Activity #	Supporting documentation (reference numbered attachment)
		prev.	cess.	SHS	disp.		
# meetings attended	1					1.1	
# HCP targets identified	20					1.2	attachment A
# of cessation consultations with HCPs	0					1.2	
# work site targets identified	5					1.3	attachment B
# work site cessation consultations	0					1.3	

**Objective 2: Conduct youth outreach and education.**

- Activity 2.1: Conduct at least 1 Tobacco Free Kids Day event; engage youth in activities and disseminate prevention information
- Activity 2.2: Deliver TATU course to 50 youth

Progress this month (mark all that apply)						Supporting documentation	
<input checked="" type="checkbox"/> Plan	<input checked="" type="checkbox"/> Recruit	<input checked="" type="checkbox"/> Implement	<input type="checkbox"/> Evaluate			Time sheet for planning hours, list of recruited youth, course sign-in sheets	
<input type="checkbox"/> Meet	<input type="checkbox"/> Schedule	<input type="checkbox"/> Monitor	<input type="checkbox"/> Report				
<input type="checkbox"/> Receive info/training	<input type="checkbox"/> Deliver info/training	<input type="checkbox"/> Other (detail in "supporting documentation")					
Performance measures achieved	Quant.	Topics				Related Activity #	Supporting documentation (reference numbered attachment)
		prev.	cess.	SHS	disp.		
# events conducted	0					2.1	
# youth involved in alt. activities	0	0	0	0	0	2.1	
# youth receiving info	0	0	0	0	0	2.1	
# adults receiving info	0	0	0	0	0	2.1	
# youth recruited for TATU	50					2.2	attachment C
# youth receiving education (TATU)	15					2.2	attachment D-E
# course series conducted	1					2.2	attachment D-E

**Objective 3: Participate in SA-TPCC capacity building.**

- Activity 3.1: Participate in regular coalition meetings to report performance and progress.
- Activity 3.2: Participate in coalition Steering Committee.

Progress this month (mark all that apply)	Supporting documentation

<input type="checkbox"/> Plan	<input type="checkbox"/> Recruit	<input type="checkbox"/> Implement	<input type="checkbox"/> Evaluate	Time sheet for meeting			
<input checked="" type="checkbox"/> Meet	<input type="checkbox"/> Schedule	<input type="checkbox"/> Monitor	<input type="checkbox"/> Report				
<input type="checkbox"/> Receive info/training	<input type="checkbox"/> Deliver info/training	<input type="checkbox"/> Other (detail in "supporting documentation")					
<b>Performance measures achieved</b>	<b>Quant.</b>	<b>Topics</b>				<b>Related Activity #</b>	<b>Supporting documentation</b> <small>(reference numbered attachment)</small>
# meetings attended	1	prev.	cess.	SHS	disp.	3.1	

**Brief narrative regarding performance barriers or additional activities (if applicable)**

**Summary of TDSHS Performance Measure Achievement (calculated from reports above)**

Measure	Quant.	Topics			
		prev.	cess.	SHS	disp.
# of renewed community agreements					
# new community agreements					
# of cessation consultations with HCPs	0				
# work site cessation consultations	0				
# adults receiving information	0	0	0	0	0
# youth receiving information	0	0	0	0	0
# tobacco presentations					
# adults attending presentations					
# youth attending presentations					
# adults involved in alt. activities					
# youth involved in alt. activities	0	0	0	0	0
# youth receiving educ/skills training	15				
# tobacco media awareness activities					
# tobacco media contacts					
# environ/regulatory/legal strategies implemented or changed					

**Verification statement:**

This report represents an accurate summary of performance for the period listed. Supporting evidence of performance is attached to this report and is maintained on file at the sub-recipient's office as specified in the contract.

<< signature line >>  
 \_\_\_\_\_  
 << Type name and title here >>

<< date line >>  
 \_\_\_\_\_  
 Date

<< signature line >>  
 \_\_\_\_\_  
 Paula Winkler, Director

<< date line >>  
 \_\_\_\_\_  
 Date

Note: Two certifying signatures are required for each performance report.

**SOUTH CENTRAL AREA HEALTH EDUCATION CENTER  
INVOICE FOR COST REIMBURSEMENT**  
Metro Health/SA-TPCC Contract: September 1, 2010 - August 31, 2011

Cost Period: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

# Example

<i>Personnel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Jane Doe, Program Coordinator, salary 100% time	Time sheets, payroll worksheet	\$ 3,500.00
Jane Doe, fringe benefits, 14.2% of salary	Time sheets, payroll worksheet	\$ 497.00
<b>Personnel Total</b>		<b>\$ 3,997.00</b>

<i>Local Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Travel for coalition meetings and public events, 136 miles x \$0.50/mile	Mileage log	\$ 68.00
<b>Local Travel Total</b>		<b>\$ 68.00</b>

<i>Out-of-City Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
none		
<b>Out-of-City Travel Total</b>		<b>\$ -</b>

<i>Operating &amp; Work Plan Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Educational materials purchased for public outreach events, 1500 brochures on tobacco prevention for youth	Paid invoice to materials distributor	\$ 1,523.90
<b>Operating/Work Plan Total</b>		<b>\$ 1,523.90</b>

**Subtotal of Direct Costs \$ 5,588.90**

*Indirect Costs: 10% of all direct costs* **\$ 558.89**

**TOTAL COSTS FOR REIMBURSEMENT**

**\$ 6,147.79**

**Verification statement:**

This invoice represents expenses incurred for the period listed. Supporting evidence of costs is attached to this invoice and is maintained on file at the sub-recipient's office as specified in the contract.

<< signature line >>  
<< Type name and title here >>

<< date line >>  
Date

<< signature line >>  
<< Type name and title here >>

<< date line >>  
Date

Two certifying signatures are required for each invoice.

**SOUTH CENTRAL AREA HEALTH EDUCATION CENTER  
STATEMENT OF FINANCIAL IN-KIND CONTRIBUTIONS  
Metro Health/SA-TPCC Contract: September 1, 2010 - August 31, 2011**

Cost Period: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

<i>In-Kind Personnel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Jane Doe, fringe benefits, 14.2% of salary	Time sheets, payroll worksheet	\$ 497.00
<b>In-Kind Personnel Total</b>		<b>\$ 497.00</b>

<i>In-Kind Local Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Travel for coalition meetings and public events, 136 miles x \$0.50/mile	Mileage log	\$ 68.00
<b>In-Kind Local Travel Total</b>		<b>\$ 68.00</b>

<i>In-Kind Out-of-City Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
none		
<b>In-Kind Out-of-City Travel Total</b>		<b>\$ -</b>

<i>In-Kind Operating &amp; Work Plan Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Educational materials purchased for public outreach events, 1500 brochures on tobacco prevention for youth	Paid invoice to materials distributor	\$ 1,523.90
<b>In-Kind Operating/Work Plan Total</b>		<b>\$ 1,523.90</b>

**TOTAL IN-KIND CONTRIBUTION SUBMITTED** **\$ 2,088.90**

**Verification statement:**

This statement represents expenses incurred for the period listed that are submitted as an in-kind contribution. Supporting evidence of costs is attached to this statement and is maintained on file at the sub-recipient's office as specified in the contract.

<< signature line >>  
\_\_\_\_\_  
<< Type name and title here >>

<< date line >>  
\_\_\_\_\_  
Date

APPENDIX B

<< signature line >>

<< Type name and title here >>

---

<< date line >>

Date

---

Two certifying signatures are required for each statement of in-kind contribution.

**<< ORGANIZATION NAME >>  
SA-TPCC Activity Tracking Form**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Duration:** \_\_\_\_\_

**Activity Name (if applicable):** \_\_\_\_\_

**Type of Activity:** \_\_\_\_\_ Health Fair \_\_\_\_\_ Presentation \_\_\_\_\_ Other

**Topic(s) and Attendance:**

	Cessation	Prevention	SHS	Health Disparities
Adults				
Youth				

*Indicate the number of individuals that were in attendance with the topic(s) that were delivered at presentation/ event (Ex. If you covered prevention and cessation at a presentation with 50 people in attendance; you would place the number 50 in both the prevention and cessation blanks.)*

**Follow Up Tasks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Host Organization:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



City of San Antonio  
San Antonio Metropolitan Health District

**Subcontractor Fiscal Systems Checklist**

This checklist is used as a review guide to validate the Contractor’s financial controls and contractual compliance.

Name of Contractor: \_\_\_\_\_

Name of Project(s): San Antonio Tobacco Prevention and Control Coalition

Point of Contact & No: \_\_\_\_\_

Funding Source: Texas Department of State Health Services contract

City Contract Number \_\_\_\_\_ Term of Contract 9/1/2010 through 8/31/2011

Fiscal Monitor: \_\_\_\_\_ Review Date: \_\_\_\_\_

Contractor Representative(s): \_\_\_\_\_ Review Date: \_\_\_\_\_

Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Subcontractor Fiscal Systems Checklist

<b>Separation of Duties</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>
The agency has separation of duties.		X		
Indicate the name of the individual who performs the various functions listed below. <i>(Monitoring Note: Same person doing E., F., B., &amp; C., would cause concern ---- check additional receipts, disbursements, or invoice.)</i>	Employee's Name and Functional Title			
I. Cash Receipts/Disbursements				
A. Opens Mail				
B. Prepares check deposits				
C. Reconciles bank accounts				
D. Records miscellaneous receipts				
E. Authorizes disbursements				
F. Prepares checks				
G. Compares checks with vouchers				
Other Related Duties:				
<b>Observations/Impacts/Recommendations:</b>				
No issues noted. Was given a tour of the accounting area and shown the location of all of the checks (locked up) and where the general ledger was and authorization for disbursements.				
<b>Contractor Accounting System</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. The accounting records provide accountability over funds, property and other assets.				
2. The contractor's records compare actual outlays with budget amounts.				
3. The accounting records are supported by source documents (timesheets, employees' benefits, purchase invoices).				

Subcontractor Fiscal Systems Checklist

4. The contractor has an accounting system that maintains:			
(A) A cash receipts journal of city funds.			
(B) A cash disbursements journal of city funds.			
(C) A general ledger with an income and expense account for each budgeted line item.			
(D) The filing of paid invoices showing check number, date paid and evidence of goods or services according to the account and budget line to which they were charged.			

**Observations/Impacts/Recommendations:**

--	--	--	--

<b>Cash Management</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
------------------------	------------	-----------	------------

1(A) At least one of the below signatures restricted to an official not responsible for maintaining accounting records. <i>(Please complete the following information on all check signers.)</i>			
(B) The contractor reconciles the bank statement with the ledger account each month.			
(C) The contractor provides a locked and secure area for blank checks to prevent unauthorized access.			
2. The contractor documents reviews on all outstanding checks at least monthly.			
3. The contractor stopped payment on all checks over 60 days old, specific to COSA funds.			
4. Staff positions in the approved budget agree with those on the payroll records.			
5. The contractor makes timely tax deposits for all required employees in accordance with all applicable local, state, and Federal law.			

**Observations/Impacts/Recommendations:**

--	--	--	--

<b>Travel</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
---------------	------------	-----------	------------

1. The contractor's reimbursement for employees' mileage billed			
---	--	--	--

Subcontractor Fiscal Systems Checklist

at a rate no higher than the rate designated by the funder for mileage reimbursement. (\$.55 before 1/1/10, \$.50 after 1/1/10)			
(A) All employees who received mileage reimbursements have required documentation of claim.			
(B) The contractor has evidence of a valid Texas Driver's License for all employees who have received mileage reimbursements.			
(C) The contractor has evidence of a liability insurance for all employees who have received mileage reimbursements			
2. All travel expenditures reviewed were authorized (e.g. no unauthorized travel or persons charged to program who were not in the budget, etc.). (Monitoring note: List if authorization is not obtained)			
3. The contractor obtained prior approval from city for out of town travel costs.			
4. The contractor provided detailed documentation to the City for all out of town travel costs..			
5. The out of town travel cost were within the per diem rate.			
6. The contractor submitted itineraries and attendance certification.			

**Observations/Impacts/Recommendations:**

<b>Administration</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Blank checks are not signed in the contractor's checking account.			
2. The contractor does not issue checks for cash or bearer with the exception of those for petty cash that exceeded \$100.			
3. The contractor does not issue petty cash reimbursements that in the aggregate exceed \$200 in a calendar month without original receipts and City's written approval.			
4. The contractor properly executes budget revisions. <i>(Only to be done if an amendment is obtained prior to execution of revisions).</i>			

**Observations/Impacts/Recommendations:**

<b>Equipment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Equipment/property purchases exceeding \$500 were in the approved budget or a revised budget with City approval was received.			

**If no, list items and amounts and corrective action:**

Equipment not allowed in grant.

<b>Reporting</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
------------------	------------	-----------	------------

Subcontractor Fiscal Systems Checklist

1. Invoices for reimbursement are submitted to the City on a monthly or bi-weekly basis.			
2. The contractor provided all required fiscal, program measure and program reports as specified in the contract. <i>(Section 4)</i>			
3. The contractor submitted all final fiscal reports as determined by the contract.			
4. The contractor properly executes budget revisions. <i>(Only to be done if an amendment is obtained prior to execution of revisions).</i>			
<b>Observations/Impacts/Recommendations:</b>			

<b>Scoring</b>			
	<b>Yes</b>	<b>No</b>	<b>Possible Measures</b>
<i>Total</i>			
<i>Measures scored "N/A" are not included in total.</i>			

**Overall Score:** \_\_\_\_\_

<p><b>Overall Statement of Compliance</b></p>
<p><b>Summary of Observations and Recommendations</b> (refer to Section)</p>

Agency concurs with report:  Yes  No  Report is pending more information  
(Attach Agency comments to this form)

**SAMHD  
ON-SITE MONITORING REVIEW**

PROJECT (CONTRACT) Name: \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_

INDIVIDUALS PRESENTS (Other than SAMHD Staff):

\_\_\_\_\_

**PURPOSE OF VISIT**  
(Please list the items covered by your visit).

\_\_\_\_\_

**SUMMARY OF VISIT**

\_\_\_\_\_

**ACTION REQUIRED**

IS FOLLOW-UP NECESSARY:     YES                       NO                      IF YES, EXPLAIN.

\_\_\_\_\_

\_\_\_\_\_  
Submitted by: (Signature) Contract Delegate or  
Program Monitor

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Approved by: (Signature) SAMHD Program Supervisor

\_\_\_\_\_  
DATE

**SAMHD  
Contract File Management System  
Agency Certification File**

The San Antonio Metropolitan Health District's (SAMHD) contract file management system is organized into three (3) major file categories: (1) Program File (2) Fiscal File (3) Contractor or Agency Certification File [if required]. Each file has different documentation requirements. The Agency Certification File is the depository of all organizational/corporate documents for each contractor, vendor, delegate agency, grantee or subgrantee under contract with the City's Health Department. The assigned Contract Delegate is responsible for maintaining all relevant information and documents for each project contract. For reference purposes, maintain this "file checklist" in the Agency Certification File.

Organization Name: \_\_\_\_\_  
 Project Name/Number: \_\_\_\_\_  
 Grant Number/CFDA Number: \_\_\_\_\_  
 Contract Allocation: \_\_\_\_\_

Documents	Date Received/ Reviewed By	Comments
<b>A. Administration</b>		
1. Copy of IRS Tax Exempt 501 (c)(3) Certificate <b>OR</b> <b>OTHER</b> IRS Determination		
2. Copy of Articles of Incorporation (State of Texas)		
3. Copy of Agency Charter and Adopted By-Laws		
4. Copy of Names/Title/Addresses - Current Board Directors; Copy of Board Meeting Agendas/Minutes		
5. Copy of Current Filed 990, or 990T Information Tax Return		
6. Copy of Agency Personnel Policies/Procedures including, but not limited to: <input type="checkbox"/> a. Leave Policy <input type="checkbox"/> b. Employment Policy <input type="checkbox"/> c. Equal Opportunity Employment Plan <input type="checkbox"/> d. Probationary/Evaluation Procedures <input type="checkbox"/> e. Job Titles, Descriptions and Salaries of all City paid employees		
7. Organizational Chart		
8. Ethics Policy (if required by the contract)		
9. Discretionary Contracts Disclosure Form(s)		
10. Copy of forms used for administrative expenditures (if included in project budget; details to be kept with invoice package) <input type="checkbox"/> a. Payroll Time Sheets/Leave Records <input type="checkbox"/> b. Travel Requests/Receipts Reports <input type="checkbox"/> c. Long Distance Telephone Log <input type="checkbox"/> d. Mileage Log <input type="checkbox"/> e. Postage Log		
11. Equipment/Capital Outlay Procurement Records <input type="checkbox"/> a. Copy of updated Inventory list of items, equipment, and property purchased with City funds. <input type="checkbox"/> b. Copy of Purchasing Procurement Policies		

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Documents	Date Received/ Reviewed By	Comments
<p><b>B. Financial/Insurance/Bonding</b></p> <p>1. Copy of most recent audit requirements <u>as identified</u> in contract.</p> <p><input type="checkbox"/> If contractor expended \$250,000 or more of City funds, an independent audit of financial statements is required.</p> <p><input type="checkbox"/> If contractor expended less than \$250,000 of City funds, an unaudited financial statement (w/balance sheet and income statement) is required.</p> <p><input type="checkbox"/> If contractor expended \$500,000 or more in federal or state funds, a Single Audit performed by an independent CPA is required.</p>		<p>Copy of the latest audit and date of when the next one will be available needed. If online, web address of where it is available is fine.</p>
<p>2. Agency's Accounting and Fiscal System meets standards outlined in City's contract to be maintained on an accrual basis with a numbered account for the receipt and disbursement of funds. Check evidence of:</p> <p><input type="checkbox"/> a. General Ledger</p> <p><input type="checkbox"/> b. Cash Receipts Journal</p> <p><input type="checkbox"/> c. Cash Disbursements Journal</p> <p><input type="checkbox"/> d. General Journal</p> <p><input type="checkbox"/> e. Trial Balances</p> <p><input type="checkbox"/> f. Chart of Accounts</p> <p><input type="checkbox"/> g. Bank Reconciliation's General Ledger</p> <p><input type="checkbox"/> h. Bank Account Verification &amp; copy of Signature Card (list of all authorized check Signers; two signatures required on checks)</p>		
<p>3. Copies of Fidelity Bonds and Required Insurance Policy Certifications [i.e. Workers Compensation, Employers Liability, Commercial General Liability, Business Auto, Builder's Risk], Certifications, and Contract Surety Bonds [i.e. Bid Bonds, Payment Bonds, Performance Bonds, or any other approved alternatives] <u>as identified</u> in the contract.</p>		<p>What is term of the insurance coverage?</p> <p>Is correct insurance information attached to the contract and approved by COSA Risk Management?</p>
<p>4. Small, Minority or Woman Owned Business Advocacy: Copies of Small Business Economic Development Advocacy (SBEDA) forms approved by Economic Development and documentation of SBEDA and Good Faith Effort Plan compliance, if applicable.</p>	NA	NA

**Notes:**

The U.S. Treasury maintains a "T-list" of sureties authorized to issue payment or performance bonds at: [www.fms.treas.gov/c570/c57.html](http://www.fms.treas.gov/c570/c57.html). Use this list to determine if a surety is acceptable on a City project.

Procurement of Vendors, Contractors, & Subcontractors can be checked at: [www.epls.gov](http://www.epls.gov) or [www.epls.arnet.gov](http://www.epls.arnet.gov) to confirm vendors, contractors, and subcontractors are not among "excluded party/debarment list".

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**AMENDMENT TO  
PROFESSIONAL SERVICES AGREEMENT**

This amendment is entered into by and between the City of San Antonio, a Texas Municipal Corporation, (hereinafter referred to as "City") acting by and through its City Manager, pursuant to Ordinance No. 2010-04-01-0264 passed and approved on April 1, 2010, and the South Central Area Health Education Center, Inc. by and through its Executive Director, Paula Winkler (hereinafter referred to as "AHEC"), both of which may be referred to herein collectively as the "Parties".

**WHEREAS**, the City presently subcontracts with the UHS for the Tobacco Prevention and Control Coalition Program (SA-TPCC) pursuant to a Professional Services Agreement (hereinafter referred to as "the Agreement") that commenced on September 1, 2010 pursuant to Ordinance No. 2010-04-01-0264; and

**WHEREAS**, it is in the best interest of the City that an amendment of the Agreement now be executed that includes special provisions and direction for contract monitoring and documentation of in-kind and actual expenses; and

**WHEREAS**, the Texas Department of State Health Services (TDSHS) as the funder of SA-TPCC has subsequently instructed that SA-TPCC develop a Youth Tobacco Coalition initiative; and that the Agreement budget be revised; and

**WHEREAS**, AHEC has agreed to take on this additional task; and

**WHEREAS**, it is in the best interest of the City that an amendment of the Agreement now be executed; **NOW THEREFORE:**

City and AHEC agree to amend the Agreement as follows:

1. The following listed document, attached hereto and incorporated herein as Exhibit I, is added to the Agreement as set out within this Amendment and shall be effective as noted:

- **Exhibit I to this Amendment:** Attachment III – Special Provisions to be effective for the period September 1, 2010 - August 31, 2011.

2. Section 4.4.2 is amended as follows:

4.4.2 AHEC understands that it shall submit detailed monthly activity reports of SA-TPCC program measures addressed through its activities by no later than the 5<sup>th</sup> business day of the following month as based upon the minimum requirements agreed upon by the Parties, which is affixed hereto and incorporated herein for all purposes as Attachment I. This report will be submitted electronically using forms designated by SA-TPCC to Tobacco Program Staff and the designated representative of the CEW. Non submittal or late submittal of required monthly activity reports or the supporting documents that go with the report are grounds for delaying reimbursement of corresponding invoices or possible rejection of said invoices should the activity reports be submitted more than 30 days following the

end of the monthly reporting period. Additionally, AHEC agrees to be fully subject to the Special Provisions as outlined in Attachment III.

3. All other terms, conditions, covenants and provisions of the Agreement are hereby continued and shall remain in effect in their original form, except for the provisions modified by this Amendment.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 2010.

**City:**  
**CITY OF SAN ANTONIO**

**Contractor:**  
**SOUTH CENTRAL AREA HEALTH  
EDUCATION CENTER, INC.**

\_\_\_\_\_  
Sharon De La Garza  
Assistant City Manager

\_\_\_\_\_  
Paula Winkler  
Executive Director

Approved as to Form:

\_\_\_\_\_  
Michael D. Bernard  
City Attorney

**Special Provisions**

The South Central Area Health Education Center, Inc. (Subrecipient) agrees and understands that funds for this project come in whole or in part from a grant made available through the Texas Department of State Health Services (TDSHS). The subrecipient understands that the San Antonio Metropolitan Health District (SAMHD) is the direct grantee of funds and must adhere to grant requirements imposed by TDSHS. The subrecipient understands that as a recipient of these funds it must comply with timelines and requirements in coordination with SAMHD in order to meet grant requirements.

As such, the subrecipient agrees that it will comply with all applicable monitoring, reporting and documentation requirements, as well as terms and conditions from TDSHS, including but not limited to those articulated below:

**I.**

**Standard Terms and Conditions**

1.1 **Generally:** SAMHD as grantee must comply with all terms and conditions outlined in its grant award, including grant policy terms and conditions contained in applicable Grant Policy Statements from the Texas Department of State Health Services (TDSHS) and the Department of Health and Human Services (HHS), and requirements imposed by specific program and grant administration regulations, as applicable. Subrecipients must comply with all requirements for subrecipients and cooperate with all monitoring procedures and provide required reporting and documentation to support SAMHD's requirements under the grant award. In addition to the standard terms and conditions of award, subrecipients receiving funds must abide by the general terms and conditions set out below.

1.2 **Civil Rights Obligations:** Recipients and subrecipients of State or Federal financial assistance must comply with Title VI of the Civil Rights Act of 1964 (prohibiting race, color, and national origin discrimination), Section 504 of the Rehabilitation Act of 1973 (prohibiting disability discrimination), Title IX of the Education Amendments of 1972 (prohibiting sex discrimination in education and training programs), and the Age Discrimination Act of 1975 (prohibiting age discrimination in the provision of services). For further information and technical assistance, please contact the HHS Office for Civil Rights at (202) 619-0403, OCRmail@hhs.gov, or <http://www.hhs.gov/ocr/civilrights/>.

1.3 **Documentation of Expenses and in-kind match:** The grantee may use its own expense and financial documentation systems and procedures provided it observes the provisions of the following official guidance documents:

- Federal cost principles regarding the allowability of costs specific to the subrecipient's organization type:
  - The allowability of costs incurred by State, local or federally-recognized Indian tribal governments (the City of San Antonio or Bexar County) is determined in accordance with the provisions of OMB Circular A-87, "Cost Principles for State,

Local, and Indian Tribal Governments," available at:  
[http://www.whitehouse.gov/omb/circulars\\_a087\\_2004](http://www.whitehouse.gov/omb/circulars_a087_2004)

- The allowability of costs incurred by non-profit organizations (such as the American Cancer Society, the American Lung Association and the American Heart Association) is determined in accordance with the provisions of OMB Circular A-122, "Cost Principles for Non-Profit Organizations," available at:  
[http://www.whitehouse.gov/omb/circulars\\_a122\\_2004](http://www.whitehouse.gov/omb/circulars_a122_2004)
- The allowability of costs incurred by institutions of higher education (such as Trinity University, UTSA and the UT Health Science Center at San Antonio) is determined in accordance with the provisions of OMB Circular A-21, "Cost Principles for Educational Institutions," available at:  
[http://www.whitehouse.gov/omb/circulars\\_a021\\_2004](http://www.whitehouse.gov/omb/circulars_a021_2004)
- The allowability of costs incurred by hospitals is determined in accordance with the provisions of Appendix E of 45 CFR part 74, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals," available at: <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=5ce80adfb5e0caef1c156560c5fd2885&rgn=div9&view=text&node=45:1.0.1.1.35.6.11.3.11&idno=45>
- Fiscal Year 2011 Department of State Health Services Contract General Provisions (Core/Subrecipient), available at:  
<http://www.dshs.state.tx.us/grants/docs/2011GeneralProvisionsSubrecipient.doc>
- Texas DSHS Contractor's Financial Procedures Manual, available at:  
<http://www.dshs.state.tx.us/contracts/docs/cfpm10.doc>

1.3.1 City of San Antonio and SA-TPCC program staff will review documentation of subrecipient expenses and in-kind and will make the final judgment as to whether additional information is required to achieve compliance with the items listed in 1.3 above. Subrecipients will make corrections that are required to fulfill those requirements.

1.3.2 Should any of the provisions for documentation of expenses and in-kind match listed under 1.3 change as a result of a City of San Antonio Finance office ruling or a ruling by the Texas Department of State Health Services or the Auditor's Office of the State of Texas, [the subrecipient] will be notified as quickly as possible and given assistance in making necessary adjustments.

1.4 Lobbying: Federal law prohibits award recipients and sub-contractors from using State or Federal funds for lobbying Congress or a Federal agency, or to influence legislation or appropriations pending before the Congress or any State or local legislature.

This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

Any activity designed to influence action in regard to a particular piece of pending legislation would be considered lobbying. That is lobbying for or against pending legislation, as well as indirect or grass roots lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives at the Federal, state, or local levels to urge support of, or oppositions to, pending legislative proposals is prohibited.

Recipients of grants and cooperative agreements need to be careful to prevent grant funds from being used to influence or promote pending legislation. With respect to conferences, public events, publications, and grass roots activities that relate to specific legislation, recipients of grant funds should give close attention to isolating and separating the appropriate use of grant funds from non-grant funds.

### **III. Audit Requirements**

3.1 A grantee, such as SAMHD, that expends \$500,000.00 or more in a year in State or Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations.

3.2 Subrecipients receiving grant funds must also meet the same requirements of OMB Circular A-133 (if the total Federal or State grant funds received exceed \$500,000.00). In instances of noncompliance with Federal law and regulations, the subrecipient must take appropriate corrective action within six months after receipt of the audit. OMB Circular A-133 may be found at:

[http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133\\_revised\\_2007.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf)

3.3 If a subrecipient is not required to have a program-specific audit, SAMHD is still required to perform adequate monitoring of subrecipient activities. Subrecipients shall cooperate with all such activities. Additionally, as a condition of accepting funding, it is noted that the subrecipient agrees to permit City or independent auditors to have access to subrecipient records and financial records as necessary.

### **IV. Reporting Requirements**

4.1 SAMHD must report on subrecipient activities as specified below, and subrecipient agrees to cooperate with SAMHD in providing information as necessary for SAMHD to comply with the following requirements:

Subrecipients must submit monthly invoices, performance measure reports and supporting documentation to SAMHD, containing the following information:

- A. The prescribed reporting form reports all spending, in-kind expenses and the performance measures achieved for the previous month. The form shall be filled out monthly and emailed electronically to the City no later than the 5<sup>th</sup> business day of the following month. The pages requiring signatures may be printed out by the subcontractor, signed and scanned and sent to the City separately. Each page requires two signatures.
- B. All required documentation for reimbursable expenses, in-kind expenses and performance measures must be scanned with the invoice and sent electronically to the City by the 5<sup>th</sup> working day of the following month.

- C. Individual items submitted for reimbursement on the invoice, for in-kind expenses or inclusion in the performance measures must directly reference attached documentation in order for it to be accepted.
- D. The requirements for documentation are found in the documents listed in 1.3 above and 4.2 below. In many cases the state requirements are stricter than the federal requirements. As a rule, if requirements in one document are different from similar requirements in the other State and Federal requirements, the requirement that is the strictest will apply. Also, in some cases, the State regulations are silent. In that instance, the federal regulations take precedence.
- E. The following attachments shall be used by subrecipients in order to assess and document expenses:
  - i. Appendix A – Examples of Time Sheets for personnel reimbursed by grant funding. This is customized for each subrecipient and provided electronically by SA-TPCC staff. Other time sheet forms may be used provided the same information is captured.
  - ii. Appendix B– The request for reimbursement invoice / in-kind cost submission / performance measures form. This is customized for each subrecipient and provided electronically by SA-TPCC staff.
  - iii. Appendix C – The SA-TPCC Activity Tracking Form, which is to be used as a cover sheet with supporting materials to document health fairs, presentations and other events.
  - iv. Appendix D – The In-Kind Contribution Form is to be used to document in-kind personnel time and other in-kind expenses that are included on the invoice. Use it as a cover sheet for your in-kind documentation. When used to document in-kind personnel time, the hourly value of the employee’s time is to be used. This includes salary and fringe benefits.

4.2 Subrecipient agrees to provide any and all information necessary for SAMHD to complete monitoring as required by TDSHS and the City of San Antonio. The following attachments are documents that will be used by SAMHD to monitor compliance of the subrecipient with the parameters of the contract and with the State and Federal administrative requirements as listed above in 1.3 and shown below as items (D) through (I):

- A. Appendix E: The Subcontractor Fiscal Systems Checklist. This checklist will be reviewed with the subrecipients at least once at the beginning of the grant year. Follow-up will be pursued in the event of discovery of non-compliance.
- B. Appendix F: The On-Site Monitoring Review form. This will be used to document meetings with subrecipients and track progress of issues to be resolved.
- C. Appendix G: The Agency Certification File is the depository of all organizational/corporate documents for each contractor, vendor, delegate agency, grantee or subrecipient under contract with SAMHD. The assigned Contract Delegate is responsible for maintaining all updated and listed information and documents for each subrecipient. New copies of all of the listed documents shall be provided to SAMHD by no later than 5 months into the new fiscal year.
- D. OMB Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments"
- E. OMB Circular A-122, "Cost Principles for Non-Profit Organizations."

- F. OMB Circular A-21, "Cost Principles for Educational Institutions."
- G. Appendix E of 45 CFR part 74, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals."
- H. Fiscal Year 2011 DSHS Contract General Provisions
- I. DSHS Contractor's Financial Procedures Manual

<< ORGANIZATION NAME >> TIME SHEET

Employee Name:  
Time Sheet Period:

*Instructions: Enter number of hours worked in each project area each day.*

Project	SUN	MON	TUE	WED	THU	FRI	SAT	Total	SUN	MON	TUE	WED	THU	FRI	SAT	Total	TOTAL
Date																	
SA-TPCC								0.00								0.00	0.00
Other								0.00								0.00	0.00
Other								0.00								0.00	0.00
Other								0.00								0.00	0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Number of hours for SA-TPCC: 0.00  
 Hourly pay rate equivalent: \_\_\_\_\_  
 Total salary value for period: \$0.00

Fringe rate equivalent: \_\_\_\_\_  
 Total personnel cost for period: \$0.00

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

<< ORGANIZATION NAME >> TIME SHEET

Employee Name:  
 Time Sheet Period:

Instructions: Enter number of hours worked in each project area each day.

Project	SUN	MON	TUE	WED	THU	FRI	SAT	Total	SUN	MON	TUE	WED	THU	FRI	SAT	Total	TOTAL	
Date																		
SA-TPCC								0.00									0.00	0.00
Regular								0.00									0.00	0.00
Holiday								0.00									0.00	0.00
Leave 1								0.00									0.00	0.00
Leave 2								0.00									0.00	0.00
Other								0.00									0.00	0.00
Regular								0.00									0.00	0.00
Holiday								0.00									0.00	0.00
Leave 1								0.00									0.00	0.00
Leave 2								0.00									0.00	0.00
Other								0.00									0.00	0.00
Regular								0.00									0.00	0.00
Holiday								0.00									0.00	0.00
Leave 1								0.00									0.00	0.00
Leave 2								0.00									0.00	0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Number of hours for SA-TPCC: 0.00  
 Hourly pay rate equivalent: \_\_\_\_\_  
 Total salary value for period: \$0.00

Fringe rate equivalent: \_\_\_\_\_  
 Total personnel cost for period: \$0.00

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

<< ORGANIZATION NAME >> TIME SHEET

Employee Name:  
Time Sheet Period:

Instructions: Enter number of hours worked in each project area each day.

Project	SUN	MON	TUE	WED	THU	FRI	SAT	Total
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Number of hours for SA-TPCC: 0.00  
 Hourly pay rate equivalent: \_\_\_\_\_  
 Total salary value for period: \$0.00

Fringe rate equivalent: \_\_\_\_\_  
 Total personnel cost for period: \$0.00

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS**  
**SA-TPCC Contractor Monthly Performance Reports and Invoices**  
**September 1, 2010 - August 31, 2011**

**General:**

Complete the performance report and invoice templates for the appropriate month and submit by email to richard.jackson@sanantonio.gov by the 5th business day of the subsequent month. The entire modifiable Excel file must be submitted electronically each month to allow Metro Health staff to copy the performance measures into an aggregated file. Signed reports and invoices must also be submitted and may be provided in two different ways: 1) insert an electronic signature directly in the worksheet, or 2) print the completed worksheet, sign, scan, and then email the signed version. Supporting documentation must be submitted for all activities and costs and may be sent electronically or by mail. Supporting documentation should be organized and numbered or referenced in a way to link the materials to the Excel reports. Examples are provided for a completed performance report and invoice. The Master worksheet is linked to each monthly performance report and invoice to summarize all items reported. Do not modify the Master worksheet.

**Due Dates:**

October 7, November 5, December 7, January 7, February 7, March 7, April 7, May 6, June 7, July 8, August 5, September 6

**Performance Report:**

The performance report is structured to allow you to report according to the objectives outlined in the scope of service in your contract. List the performance period being reported and the date of submission. Mark the check boxes that portray your progress during the month being reported and reference the supporting documentation that demonstrates those activities. List the quantities of all performance measures completed during the month, break them down by topic if applicable (cessation, prevention, SHS, disparities), identify the related activity number from your scope of service, and reference the supporting documentation. After the objective report tables a text box is available to report any barriers or additional activities as needed. Next, the performance measures will be summarized from the objective report tables. At the end of the report, provide two signatures to verify the completion of the activities and accuracy of the report. All of the performance measures listed for the month are linked to the Master worksheet. Do not modify the Master worksheet. Submit corresponding supporting documentation organized and referenced.

**Invoice and In-Kind Statement:**

The invoice and in-kind statement are organized in the same manner as the budget in your contract. List the cost period and the date of submission. Enter the cost items and descriptions, supporting documentation, and amount. The costs will self-total for each category and at the end of the invoice and in-kind statement. At the end of the invoice, provide two signatures to verify the accuracy of the invoice. Repeat the same procedure for the statement of in-kind contributions that follows. Separate sets of signatures are required for the invoice and in-kind statement. The invoice and in-kind totals listed for the month are linked to the Master worksheet. Do not modify the Master worksheet. Submit corresponding supporting documentation organized and referenced.

**SOUTH CENTRAL AREA HEALTH EDUCATION CENTER  
MONTHLY PERFORMANCE REPORT  
Metro Health/SA-TPCC Contract: September 1, 2010 - August 31, 2011**

Performance Period: September 2010  
Date Submitted: \_\_\_\_\_

# Example

**Objective 1: Conduct cessation training consultation for health care providers and worksites.**

- Activity 1.1: Participate in SA-TPCC committee to plan and modify HCP and worksite outreach
- Activity 1.2: Conduct tobacco cessation consultations with 200 HCPs
- Activity 1.3: Inform 50 work site wellness or benefits offices of local resources for tobacco cessation
- Activity 1.4: Establish and produce a training video for health professions students that demonstrates effective counseling and follow up techniques for tobacco cessation
- Activity 1.5: Assess use of tool kit modifications based on 2009-2010 focus group findings
- Activity 1.6: Maintain CME accreditation for web-based billing/coding video and make revisions as needed

Progress this month (mark all that apply)					Supporting documentation		
<input checked="" type="checkbox"/> Plan	<input type="checkbox"/> Recruit	<input type="checkbox"/> Implement	<input type="checkbox"/> Evaluate		Time sheet for planning hours, meeting notes, list of targets identified		
<input checked="" type="checkbox"/> Meet	<input checked="" type="checkbox"/> Schedule	<input type="checkbox"/> Monitor	<input type="checkbox"/> Report				
<input type="checkbox"/> Receive info/training	<input type="checkbox"/> Deliver info/training	<input type="checkbox"/> Other (detail in "supporting documentation")					
Performance measures achieved	Quant.	Topics				Related Activity #	Supporting documentation (reference numbered attachment)
		prev.	cess.	SHS	disp.		
# meetings attended	1					1.1	
# HCP targets identified	20					1.2	attachment A
# of cessation consultations with HCPs	0					1.2	
# work site targets identified	5					1.3	attachment B
# work site cessation consultations	0					1.3	

**Objective 2: Conduct youth outreach and education.**

- Activity 2.1: Conduct at least 1 Tobacco Free Kids Day event; engage youth in activities and disseminate prevention information
- Activity 2.2: Deliver TATU course to 50 youth

Progress this month (mark all that apply)					Supporting documentation		
<input checked="" type="checkbox"/> Plan	<input checked="" type="checkbox"/> Recruit	<input checked="" type="checkbox"/> Implement	<input type="checkbox"/> Evaluate		Time sheet for planning hours, list of recruited youth, course sign-in sheets		
<input type="checkbox"/> Meet	<input type="checkbox"/> Schedule	<input type="checkbox"/> Monitor	<input type="checkbox"/> Report				
<input type="checkbox"/> Receive info/training	<input type="checkbox"/> Deliver info/training	<input type="checkbox"/> Other (detail in "supporting documentation")					
Performance measures achieved	Quant.	Topics				Related Activity #	Supporting documentation (reference numbered attachment)
		prev.	cess.	SHS	disp.		
# events conducted	0					2.1	
# youth involved in alt. activities	0	0	0	0	0	2.1	
# youth receiving info	0	0	0	0	0	2.1	
# adults receiving info	0	0	0	0	0	2.1	
# youth recruited for TATU	50					2.2	attachment C
# youth receiving education (TATU)	15					2.2	attachment D-E
# course series conducted	1					2.2	attachment D-E

**Objective 3: Participate in SA-TPCC capacity building.**

- Activity 3.1: Participate in regular coalition meetings to report performance and progress.
- Activity 3.2: Participate in coalition Steering Committee.

Progress this month (mark all that apply)	Supporting documentation

<input type="checkbox"/> Plan	<input type="checkbox"/> Recruit	<input type="checkbox"/> Implement	<input type="checkbox"/> Evaluate	Time sheet for meeting			
<input checked="" type="checkbox"/> Meet	<input type="checkbox"/> Schedule	<input type="checkbox"/> Monitor	<input type="checkbox"/> Report				
<input type="checkbox"/> Receive info/training	<input type="checkbox"/> Deliver info/training	<input type="checkbox"/> Other (detail in "supporting documentation")					
Performance measures achieved	Quant.	Topics				Related Activity #	Supporting documentation (reference numbered attachment)
		prev.	cess.	SHS	disp.		
# meetings attended	1					3.1	

**Brief narrative regarding performance barriers or additional activities (if applicable)**

**Summary of TDSHS Performance Measure Achievement (calculated from reports above)**

Measure	Quant.	Topics			
		prev.	cess.	SHS	disp.
# of renewed community agreements					
# new community agreements					
# of cessation consultations with HCPs	0				
# work site cessation consultations	0				
# adults receiving information	0	0	0	0	0
# youth receiving information	0	0	0	0	0
# tobacco presentations					
# adults attending presentations					
# youth attending presentations					
# adults involved in alt. activities					
# youth involved in alt. activities	0	0	0	0	0
# youth receiving educ/skills training	15				
# tobacco media awareness activities					
# tobacco media contacts					
# environ/regulatory/legal strategies implemented or changed					

**Verification statement:**

This report represents an accurate summary of performance for the period listed. Supporting evidence of performance is attached to this report and is maintained on file at the sub-recipient's office as specified in the contract.

<< signature line >>  
 \_\_\_\_\_  
 << Type name and title here >>

<< date line >>  
 \_\_\_\_\_  
 Date

<< signature line >>  
 \_\_\_\_\_  
 Paula Winkler, Director

<< date line >>  
 \_\_\_\_\_  
 Date

Note: Two certifying signatures are required for each performance report.

**SOUTH CENTRAL AREA HEALTH EDUCATION CENTER  
INVOICE FOR COST REIMBURSEMENT**  
Metro Health/SA-TPCC Contract: September 1, 2010 - August 31, 2011

Cost Period: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

# Example

<i>Personnel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Jane Doe, Program Coordinator, salary 100% time	Time sheets, payroll worksheet	\$ 3,500.00
Jane Doe, fringe benefits, 14.2% of salary	Time sheets, payroll worksheet	\$ 497.00
<b>Personnel Total</b>		<b>\$ 3,997.00</b>

<i>Local Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Travel for coalition meetings and public events, 136 miles x \$0.50/mile	Mileage log	\$ 68.00
<b>Local Travel Total</b>		<b>\$ 68.00</b>

<i>Out-of-City Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
none		
<b>Out-of-City Travel Total</b>		<b>\$ -</b>

<i>Operating &amp; Work Plan Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Educational materials purchased for public outreach events, 1500 brochures on tobacco prevention for youth	Paid invoice to materials distributor	\$ 1,523.90
<b>Operating/Work Plan Total</b>		<b>\$ 1,523.90</b>

**Subtotal of Direct Costs \$ 5,588.90**

*Indirect Costs: 10% of all direct costs* \$ 558.89

**TOTAL COSTS FOR REIMBURSEMENT**

**\$ 6,147.79**

**Verification statement:**

This invoice represents expenses incurred for the period listed. Supporting evidence of costs is attached to this invoice and is maintained on file at the sub-recipient's office as specified in the contract.

<< signature line >>  
<< Type name and title here >>

<< date line >>  
Date

<< signature line >>  
<< Type name and title here >>

<< date line >>  
Date

Two certifying signatures are required for each invoice.

**SOUTH CENTRAL AREA HEALTH EDUCATION CENTER  
STATEMENT OF FINANCIAL IN-KIND CONTRIBUTIONS  
Metro Health/SA-TPCC Contract: September 1, 2010 - August 31, 2011**

**Cost Period:** \_\_\_\_\_  
**Date Submitted:** \_\_\_\_\_

<i>In-Kind Personnel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Jane Doe, fringe benefits, 14.2% of salary	Time sheets, payroll worksheet	\$ 497.00
<b>In-Kind Personnel Total</b>		<b>\$ 497.00</b>

<i>In-Kind Local Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Travel for coalition meetings and public events, 136 miles x \$0.50/mile	Mileage log	\$ 68.00
<b>In-Kind Local Travel Total</b>		<b>\$ 68.00</b>

<i>In-Kind Out-of-City Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
none		
<b>In-Kind Out-of-City Travel Total</b>		<b>\$ -</b>

<i>In-Kind Operating &amp; Work Plan Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Educational materials purchased for public outreach events, 1500 brochures on tobacco prevention for youth	Paid invoice to materials distributor	\$ 1,523.90
<b>In-Kind Operating/Work Plan Total</b>		<b>\$ 1,523.90</b>

**TOTAL IN-KIND CONTRIBUTION SUBMITTED** **\$ 2,088.90**

**Verification statement:**

This statement represents expenses incurred for the period listed that are submitted as an in-kind contribution. Supporting evidence of costs is attached to this statement and is maintained on file at the sub-recipient's office as specified in the contract.

<< signature line >>  
\_\_\_\_\_  
<< Type name and title here >>

<< date line >>  
\_\_\_\_\_  
Date

APPENDIX B

<< signature line >>

<< Type name and title here >>

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<< date line >>

Date

---

Two certifying signatures are required for each statement of in-kind contribution.

**<< ORGANIZATION NAME >>  
SA-TPCC Activity Tracking Form**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Duration:** \_\_\_\_\_

**Activity Name (if applicable):** \_\_\_\_\_

**Type of Activity:** \_\_\_\_\_ Health Fair \_\_\_\_\_ Presentation \_\_\_\_\_ Other

**Topic(s) and Attendance:**

	Cessation	Prevention	SHS	Health Disparities
Adults				
Youth				

*Indicate the number of individuals that were in attendance with the topic(s) that were delivered at presentation/ event (Ex. If you covered prevention and cessation at a presentation with 50 people in attendance; you would place the number 50 in both the prevention and cessation blanks.)*

**Follow Up Tasks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Host Organization:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



City of San Antonio  
San Antonio Metropolitan Health District

**Subcontractor Fiscal Systems Checklist**

This checklist is used as a review guide to validate the Contractor's financial controls and contractual compliance.

Name of Contractor: \_\_\_\_\_

Name of Project(s): San Antonio Tobacco Prevention and Control Coalition

Point of Contact & No: \_\_\_\_\_

Funding Source: Texas Department of State Health Services contract

City Contract Number \_\_\_\_\_ Term of Contract 9/1/2010 through 8/31/2011

Fiscal Monitor: \_\_\_\_\_ Review Date: \_\_\_\_\_

Contractor Representative(s): \_\_\_\_\_ Review Date: \_\_\_\_\_

Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Subcontractor Fiscal Systems Checklist

Separation of Duties		Yes	No	N/A
The agency has separation of duties.		X		
Indicate the name of the individual who performs the various functions listed below. <i>(Monitoring Note: Same person doing E., F., B., &amp; C., would cause concern ---- check additional receipts, disbursements, or invoice.)</i>	Employee's Name and Functional Title			
I. Cash Receipts/Disbursements				
A. Opens Mail				
B. Prepares check deposits				
C. Reconciles bank accounts				
D. Records miscellaneous receipts				
E. Authorizes disbursements				
F. Prepares checks				
G. Compares checks with vouchers				
Other Related Duties:				
<b>Observations/Impacts/Recommendations:</b>  No issues noted. Was given a tour of the accounting area and shown the location of all of the checks (locked up) and where the general ledger was and authorization for disbursements.				
Contractor Accounting System		Yes	No	N/A
1. The accounting records provide accountability over funds, property and other assets.				
2. The contractor's records compare actual outlays with budget amounts.				
3. The accounting records are supported by source documents (timesheets, employees' benefits, purchase invoices).				

Subcontractor Fiscal Systems Checklist

4. The contractor has an accounting system that maintains:			
(A) A cash receipts journal of city funds.			
(B) A cash disbursements journal of city funds.			
(C) A general ledger with an income and expense account for each budgeted line item.			
(D) The filing of paid invoices showing check number, date paid and evidence of goods or services according to the account and budget line to which they were charged.			
<b>Observations/Impacts/Recommendations:</b>			
<b>Cash Management</b>			
1(A) At least one of the below signatures restricted to an official not responsible for maintaining accounting records. <i>(Please complete the following information on all check signers.)</i>	Yes	No	N/A
(B) The contractor reconciles the bank statement with the ledger account each month.			
(C) The contractor provides a locked and secure area for blank checks to prevent unauthorized access.			
2. The contractor documents reviews on all outstanding checks at least monthly.			
3. The contractor stopped payment on all checks over 60 days old, specific to COSA funds.			
4. Staff positions in the approved budget agree with those on the payroll records.			
5. The contractor makes timely tax deposits for all required employees in accordance with all applicable local, state, and Federal law.			

<b>Observations/Impacts/Recommendations:</b>			

<b>Travel</b>			
1. The contractor's reimbursement for employees' mileage billed	Yes	No	N/A

Subcontractor Fiscal Systems Checklist

at a rate no higher than the rate designated by the funder for mileage reimbursement. (\$.55 before 1/1/10, \$.50 after 1/1/10)			
(A) All employees who received mileage reimbursements have required documentation of claim.			
(B) The contractor has evidence of a valid Texas Driver's License for all employees who have received mileage reimbursements.			
(C) The contractor has evidence of a liability insurance for all employees who have received mileage reimbursements			
2. All travel expenditures reviewed were authorized (e.g. no unauthorized travel or persons charged to program who were not in the budget, etc.). (Monitoring note: List if authorization is not obtained)			
3. The contractor obtained prior approval from city for out of town travel costs.			
4. The contractor provided detailed documentation to the City for all out of town travel costs..			
5. The out of town travel cost were within the per diem rate.			
6. The contractor submitted itineraries and attendance certification.			

**Observations/Impacts/Recommendations:**

Administration	Yes	No	N/A
1. Blank checks are not signed in the contractor's checking account.			
2. The contractor does not issue checks for cash or bearer with the exception of those for petty cash that exceeded \$100.			
3. The contractor does not issue petty cash reimbursements that in the aggregate exceed \$200 in a calendar month without original receipts and City's written approval.			
4. The contractor properly executes budget revisions. <i>(Only to be done if an amendment is obtained prior to execution of revisions).</i>			

**Observations/Impacts/Recommendations:**

Equipment	Yes	No	N/A
Equipment/property purchases exceeding \$500 were in the approved budget or a revised budget with City approval was received.			

**If no, list items and amounts and corrective action:**

Equipment not allowed in grant.

Reporting	Yes	No	N/A
-----------	-----	----	-----

Subcontractor Fiscal Systems Checklist

1. Invoices for reimbursement are submitted to the City on a monthly or bi-weekly basis.			
2. The contractor provided all required fiscal, program measure and program reports as specified in the contract. <i>(Section 4)</i>			
3. The contractor submitted all final fiscal reports as determined by the contract.			
4. The contractor properly executes budget revisions. <i>(Only to be done if an amendment is obtained prior to execution of revisions).</i>			
<b>Observations/Impacts/Recommendations:</b>			

<b>Scoring</b>			
	Yes	No	Possible Measures
<i>Total</i>			
<i>Measures scored "N/A" are not included in total.</i>			

**Overall Score: \_\_\_\_\_**

<p><b>Overall Statement of Compliance</b></p>
<p><b>Summary of Observations and Recommendations</b> (refer to Section)</p>

Agency concurs with report:  Yes  No  Report is pending more information  
(Attach Agency comments to this form)

**SAMHD  
ON-SITE MONITORING REVIEW**

PROJECT (CONTRACT) Name: \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_

INDIVIDUALS PRESENTS (Other than SAMHD Staff):

\_\_\_\_\_

**PURPOSE OF VISIT**  
(Please list the items covered by your visit).

\_\_\_\_\_

**SUMMARY OF VISIT**

\_\_\_\_\_

**ACTION REQUIRED**

IS FOLLOW-UP NECESSARY:     YES                       NO                      IF YES, EXPLAIN.

\_\_\_\_\_

\_\_\_\_\_  
Submitted by: (Signature) Contract Delegate or  
Program Monitor

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Approved by: (Signature) SAMHD Program Supervisor

\_\_\_\_\_  
DATE

**SAMHD  
Contract File Management System  
Agency Certification File**

The San Antonio Metropolitan Health District's (SAMHD) contract file management system is organized into three (3) major file categories: (1) Program File (2) Fiscal File (3) Contractor or Agency Certification File [if required]. Each file has different documentation requirements. The Agency Certification File is the depository of all organizational/corporate documents for each contractor, vendor, delegate agency, grantee or subgrantee under contract with the City's Health Department. The assigned Contract Delegate is responsible for maintaining all relevant information and documents for each project contract. For reference purposes, maintain this "file checklist" in the Agency Certification File.

Organization Name: \_\_\_\_\_

Project Name/Number: \_\_\_\_\_

Grant Number/CFDA Number: \_\_\_\_\_

Contract Allocation: \_\_\_\_\_

Documents	Date Received/ Reviewed By	Comments
<b>A. Administration</b>		
1. Copy of IRS Tax Exempt 501 (c)(3) Certificate <b>OR</b> <b>OTHER</b> IRS Determination		
2. Copy of Articles of Incorporation (State of Texas)		
3. Copy of Agency Charter and Adopted By-Laws		
4. Copy of Names/Title/Addresses - Current Board Directors; Copy of Board Meeting Agendas/Minutes		
5. Copy of Current Filed 990, or 990T Information Tax Return		
6. Copy of Agency Personnel Policies/Procedures including, but not limited to: <input type="checkbox"/> a. Leave Policy <input type="checkbox"/> b. Employment Policy <input type="checkbox"/> c. Equal Opportunity Employment Plan <input type="checkbox"/> d. Probationary/Evaluation Procedures <input type="checkbox"/> e. Job Titles, Descriptions and Salaries of all City paid employees		
7. Organizational Chart		
8. Ethics Policy (if required by the contract)		
9. Discretionary Contracts Disclosure Form(s)		
10. Copy of forms used for administrative expenditures (if included in project budget; details to be kept with invoice package) <input type="checkbox"/> a. Payroll Time Sheets/Leave Records <input type="checkbox"/> b. Travel Requests/Receipts Reports <input type="checkbox"/> c. Long Distance Telephone Log <input type="checkbox"/> d. Mileage Log <input type="checkbox"/> e. Postage Log		
11. Equipment/Capital Outlay Procurement Records <input type="checkbox"/> a. Copy of updated Inventory list of items, equipment, and property purchased with City funds. <input type="checkbox"/> b. Copy of Purchasing Procurement Policies		

Revised 8//05

Documents	Date Received/ Reviewed By	Comments
<p><b>B. Financial/Insurance/Bonding</b></p> <p>1. Copy of most recent audit requirements <u>as identified</u> in contract.</p> <p><input type="checkbox"/> If contractor expended \$250,000 or more of City funds, an independent audit of financial statements is required.</p> <p><input type="checkbox"/> If contractor expended less than \$250,000 of City funds, an unaudited financial statement (w/balance sheet and income statement) is required.</p> <p><input type="checkbox"/> If contractor expended \$500,000 or more in federal or state funds, a Single Audit performed by an independent CPA is required.</p>		Copy of the latest audit and date of when the next one will be available needed. If online, web address of where it is available is fine.
<p>2. Agency's Accounting and Fiscal System meets standards outlined in City's contract to be maintained on an accrual basis with a numbered account for the receipt and disbursement of funds. Check evidence of:</p> <p><input type="checkbox"/> a. General Ledger</p> <p><input type="checkbox"/> b. Cash Receipts Journal</p> <p><input type="checkbox"/> c. Cash Disbursements Journal</p> <p><input type="checkbox"/> d. General Journal</p> <p><input type="checkbox"/> e. Trial Balances</p> <p><input type="checkbox"/> f. Chart of Accounts</p> <p><input type="checkbox"/> g. Bank Reconciliation's General Ledger</p> <p><input type="checkbox"/> h. Bank Account Verification &amp; copy of Signature Card (list of all authorized check Signers; two signatures required on checks)</p>		
<p>3. Copies of Fidelity Bonds and Required Insurance Policy Certifications [i.e. Workers Compensation, Employers Liability, Commercial General Liability, Business Auto, Builder's Risk], Certifications, and Contract Surety Bonds [i.e. Bid Bonds, Payment Bonds, Performance Bonds, or any other approved alternatives] <u>as identified</u> in the contract.</p>		What is term of the insurance coverage? Is correct insurance information attached to the contract and approved by COSA Risk Management?
<p>4. Small, Minority or Woman Owned Business Advocacy: Copies of Small Business Economic Development Advocacy (SBEDA) forms approved by Economic Development and documentation of SBEDA and Good Faith Effort Plan compliance, if applicable.</p>	NA	NA

**Notes:**

The U.S. Treasury maintains a "T-list" of sureties authorized to issue payment or performance bonds at: [www.fms.treas.gov/c570/c57.html](http://www.fms.treas.gov/c570/c57.html). Use this list to determine if a surety is acceptable on a City project.

Procurement of Vendors, Contractors, & Subcontractors can be checked at: [www.epls.gov](http://www.epls.gov) or [www.epls.arnet.gov](http://www.epls.arnet.gov) to confirm vendors, contractors, and subcontractors are not among "excluded party/debarment list".

Revised 8//05

**AMENDMENT TO  
PROFESSIONAL SERVICES AGREEMENT**

This amendment is entered into by and between the City of San Antonio, a Texas Municipal Corporation, (hereinafter referred to as "City") acting by and through its City Manager, pursuant to Ordinance No. 2010-04-01-0264 passed and approved on April 1, 2010, and the San Antonio Council on Alcohol and Drug Abuse (hereinafter referred to as "SACADA") acting by and through its designated representative.

**WHEREAS**, the City presently subcontracts with the SACADA for the Tobacco Prevention and Control Coalition Program (SA-TPCC) pursuant to a Professional Services Agreement (hereinafter referred to as "the Agreement") that commenced on September 1, 2010 pursuant to Ordinance No. 2010-04-01-0264; and

**WHEREAS**, it is in the best interest of the City that an amendment of the Agreement now be executed that includes special provisions and direction for contract monitoring and documentation of in-kind and actual expenses; and

**WHEREAS**, the Texas Department of State Health Services (TDSHS) as the funder of SA-TPCC has subsequently instructed that SA-TPCC develop a Youth Tobacco Coalition initiative; and that the Agreement budget be revised; and

**WHEREAS**, SACADA has agreed to take on this additional task; and

**WHEREAS**, it is in the best interest of the City that an amendment of the Agreement now be executed which revises the SACADA budget by increasing the total dollar amount of the Agreement by \$40,000.00; **NOW THEREFORE:**

City and SACADA agree to amend the Agreement as follows:

1. The following listed documents, attached hereto and incorporated herein as Exhibits I - III, will supersede the respective Attachment number in the Contract and all references in the Contract to a titled document listed below will now refer to the attachment or attachments, if more than one, intended as its replacement:
  - **Exhibit I to this Amendment:** Attachment I – Scope of Services – Youth Coalition, to be effective for the period September 1, 2010 – August 31, 2011;
  - **Exhibit II to this Amendment:** Attachment II – Budget to be effective for the period September 1, 2010 – August 31, 2011; and
  - **Exhibit III to this Amendment:** Attachment III – Special Provisions to be effective for the period January 1, 2010 - August 31, 2011.
2. Section 4.1 is amended as follows:
  - 4.1 In consideration of SACADA's performance in a satisfactory and efficient manner, as determined solely by Director, of all services and activities set forth in this Agreement, City agrees to pay SACADA an amount not to exceed one hundred ten thousand dollars (\$110,000.00) as total compensation, which is budgeted for such payment, as set forth and incorporated herein for all purposes in the budget, which is affixed hereto and incorporated herein for all purposes as Attachment II.

3. Section 4.4.2 is amended as follows:

4.4.2 SACADA understands that it shall submit detailed monthly activity reports of SA-TPCC program measures addressed through its activities by no later than the 5<sup>th</sup> business day of the following month as based upon the minimum requirements agreed upon by the Parties, which is affixed hereto and incorporated herein for all purposes as Attachment I. This report will be submitted electronically using forms designated by SA-TPCC to Tobacco Program Staff and the designated representative of the CEW. Non submittal or late submittal of required monthly activity reports or the supporting documents that go with the report are grounds for delaying reimbursement of corresponding invoices or possible rejection of said invoices should the activity reports be submitted more than 30 days following the end of the monthly reporting period. Additionally, SACADA agrees to be fully subject to the Special Provisions as outlined in Attachment III.

4. All other terms, conditions, covenants and provisions of the Agreement are hereby continued and shall remain in effect in their original form, except for the provisions modified by this Amendment.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 2010.

**City:**  
**CITY OF SAN ANTONIO**

**Contractor:**  
**SAN ANTONIO COUNCIL ON  
ALCOHOL AND DRUG ABUSE**

\_\_\_\_\_  
Sharon De La Garza  
Assistant City Manager

\_\_\_\_\_  
By : \_\_\_\_\_  
Title: \_\_\_\_\_

Approved as to Form:

\_\_\_\_\_  
Michael D. Bernard  
City Attorney

**SCOPE OF SERVICES**  
**San Antonio Council on Alcohol and Drug Abuse and SA-TPCC Collaboration**  
**Contract Period: September 1, 2010 - August 31, 2011**

**Work Plan:**

<b>Objective 1: Conduct youth outreach and education regarding tobacco use prevention.</b> (Strategic Plan Goal 1 and 5)			
	<b>Activity/Task</b>	<b>Measure/Outcome</b>	<b>Start &amp; End Dates</b>
1.1	Disseminate tobacco prevention messages and materials to youth in community venues and events	List of sites and dates; 40 events scheduled; 40 events conducted; 2900 youth receiving information	Scheduled by: ongoing basis  50% complete: Feb 2011  100% complete: Aug 2011
1.2	Conduct presentations in community centers, city wide events, schools, churches, for youth regarding the dangers of tobacco use, tobacco prevention techniques, and tobacco cessation resources	List of sites and dates; 40 presentations scheduled; 40 presentations delivered; 625 youth attending presentations; 625 youth receiving information	Scheduled by: ongoing basis  50% complete: Feb 2011  100% complete: Aug 2011
1.3	Deliver tobacco use prevention curricula to youth including LifeSkills and ASPIRE	List of sites and dates; 20 course series scheduled; 20 course series conducted; 350 youth receiving education; 350 youth receiving information	Scheduled by: ongoing basis  50% complete: Feb 2011  100% complete: Aug 2011
1.4	Recruit and transport 10 youth to participate in Teen Leadership Summit in Hunt, TX in February 2011	10 youth recruited; 10 youth participating in alternative activities; 2 adults participating in alternative activities	Recruited by: Oct 2010  Completed by: Feb 2011
1.5	Lead Tobacco Free Kids Day activities for SA-TPCC in March 2011 – Train and coordinate with youth organizations across the county to conduct TFKD activities	10 organizations recruited; 10 organizations committed; 10 events scheduled; 10 events conducted; 500 youth participating in alternative activities	Orgs. recruited by: Jan 2011  Events scheduled by: Jan 2011  Events conducted by: Mar 31, 2011

1.6	Recruit and transport 20 youth and 5 adult sponsors to attend 2011 Texas Teen Tobacco Summit (date and location TBA)	20 youth recruited; 20 youth attend/participating in alternative activities; 5 adults sponsors recruited; 5 adults sponsors attend/participating in alternative activities	Youth recruited by: Apr 2011  Adults recruited by: Apr 2011  Completed by: Jul 2011
1.7	Develop new HYPE Youth Coalition and recruit middle school and high school youth to participate in activities: - Attend 2 meetings per year to learn team-building skills - Create media messages regarding coalition and youth engagement - Learn about health advocacy including letter writing to state/federal legislators and visits to local political leaders - Collaborate with local organizations - Implement Store Front Project - Learn to facilitate TATU curriculum for elementary school youth - Complete ASPIRE online program	30 youth recruited; 50 adults receiving information; 300 youth receiving information; 10 presentations delivered; 20 adults attending presentations; 100 youth attending presentations; 20 adults participating in alternative activities; 150 youth participating in alternative activities; 20 youth receiving education	Conducted: Jan-Aug 2011

**Objective 2: Conduct adult outreach regarding tobacco use prevention and cessation.**  
(Strategic Plan Goal 3, 4, and 5)

	<b>Activity/Task</b>	<b>Measure/Outcome</b>	<b>Start &amp; End Dates</b>
2.1	Disseminate tobacco prevention messages and materials to adults in community venues and events	List of sites and dates; 40 events scheduled; 40 events conducted; 40 events attended; 3800 adults receiving information	Scheduled by: ongoing basis  50% complete: Feb 2011  100% complete: Aug 2011
2.2	Conduct presentations in community centers, churches, city health fair events, schools and universities for adults regarding the dangers of tobacco use, tobacco prevention techniques, and tobacco cessation resources	List of sites and dates; 20 presentations scheduled; 20 presentations delivered; 450 adults attending presentations; 450 adults receiving information	Scheduled by: ongoing basis  50% complete: Feb 2011  100% complete: Aug 2011

2.3	Engage adults to participate in activities regarding the dangers of tobacco use, tobacco prevention techniques, and tobacco cessation resources	List of sites and dates; 8 activities scheduled; 8 activities conducted; 200 adults participating in alternative activities; 200 adults receiving information	Scheduled by: ongoing basis  50% complete: Feb 2011  100% complete: Aug 2011
-----	---	---	---

**Objective 3: Participate in San Antonio Tobacco Prevention & Control Coalition capacity building.**  
(Strategic Plan Goal 6)

	Activity/Task	Measure/Outcome	Start & End Dates
3.1	Participate in regular coalition meetings to report performance and progress	Meeting sign-in sheets; Meetings attended	Sep 1, 2010- Aug 31, 2011
3.2	Participate in Coalition Steering Committee	Meeting sign-in sheets; Meetings attended	Sep 1, 2010- Aug 31, 2011
3.3	Refer/identify organizations to enter into community agreements with SA-TPCC	10 organizations recruited or referred	Sep 1, 2010- Aug 31, 2011
3.4	Attend 2011 Texas Teen Tobacco Summit & Comprehensive Tobacco Prevention Conference (date and location TBA) to represent SACADA, in addition to youth attendance identified in Objective 1.6	Meeting attended	July 2011

**Performance Measure Requirements:**

TDSHS Measure	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	TOTAL
Number of adults receiving information (Work Plan objectives 2.2, 2.3)	300	500	300	300	500	500	500	500	200	100	100	100	<b>3850</b>
Number of youth receiving information (Work Plan objectives 1.1-1.3, 2.1)	100	400	200	200	200	200	600	400	200	50	50	100	<b>3200</b>
Number of tobacco presentations (Work Plan objectives 1.2, 2.2)	2	8	2	2	2	2	10	4	4	1	1	1	<b>50</b>
Number of adults attending tobacco presentations (Work Plan objective 2.2)	20	30	30	20	100	20	100	50	30	15	20	15	<b>470</b>
Number of youth attending tobacco presentations (Work Plan objective 1.2)	25	100	50	25	25	25	300	25	25	25	25		<b>725</b>
Number of adults involved in tobacco alternative activities (Work Plan objectives 1.4, 1.6, 2.3)	10	20	20	10	30	10	30	20	20	20	10	10	<b>220</b>
Number of youth involved in tobacco alternative activities (Work Plan objectives 1.4-1.6)	30	100	40	40	40	40	100	40	40	10	15	10	<b>700</b>
Number of youth receiving education/skills training (Work Plan objective 1.3)	20	30	30	30	30	30	30	30	30	30	30	30	<b>370</b>

## **TDSHS Performance Measure Definitions:**

**Adults receiving information:** This strategy provides awareness and knowledge of tobacco use, abuse, and addiction and its harmful effects on individuals, families and communities and provides awareness of available programs and services to adults. Information can be disseminated through brochures, pamphlets, resource directories, newsletters, literature and information about available resources. Report the number of adults who received written literature/information.

**Youth receiving information:** This strategy provides awareness and knowledge of tobacco use, abuse, and addiction and its harmful effects on individuals, families and communities and provides awareness of available programs and services to youths. Information can be disseminated through written communication such as brochures, pamphlets, resource directories, newsletters, literature and information about available resources. Report the number of youths who received written literature/information.

**Tobacco presentations:** This strategy provides awareness and knowledge of tobacco use and its harmful effects on individuals, families and communities as well as provides education on prevention, media awareness, cessation, second hand smoke issues, effective policy strategies and state tobacco laws. Presentations must be at least 30 minutes in duration. Report the number of tobacco presentations conducted.

**Adults attending tobacco presentations:** Report the number of adults who attend tobacco presentations.

**Youth attending tobacco presentations:** Report the number of adults who attend tobacco presentations.

**Adults involved in alternative activities:** Activities under this strategy are designed to encourage and foster bonding with peers, family, and community. This strategy provides adults the opportunity to take part in educational, cultural, and recreational and work-oriented tobacco-free activities with young people and adults involved in tobacco prevention programming. Report the number of new adults involved in alternative activities.

**Youth involved in alternative activities:** Activities under this strategy are designed to assist participants in mastering new skills and promote a sense of belonging, bonding and leadership with peers, family, and community. This strategy provides for the participation in activities that exclude alcohol, tobacco and other drugs. This strategy provides participants the opportunity to take part in educational, leadership, cultural, recreational and work-oriented tobacco-free activities. Report the number of new youths involved in alternative activities.

**Youth receiving education/skills training:** Approaches/activities under this strategy are aimed to increase protective factors, foster resiliency, decrease risk factors and affect critical life and social skills relative to tobacco use and related problems of the participant and/or family members. Education/skills training is designed to promote and develop life skills, decision-making and problem solving skills, as well as to provide accurate information about the

harmful effects of tobacco use, abuse and addiction. Sessions follow a structured research-based curriculum, build on skills in a sequential manner, and offer culturally and developmentally appropriate objectives for the target population. Prevention education through this strategy is presented only in a community-based setting. Report the number of new youths receiving community-based education services.

## BUDGET

## San Antonio Council on Alcohol and Drug Use and SA-TPCC Collaboration

Contract Period: September 1, 2010 - August 31, 2011

Description	Unit Cost	Quantity	Item Total
<b>PERSONNEL</b>			<b>\$ 46,170</b>
<b>Moore, Abigail</b> - Education & Training Dir. This position is responsible for overall administration of the project, budgeting, design, implementation, strategic planning, media awareness, community relations, capacity building, overall compliance, training and supervision of the Metro project	Salary: \$13,082 (24% FTE) (hourly rate equivalent \$26.21) Fringe: 23% of salary cost = \$2,992 Fringe includes: FICA, Medicare, State unemployment taxes, Worker's Comp insurance, Health, Dental and Life insurance, Retirement plan		\$ 16,074
<b>Velazquez, Maria</b> - Tobacco Prev. Spec. This position is responsible for conducting all activities that contribute to meeting the objectives of this project. This includes disseminating information and outreach materials and contacts for Bexar county, doing prevention presentations for adults and	Salary: \$5,062 (33% FTE) (hourly rate \$14.75) Fringe: 10% of salary cost = \$498 Fringe includes: FICA, Medicare, State Unemployment taxes, Worker's Comp insurance		\$ 5,560
<b>Youth Coalition Staff:</b> Vicky Adams, Victor Lucero, and Grace Stafford. Lead/train youth in counter-marketing activities, media literacy, store front projects, law enforcement activities. Assure Coalition representation with Teen Ambassador and other advisory boards.	Salary: \$19,729 Fringe: 24.4% of salary cost = \$4,807 Fringe includes: FICA, Medicare, State Unemployment taxes, Worker's Comp insurance		\$ 24,536
<b>TRAVEL - LOCAL *</b>			<b>\$ 1,650</b>
Local mileage to attend coalition meetings and perform activities, 330 miles per month for 10 months (3300 miles)	\$0.50/mile	3300 miles	\$ 1,650
<b>TRAVEL - OUTSIDE SAN ANTONIO *</b>			<b>\$ 15,919</b>
Teen Leadership Summit in Hunt, TX - Registration: \$125/person Transportation: \$275 for group (\$22.92 ea) Lodging: cost included in registration fee Local Transport: n/a Per Diem: \$36/person	\$183.92/person	12 people	\$ 2,207

## Attachment II

SACADA staff attendance at 2011 Texas Teen Tobacco Summit & Comprehensive Tobacco Prevention Conference- Registration: \$275/person Transportation: incl. in youth transp. cost Lodging: \$293.25/person Local Transport: n/a Per Diem: \$144/person	\$712.25/person	1 person	\$ 712
Youth attendance at 2011 Texas Teen Tobacco Summit- Registration: \$400/person (incl meals/lodging) Transportation: \$2100 for group (\$105 ea) Lodging: cost included in registration fee Local Transport: n/a	\$541/person	20 people	\$ 10,820
Adult sponsor attendance at 2011 Texas Teen Tobacco Summit- Registration: \$400/person (incl meals/lodging) Transportation: incl. in youth transp. cost Lodging: cost included in registration fee Local Transport: n/a	\$436/person	5 people	\$ 2,180
<b>OTHER OPERATING &amp; WORK PLAN COSTS</b>			<b>\$ 23,535</b>
Supplies for Tobacco Free Kids day events: banners, materials for alternative activities, bouncers	\$500/site	10 sites	\$ 5,000
Printing of brochures, \$0.33 each x 8000			\$ 2,640
Incentives items for Red Ribbon activities: School incentives: stipends to support bus charter/rental to Red Ribbon event, \$250 ea x 20 buses = \$5,000; Adult & Youth incentives: incentive items \$1 ea x 1543 items = \$1,543; T-shirts: \$6 ea x 250 = \$1500; Gift cards: \$25 ea x 50 = \$1250			\$ 9,293
Youth Coalition activities: video recording fees, youth media training activities, coalition building supplies			\$ 6,602
<b>SUBTOTAL DIRECT COSTS</b>			<b>\$ 87,274</b>

**Attachment II**

Indirect Costs:** Administrative salaries, fringe and costs incurred to support the objectives of the grant programs.			\$ 22,726
<b>TOTAL COSTS</b>			<b>\$ 110,000</b>

\* Note: Mileage reimbursement rate is dependent on federal and state rate changes.

\*\* Note: If indirect cost is assessed, personnel time covered by indirect cannot be contributed as in-kind cost.

**In-kind match required: 20% of total budget = \$ 22,000.05**

**IN-KIND BUDGET**

San Antonio Council on Alcohol and Drug Use and SA-TPCC Collaboration

Contract Period: September 1, 2010 - August 31, 2011

Description	Unit Cost	Quantity	Item Total
<b>IN-KIND: PERSONNEL</b>			\$ -
none			
<b>IN-KIND: TRAVEL - LOCAL</b>			\$ -
none			
<b>IN-KIND: TRAVEL - OUTSIDE SAN ANTONIO</b>			\$ -
none			
<b>IN-KIND: OTHER OPERATING &amp; WORK PLAN COSTS</b>			\$ 22,000
Services for Red Ribbon concert tobacco activities: lighting, sound, venue costs			\$ 5,500
Food refreshments for Tobacco Free Kids Day events: \$100 per site x 10 sites			\$ 1,000
Volunteer labor for Tobacco Free Kids Day events: \$10/hour labor value x 15 hrs/person x 5 volunteers per site x 10 sites			\$ 7,500
Coalition membership volunteer hours: \$10/hour labor value x 20 volunteers x 40 hours collectively			\$ 8,000
<b>TOTAL IN-KIND COSTS</b>			\$ 22,000

Note: If indirect cost is assessed, personnel time covered by indirect cannot be contributed as in-kind cost. Office space may only be counted if leased, not owned.

<b>Total budget request =</b>	\$	<b>110,000</b>	
<b>Required 20% in-kind match =</b>	\$	<b>22,000</b>	
<b>Proposed match (amount/percentage) =</b>	\$	<b>22,000</b>	<b>20.00%</b>

**Special Provisions**

The San Antonio Council on Alcohol and Drug Abuse (Subrecipient) agrees and understands that funds for this project come in whole or in part from a grant made available through the Texas Department of State Health Services (TDSHS). The subrecipient understands that the San Antonio Metropolitan Health District (SAMHD) is the direct grantee of funds and must adhere to grant requirements imposed by TDSHS. The subrecipient understands that as a recipient of these funds it must comply with timelines and requirements in coordination with SAMHD in order to meet grant requirements.

As such, the subrecipient agrees that it will comply with all applicable monitoring, reporting and documentation requirements, as well as terms and conditions from TDSHS, including but not limited to those articulated below:

**I.**

**Standard Terms and Conditions**

1.1 **Generally:** SAMHD as grantee must comply with all terms and conditions outlined in its grant award, including grant policy terms and conditions contained in applicable Grant Policy Statements from the Texas Department of State Health Services (TDSHS) and the Department of Health and Human Services (HHS), and requirements imposed by specific program and grant administration regulations, as applicable. Subrecipients must comply with all requirements for subrecipients and cooperate with all monitoring procedures and provide required reporting and documentation to support SAMHD's requirements under the grant award. In addition to the standard terms and conditions of award, subrecipients receiving funds must abide by the general terms and conditions set out below.

1.2 **Civil Rights Obligations:** Recipients and subrecipients of State or Federal financial assistance must comply with Title VI of the Civil Rights Act of 1964 (prohibiting race, color, and national origin discrimination), Section 504 of the Rehabilitation Act of 1973 (prohibiting disability discrimination), Title IX of the Education Amendments of 1972 (prohibiting sex discrimination in education and training programs), and the Age Discrimination Act of 1975 (prohibiting age discrimination in the provision of services). For further information and technical assistance, please contact the HHS Office for Civil Rights at (202) 619-0403, OCRmail@hhs.gov, or <http://www.hhs.gov/ocr/civilrights/>.

1.3 **Documentation of Expenses and in-kind match:** The grantee may use its own expense and financial documentation systems and procedures provided it observes the provisions of the following official guidance documents:

- Federal cost principles regarding the allowability of costs specific to the subrecipient's organization type:
  - The allowability of costs incurred by State, local or federally-recognized Indian tribal governments (the City of San Antonio or Bexar County) is determined in accordance with the provisions of OMB Circular A-87, "Cost Principles for State,

Local, and Indian Tribal Governments," available at:  
[http://www.whitehouse.gov/omb/circulars\\_a087\\_2004](http://www.whitehouse.gov/omb/circulars_a087_2004)

- The allowability of costs incurred by non-profit organizations (such as the American Cancer Society, the American Lung Association and the American Heart Association) is determined in accordance with the provisions of OMB Circular A-122, "Cost Principles for Non-Profit Organizations," available at:  
[http://www.whitehouse.gov/omb/circulars\\_a122\\_2004](http://www.whitehouse.gov/omb/circulars_a122_2004)
- The allowability of costs incurred by institutions of higher education (such as Trinity University, UTSA and the UT Health Science Center at San Antonio) is determined in accordance with the provisions of OMB Circular A-21, "Cost Principles for Educational Institutions," available at:  
[http://www.whitehouse.gov/omb/circulars\\_a021\\_2004](http://www.whitehouse.gov/omb/circulars_a021_2004)
- The allowability of costs incurred by hospitals is determined in accordance with the provisions of Appendix E of 45 CFR part 74, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals," available at: <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=5ce80adfb5e0caef1c156560c5fd2885&rgn=div9&view=text&node=45:1.0.1.1.35.6.11.3.11&idno=45>
- Fiscal Year 2011 Department of State Health Services Contract General Provisions (Core/Subrecipient), available at:  
<http://www.dshs.state.tx.us/grants/docs/2011GeneralProvisionsSubrecipient.doc>
- Texas DSHS Contractor's Financial Procedures Manual, available at:  
<http://www.dshs.state.tx.us/contracts/docs/cfpm10.doc>

1.3.1 City of San Antonio and SA-TPCC program staff will review documentation of subrecipient expenses and in-kind and will make the final judgment as to whether additional information is required to achieve compliance with the items listed in 1.3 above. Subrecipients will make corrections that are required to fulfill those requirements.

1.3.2 Should any of the provisions for documentation of expenses and in-kind match listed under 1.3 change as a result of a City of San Antonio Finance office ruling or a ruling by the Texas Department of State Health Services or the Auditor's Office of the State of Texas, [the subrecipient] will be notified as quickly as possible and given assistance in making necessary adjustments.

1.4 Lobbying: Federal law prohibits award recipients and sub-contractors from using State or Federal funds for lobbying Congress or a Federal agency, or to influence legislation or appropriations pending before the Congress or any State or local legislature.

This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

Any activity designed to influence action in regard to a particular piece of pending legislation would be considered lobbying. That is lobbying for or against pending legislation, as well as indirect or grass roots lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives at the Federal, state, or local levels to urge support of, or oppositions to, pending legislative proposals is prohibited.

Recipients of grants and cooperative agreements need to be careful to prevent grant funds from being used to influence or promote pending legislation. With respect to conferences, public events, publications, and grass roots activities that relate to specific legislation, recipients of grant funds should give close attention to isolating and separating the appropriate use of grant funds from non-grant funds.

### **III. Audit Requirements**

3.1 A grantee, such as SAMHD, that expends \$500,000.00 or more in a year in State or Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations.

3.2 Subrecipients receiving grant funds must also meet the same requirements of OMB Circular A-133 (if the total Federal or State grant funds received exceed \$500,000.00). In instances of noncompliance with Federal law and regulations, the subrecipient must take appropriate corrective action within six months after receipt of the audit. OMB Circular A-133 may be found at:

[http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133\\_revised\\_2007.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf)

3.3 If a subrecipient is not required to have a program-specific audit, SAMHD is still required to perform adequate monitoring of subrecipient activities. Subrecipients shall cooperate with all such activities. Additionally, as a condition of accepting funding, it is noted that the subrecipient agrees to permit City or independent auditors to have access to subrecipient records and financial records as necessary.

### **IV. Reporting Requirements**

4.1 SAMHD must report on subrecipient activities as specified below, and subrecipient agrees to cooperate with SAMHD in providing information as necessary for SAMHD to comply with the following requirements:

Subrecipients must submit monthly invoices, performance measure reports and supporting documentation to SAMHD, containing the following information:

- A. The prescribed reporting form reports all spending, in-kind expenses and the performance measures achieved for the previous month. The form shall be filled out monthly and emailed electronically to the City no later than the 5<sup>th</sup> business day of the following month. The pages requiring signatures may be printed out by the subcontractor, signed and scanned and sent to the City separately. Each page requires two signatures.
- B. All required documentation for reimbursable expenses, in-kind expenses and performance measures must be scanned with the invoice and sent electronically to the City by the 5<sup>th</sup> working day of the following month.

- C. Individual items submitted for reimbursement on the invoice, for in-kind expenses or inclusion in the performance measures must directly reference attached documentation in order for it to be accepted.
- D. The requirements for documentation are found in the documents listed in 1.3 above and 4.2 below. In many cases the state requirements are stricter than the federal requirements. As a rule, if requirements in one document are different from similar requirements in the other State and Federal requirements, the requirement that is the strictest will apply. Also, in some cases, the State regulations are silent. In that instance, the federal regulations take precedence.
- E. The following attachments shall be used by subrecipients in order to assess and document expenses:
  - i. Appendix A – Examples of Time Sheets for personnel reimbursed by grant funding. This is customized for each subrecipient and provided electronically by SA-TPCC staff. Other time sheet forms may be used provided the same information is captured.
  - ii. Appendix B– The request for reimbursement invoice / in-kind cost submission / performance measures form. This is customized for each subrecipient and provided electronically by SA-TPCC staff.
  - iii. Appendix C – The SA-TPCC Activity Tracking Form, which is to be used as a cover sheet with supporting materials to document health fairs, presentations and other events.
  - iv. Appendix D – The In-Kind Contribution Form is to be used to document in-kind personnel time and other in-kind expenses that are included on the invoice. Use it as a cover sheet for your in-kind documentation. When used to document in-kind personnel time, the hourly value of the employee’s time is to be used. This includes salary and fringe benefits.

4.2 Subrecipient agrees to provide any and all information necessary for SAMHD to complete monitoring as required by TDSHS and the City of San Antonio. The following attachments are documents that will be used by SAMHD to monitor compliance of the subrecipient with the parameters of the contract and with the State and Federal administrative requirements as listed above in 1.3 and shown below as items (D) through (I):

- A. Appendix E: The Subcontractor Fiscal Systems Checklist. This checklist will be reviewed with the subrecipients at least once at the beginning of the grant year. Follow-up will be pursued in the event of discovery of non-compliance.
- B. Appendix F: The On-Site Monitoring Review form. This will be used to document meetings with subrecipients and track progress of issues to be resolved.
- C. Appendix G: The Agency Certification File is the depository of all organizational/corporate documents for each contractor, vendor, delegate agency, grantee or subrecipient under contract with SAMHD. The assigned Contract Delegate is responsible for maintaining all updated and listed information and documents for each subrecipient. New copies of all of the listed documents shall be provided to SAMHD by no later than 5 months into the new fiscal year.
- D. OMB Circular A-87, "Cost Principles for State, Local, and Indian Tribal Governments
- E. OMB Circular A-122, "Cost Principles for Non-Profit Organizations."

- F. OMB Circular A-21, "Cost Principles for Educational Institutions."
- G. Appendix E of 45 CFR part 74, "Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals."
- H. Fiscal Year 2011 DSHS Contract General Provisions
- I. DSHS Contractor's Financial Procedures Manual

<< ORGANIZATION NAME >> TIME SHEET

Employee Name:  
Time Sheet Period:

*Instructions: Enter number of hours worked in each project area each day.*

Project	SUN	MON	TUE	WED	THU	FRI	SAT	Total	SUN	MON	TUE	WED	THU	FRI	SAT	Total	TOTAL
Date																	
SA-TPCC								0.00								0.00	0.00
Other								0.00								0.00	0.00
Other								0.00								0.00	0.00
Other								0.00								0.00	0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Number of hours for SA-TPCC: 0.00  
 Hourly pay rate equivalent: \_\_\_\_\_  
 Total salary value for period: \$0.00

Fringe rate equivalent: \_\_\_\_\_  
 Total personnel cost for period: \$0.00

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date

<< ORGANIZATION NAME >> TIME SHEET

Employee Name:  
Time Sheet Period:

Instructions: Enter number of hours worked in each project area each day.

Project	SUN	MON	TUE	WED	THU	FRI	SAT	Total	SUN	MON	TUE	WED	THU	FRI	SAT	Total	TOTAL
Date																	
SA-TPCC								0.00								0.00	0.00
Regular								0.00								0.00	0.00
Holiday								0.00								0.00	0.00
Leave 1								0.00								0.00	0.00
Leave 2								0.00								0.00	0.00
Other								0.00								0.00	0.00
Regular								0.00								0.00	0.00
Holiday								0.00								0.00	0.00
Leave 1								0.00								0.00	0.00
Leave 2								0.00								0.00	0.00
Other								0.00								0.00	0.00
Regular								0.00								0.00	0.00
Holiday								0.00								0.00	0.00
Leave 1								0.00								0.00	0.00
Leave 2								0.00								0.00	0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Number of hours for SA-TPCC: 0.00  
 Hourly pay rate equivalent: \_\_\_\_\_  
 Total salary value for period: \$0.00

Fringe rate equivalent: \_\_\_\_\_  
 Total personnel cost for period: \$0.00

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

<< ORGANIZATION NAME >> TIME SHEET

Employee Name:  
Time Sheet Period:

Instructions: Enter number of hours worked in each project area each day.

Project	SUN	MON	TUE	WED	THU	FRI	SAT	Total
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Date								
SA-TPCC								0.00
Other								0.00
Other								0.00
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Number of hours for SA-TPCC: 0.00  
 Hourly pay rate equivalent: \_\_\_\_\_  
 Total salary value for period: \$0.00

Fringe rate equivalent: \_\_\_\_\_  
 Total personnel cost for period: \$0.00

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**INSTRUCTIONS**  
**SA-TPCC Contractor Monthly Performance Reports and Invoices**  
**September 1, 2010 - August 31, 2011**

**General:**

Complete the performance report and invoice templates for the appropriate month and submit by email to richard.jackson@sanantonio.gov by the 5th business day of the subsequent month. The entire modifiable Excel file must be submitted electronically each month to allow Metro Health staff to copy the performance measures into an aggregated file. Signed reports and invoices must also be submitted and may be provided in two different ways: 1) insert an electronic signature directly in the worksheet, or 2) print the completed worksheet, sign, scan, and then email the signed version. Supporting documentation must be submitted for all activities and costs and may be sent electronically or by mail. Supporting documentation should be organized and numbered or referenced in a way to link the materials to the Excel reports. Examples are provided for a completed performance report and invoice. The Master worksheet is linked to each monthly performance report and invoice to summarize all items reported. Do not modify the Master worksheet.

**Due Dates:**

October 7, November 5, December 7, January 7, February 7, March 7, April 7, May 6, June 7, July 8, August 5, September 6

**Performance Report:**

The performance report is structured to allow you to report according to the objectives outlined in the scope of service in your contract. List the performance period being reported and the date of submission. Mark the check boxes that portray your progress during the month being reported and reference the supporting documentation that demonstrates those activities. List the quantities of all performance measures completed during the month, break them down by topic if applicable (cessation, prevention, SHS, disparities), identify the related activity number from your scope of service, and reference the supporting documentation. After the objective report tables a text box is available to report any barriers or additional activities as needed. Next, the performance measures will be summarized from the objective report tables. At the end of the report, provide two signatures to verify the completion of the activities and accuracy of the report. All of the performance measures listed for the month are linked to the Master worksheet. Do not modify the Master worksheet. Submit corresponding supporting documentation organized and referenced.

**Invoice and In-Kind Statement:**

The invoice and in-kind statement are organized in the same manner as the budget in your contract. List the cost period and the date of submission. Enter the cost items and descriptions, supporting documentation, and amount. The costs will self-total for each category and at the end of the invoice and in-kind statement. At the end of the invoice, provide two signatures to verify the accuracy of the invoice. Repeat the same procedure for the statement of in-kind contributions that follows. Separate sets of signatures are required for the invoice and in-kind statement. The invoice and in-kind totals listed for the month are linked to the Master worksheet. Do not modify the Master worksheet. Submit corresponding supporting documentation organized and referenced.

**SOUTH CENTRAL AREA HEALTH EDUCATION CENTER  
MONTHLY PERFORMANCE REPORT  
Metro Health/SA-TPCC Contract: September 1, 2010 - August 31, 2011**

Performance Period: September 2010  
Date Submitted: \_\_\_\_\_

# Example

**Objective 1: Conduct cessation training consultation for health care providers and worksites.**

- Activity 1.1: Participate in SA-TPCC committee to plan and modify HCP and worksite outreach
- Activity 1.2: Conduct tobacco cessation consultations with 200 HCPs
- Activity 1.3: Inform 50 work site wellness or benefits offices of local resources for tobacco cessation
- Activity 1.4: Establish and produce a training video for health professions students that demonstrates effective counseling and follow up techniques for tobacco cessation
- Activity 1.5: Assess use of tool kit modifications based on 2009-2010 focus group findings
- Activity 1.6: Maintain CME accreditation for web-based billing/coding video and make revisions as needed

Progress this month (mark all that apply)						Supporting documentation	
<input checked="" type="checkbox"/> Plan	<input type="checkbox"/> Recruit	<input type="checkbox"/> Implement	<input type="checkbox"/> Evaluate			Time sheet for planning hours, meeting notes, list of targets identified	
<input checked="" type="checkbox"/> Meet	<input checked="" type="checkbox"/> Schedule	<input type="checkbox"/> Monitor	<input type="checkbox"/> Report				
<input type="checkbox"/> Receive info/training	<input type="checkbox"/> Deliver info/training	<input type="checkbox"/> Other (detail in "supporting documentation")					
Performance measures achieved	Quant.	Topics				Related Activity #	Supporting documentation (reference numbered attachment)
		prev.	cess.	SHS	disp.		
# meetings attended	1					1.1	
# HCP targets identified	20					1.2	attachment A
# of cessation consultations with HCPs	0					1.2	
# work site targets identified	5					1.3	attachment B
# work site cessation consultations	0					1.3	

**Objective 2: Conduct youth outreach and education.**

- Activity 2.1: Conduct at least 1 Tobacco Free Kids Day event; engage youth in activities and disseminate prevention information
- Activity 2.2: Deliver TATU course to 50 youth

Progress this month (mark all that apply)						Supporting documentation	
<input checked="" type="checkbox"/> Plan	<input checked="" type="checkbox"/> Recruit	<input checked="" type="checkbox"/> Implement	<input type="checkbox"/> Evaluate			Time sheet for planning hours, list of recruited youth, course sign-in sheets	
<input type="checkbox"/> Meet	<input type="checkbox"/> Schedule	<input type="checkbox"/> Monitor	<input type="checkbox"/> Report				
<input type="checkbox"/> Receive info/training	<input type="checkbox"/> Deliver info/training	<input type="checkbox"/> Other (detail in "supporting documentation")					
Performance measures achieved	Quant.	Topics				Related Activity #	Supporting documentation (reference numbered attachment)
		prev.	cess.	SHS	disp.		
# events conducted	0					2.1	
# youth involved in alt. activities	0	0	0	0	0	2.1	
# youth receiving info	0	0	0	0	0	2.1	
# adults receiving info	0	0	0	0	0	2.1	
# youth recruited for TATU	50					2.2	attachment C
# youth receiving education (TATU)	15					2.2	attachment D-E
# course series conducted	1					2.2	attachment D-E

**Objective 3: Participate in SA-TPCC capacity building.**

- Activity 3.1: Participate in regular coalition meetings to report performance and progress.
- Activity 3.2: Participate in coalition Steering Committee.

Progress this month (mark all that apply)						Supporting documentation
---	--	--	--	--	--	--------------------------

<input type="checkbox"/> Plan	<input type="checkbox"/> Recruit	<input type="checkbox"/> Implement	<input type="checkbox"/> Evaluate	Time sheet for meeting			
<input checked="" type="checkbox"/> Meet	<input type="checkbox"/> Schedule	<input type="checkbox"/> Monitor	<input type="checkbox"/> Report				
<input type="checkbox"/> Receive info/training	<input type="checkbox"/> Deliver info/training	<input type="checkbox"/> Other (detail in "supporting documentation")					
Performance measures achieved	Quant.	Topics				Related Activity #	Supporting documentation (reference numbered attachment)
		prev.	cess.	SHS	disp.		
# meetings attended	1					3.1	

**Brief narrative regarding performance barriers or additional activities (if applicable)**

**Summary of TDSHS Performance Measure Achievement (calculated from reports above)**

Measure	Quant.	Topics			
		prev.	cess.	SHS	disp.
# of renewed community agreements					
# new community agreements					
# of cessation consultations with HCPs	0				
# work site cessation consultations	0				
# adults receiving information	0	0	0	0	0
# youth receiving information	0	0	0	0	0
# tobacco presentations					
# adults attending presentations					
# youth attending presentations					
# adults involved in alt. activities					
# youth involved in alt. activities	0	0	0	0	0
# youth receiving educ/skills training	15				
# tobacco media awareness activities					
# tobacco media contacts					
# environ/regulatory/legal strategies implemented or changed					

**Verification statement:**

This report represents an accurate summary of performance for the period listed. Supporting evidence of performance is attached to this report and is maintained on file at the sub-recipient's office as specified in the contract.

<< signature line >>  
 \_\_\_\_\_  
 << Type name and title here >>

<< date line >>  
 \_\_\_\_\_  
 Date

<< signature line >>  
 \_\_\_\_\_  
 Paula Winkler, Director

<< date line >>  
 \_\_\_\_\_  
 Date

Note: Two certifying signatures are required for each performance report.

**SOUTH CENTRAL AREA HEALTH EDUCATION CENTER  
INVOICE FOR COST REIMBURSEMENT  
Metro Health/SA-TPCC Contract: September 1, 2010 - August 31, 2011**

Cost Period: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

# Example

<i>Personnel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Jane Doe, Program Coordinator, salary 100% time	Time sheets, payroll worksheet	\$ 3,500.00
Jane Doe, fringe benefits, 14.2% of salary	Time sheets, payroll worksheet	\$ 497.00
<b>Personnel Total</b>		<b>\$ 3,997.00</b>

<i>Local Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Travel for coalition meetings and public events, 136 miles x \$0.50/mile	Mileage log	\$ 68.00
<b>Local Travel Total</b>		<b>\$ 68.00</b>

<i>Out-of-City Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
none		
<b>Out-of-City Travel Total</b>		<b>\$ -</b>

<i>Operating &amp; Work Plan Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Educational materials purchased for public outreach events, 1500 brochures on tobacco prevention for youth	Paid invoice to materials distributor	\$ 1,523.90
<b>Operating/Work Plan Total</b>		<b>\$ 1,523.90</b>

**Subtotal of Direct Costs \$ 5,588.90**

*Indirect Costs: 10% of all direct costs* **\$ 558.89**

**TOTAL COSTS FOR REIMBURSEMENT**

**\$ 6,147.79**

**Verification statement:**

This invoice represents expenses incurred for the period listed. Supporting evidence of costs is attached to this invoice and is maintained on file at the sub-recipient's office as specified in the contract.

<< signature line >>

<< Type name and title here >>

<< date line >>

Date

<< signature line >>

<< Type name and title here >>

<< date line >>

Date

Two certifying signatures are required for each invoice.

**SOUTH CENTRAL AREA HEALTH EDUCATION CENTER  
STATEMENT OF FINANCIAL IN-KIND CONTRIBUTIONS  
Metro Health/SA-TPCC Contract: September 1, 2010 - August 31, 2011**

**Cost Period:** \_\_\_\_\_  
**Date Submitted:** \_\_\_\_\_

<i>In-Kind Personnel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Jane Doe, fringe benefits, 14.2% of salary	Time sheets, payroll worksheet	\$ 497.00

**In-Kind Personnel Total** \$ 497.00

<i>In-Kind Local Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Travel for coalition meetings and public events, 136 miles x \$0.50/mile	Mileage log	\$ 68.00

**In-Kind Local Travel Total** \$ 68.00

<i>In-Kind Out-of-City Travel Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
none		

**In-Kind Out-of-City Travel Total** \$ -

<i>In-Kind Operating &amp; Work Plan Costs and Descriptions</i>	<i>Supporting Documentation (reference numbered attachments)</i>	<i>Amount</i>
Educational materials purchased for public outreach events, 1500 brochures on tobacco prevention for youth	Paid invoice to materials distributor	\$ 1,523.90

**In-Kind Operating/Work Plan Total** \$ 1,523.90

**TOTAL IN-KIND CONTRIBUTION SUBMITTED** \$ 2,088.90

**Verification statement:**

This statement represents expenses incurred for the period listed that are submitted as an in-kind contribution. Supporting evidence of costs is attached to this statement and is maintained on file at the sub-recipient's office as specified in the contract.

<< signature line >>  
\_\_\_\_\_  
<< Type name and title here >>

<< date line >>  
\_\_\_\_\_  
Date

APPENDIX B

<< signature line >>  
\_\_\_\_\_  
<< Type name and title here >>

<< date line >>  
\_\_\_\_\_  
Date

Two certifying signatures are required for each statement of in-kind contribution.

**<< ORGANIZATION NAME >>  
SA-TPCC Activity Tracking Form**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_ **Duration:** \_\_\_\_\_

**Activity Name (if applicable):** \_\_\_\_\_

**Type of Activity:** \_\_\_\_\_ Health Fair \_\_\_\_\_ Presentation \_\_\_\_\_ Other

**Topic(s) and Attendance:**

	Cessation	Prevention	SHS	Health Disparities
Adults				
Youth				

*Indicate the number of individuals that were in attendance with the topic(s) that were delivered at presentation/ event (Ex. If you covered prevention and cessation at a presentation with 50 people in attendance; you would place the number 50 in both the prevention and cessation blanks.)*

**Follow Up Tasks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Host Organization:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



City of San Antonio  
San Antonio Metropolitan Health District

**Subcontractor Fiscal Systems Checklist**

This checklist is used as a review guide to validate the Contractor's financial controls and contractual compliance.

Name of Contractor: \_\_\_\_\_

Name of Project(s): San Antonio Tobacco Prevention and Control Coalition

Point of Contact & No: \_\_\_\_\_

Funding Source: Texas Department of State Health Services contract

City Contract Number \_\_\_\_\_ Term of Contract 9/1/2010 through 8/31/2011

Fiscal Monitor: \_\_\_\_\_ Review Date: \_\_\_\_\_

Contractor Representative(s): \_\_\_\_\_ Review Date: \_\_\_\_\_

Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Subcontractor Fiscal Systems Checklist

Separation of Duties		Yes	No	N/A
The agency has separation of duties.		X		
Indicate the name of the individual who performs the various functions listed below. <i>(Monitoring Note: Same person doing E., F., B., &amp; C., would cause concern ---- check additional receipts, disbursements, or invoice.)</i>	Employee's Name and Functional Title			
I. Cash Receipts/Disbursements				
A. Opens Mail				
B. Prepares check deposits				
C. Reconciles bank accounts				
D. Records miscellaneous receipts				
E. Authorizes disbursements				
F. Prepares checks				
G. Compares checks with vouchers				
Other Related Duties:				
<b>Observations/Impacts/Recommendations:</b>				
No issues noted. Was given a tour of the accounting area and shown the location of all of the checks (locked up) and where the general ledger was and authorization for disbursements.				
Contractor Accounting System		Yes	No	N/A
1. The accounting records provide accountability over funds, property and other assets.				
2. The contractor's records compare actual outlays with budget amounts.				
3. The accounting records are supported by source documents (timesheets, employees' benefits, purchase invoices).				

Subcontractor Fiscal Systems Checklist

4. The contractor has an accounting system that maintains:			
(A) A cash receipts journal of city funds.			
(B) A cash disbursements journal of city funds.			
(C) A general ledger with an income and expense account for each budgeted line item.			
(D) The filing of paid invoices showing check number, date paid and evidence of goods or services according to the account and budget line to which they were charged.			
<b>Observations/Impacts/Recommendations:</b>			
<b>Cash Management</b>			
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1(A) At least one of the below signatures restricted to an official not responsible for maintaining accounting records. <i>(Please complete the following information on all check signers.)</i>			
(B) The contractor reconciles the bank statement with the ledger account each month.			
(C) The contractor provides a locked and secure area for blank checks to prevent unauthorized access.			
2. The contractor documents reviews on all outstanding checks at least monthly.			
3. The contractor stopped payment on all checks over 60 days old, specific to COSA funds.			
4. Staff positions in the approved budget agree with those on the payroll records.			
5. The contractor makes timely tax deposits for all required employees in accordance with all applicable local, state, and Federal law.			

<b>Observations/Impacts/Recommendations:</b>			
<b>Travel</b>			
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. The contractor's reimbursement for employees' mileage billed			

Subcontractor Fiscal Systems Checklist

at a rate no higher than the rate designated by the funder for mileage reimbursement. (\$.55 before 1/1/10, \$.50 after 1/1/10)			
(A) All employees who received mileage reimbursements have required documentation of claim.			
(B) The contractor has evidence of a valid Texas Driver's License for all employees who have received mileage reimbursements.			
(C) The contractor has evidence of a liability insurance for all employees who have received mileage reimbursements			
2. All travel expenditures reviewed were authorized (e.g. no unauthorized travel or persons charged to program who were not in the budget, etc.). (Monitoring note: List if authorization is not obtained)			
3. The contractor obtained prior approval from city for out of town travel costs.			
4. The contractor provided detailed documentation to the City for all out of town travel costs..			
5. The out of town travel cost were within the per diem rate.			
6. The contractor submitted itineraries and attendance certification.			

**Observations/Impacts/Recommendations:**

<b>Administration</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Blank checks are not signed in the contractor's checking account.			
2. The contractor does not issue checks for cash or bearer with the exception of those for petty cash that exceeded \$100.			
3. The contractor does not issue petty cash reimbursements that in the aggregate exceed \$200 in a calendar month without original receipts and City's written approval.			
4. The contractor properly executes budget revisions. <i>(Only to be done if an amendment is obtained prior to execution of revisions).</i>			

**Observations/Impacts/Recommendations:**

<b>Equipment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Equipment/property purchases exceeding \$500 were in the approved budget or a revised budget with City approval was received.			

**If no, list items and amounts and corrective action:**

Equipment not allowed in grant.

<b>Reporting</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
------------------	------------	-----------	------------

Subcontractor Fiscal Systems Checklist

1. Invoices for reimbursement are submitted to the City on a monthly or bi-weekly basis.			
2. The contractor provided all required fiscal, program measure and program reports as specified in the contract. <i>(Section 4)</i>			
3. The contractor submitted all final fiscal reports as determined by the contract.			
4. The contractor properly executes budget revisions. <i>(Only to be done if an amendment is obtained prior to execution of revisions).</i>			
<b>Observations/Impacts/Recommendations:</b>			

<b>Scoring</b>			
	<b>Yes</b>	<b>No</b>	<b>Possible Measures</b>
<i>Total</i>			
<i>Measures scored "N/A" are not included in total.</i>			

**Overall Score:** \_\_\_\_\_

<b>Overall Statement of Compliance</b>
<b>Summary of Observations and Recommendations (refer to Section)</b>

Agency concurs with report:  Yes  No  Report is pending more information  
 (Attach Agency comments to this form)

**SAMHD  
ON-SITE MONITORING REVIEW**

PROJECT (CONTRACT) Name: \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_

INDIVIDUALS PRESENTS (Other than SAMHD Staff):

\_\_\_\_\_

**PURPOSE OF VISIT**  
(Please list the items covered by your visit).

\_\_\_\_\_

**SUMMARY OF VISIT**

\_\_\_\_\_

**ACTION REQUIRED**

IS FOLLOW-UP NECESSARY:     YES                     NO                    IF YES, EXPLAIN.

\_\_\_\_\_

\_\_\_\_\_  
Submitted by: (Signature) Contract Delegate or  
Program Monitor

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Approved by: (Signature) SAMHD Program Supervisor

\_\_\_\_\_  
DATE

**SAMHD**  
**Contract File Management System**  
**Agency Certification File**

The San Antonio Metropolitan Health District's (SAMHD) contract file management system is organized into three (3) major file categories: (1) Program File (2) Fiscal File (3) Contractor or Agency Certification File [if required]. Each file has different documentation requirements. The Agency Certification File is the depository of all organizational/corporate documents for each contractor, vendor, delegate agency, grantee or subgrantee under contract with the City's Health Department. The assigned Contract Delegate is responsible for maintaining all relevant information and documents for each project contract. For reference purposes, maintain this "file checklist" in the Agency Certification File.

Organization Name: \_\_\_\_\_  
 Project Name/Number: \_\_\_\_\_  
 Grant Number/CFDA Number: \_\_\_\_\_  
 Contract Allocation: \_\_\_\_\_

Documents	Date Received/ Reviewed By	Comments
<b>A. Administration</b>		
1. Copy of IRS Tax Exempt 501 (c)(3) Certificate <b>OR</b> <b>OTHER</b> IRS Determination		
2. Copy of Articles of Incorporation (State of Texas)		
3. Copy of Agency Charter and Adopted By-Laws		
4. Copy of Names/Title/Addresses - Current Board Directors; Copy of Board Meeting Agendas/Minutes		
5. Copy of Current Filed 990, or 990T Information Tax Return		
6. Copy of Agency Personnel Policies/Procedures including, but not limited to: <input type="checkbox"/> a. Leave Policy <input type="checkbox"/> b. Employment Policy <input type="checkbox"/> c. Equal Opportunity Employment Plan <input type="checkbox"/> d. Probationary/Evaluation Procedures <input type="checkbox"/> e. Job Titles, Descriptions and Salaries of all City paid employees		
7. Organizational Chart		
8. Ethics Policy (if required by the contract)		
9. Discretionary Contracts Disclosure Form(s)		
10. Copy of forms used for administrative expenditures (if included in project budget; details to be kept with invoice package) <input type="checkbox"/> a. Payroll Time Sheets/Leave Records <input type="checkbox"/> b. Travel Requests/Receipts Reports <input type="checkbox"/> c. Long Distance Telephone Log <input type="checkbox"/> d. Mileage Log <input type="checkbox"/> e. Postage Log		
11. Equipment/Capital Outlay Procurement Records <input type="checkbox"/> a. Copy of updated Inventory list of items, equipment, and property purchased with City funds. <input type="checkbox"/> b. Copy of Purchasing Procurement Policies		

Revised 8//05

Documents	Date Received/ Reviewed By	Comments
<p><b>B. Financial/Insurance/Bonding</b></p> <p>1. Copy of most recent audit requirements <u>as identified</u> in contract.</p> <p><input type="checkbox"/> If contractor expended \$250,000 or more of City funds, an independent audit of financial statements is required.</p> <p><input type="checkbox"/> If contractor expended less than \$250,000 of City funds, an unaudited financial statement (w/balance sheet and income statement) is required.</p> <p><input type="checkbox"/> If contractor expended \$500,000 or more in federal or state funds, a Single Audit performed by an independent CPA is required.</p>		Copy of the latest audit and date of when the next one will be available needed. If online, web address of where it is available is fine.
<p>2. Agency's Accounting and Fiscal System meets standards outlined in City's contract to be maintained on an accrual basis with a numbered account for the receipt and disbursement of funds. Check evidence of:</p> <p><input type="checkbox"/> a. General Ledger</p> <p><input type="checkbox"/> b. Cash Receipts Journal</p> <p><input type="checkbox"/> c. Cash Disbursements Journal</p> <p><input type="checkbox"/> d. General Journal</p> <p><input type="checkbox"/> e. Trial Balances</p> <p><input type="checkbox"/> f. Chart of Accounts</p> <p><input type="checkbox"/> g. Bank Reconciliation's General Ledger</p> <p><input type="checkbox"/> h. Bank Account Verification &amp; copy of Signature Card (list of all authorized check Signers; two signatures required on checks)</p>		
<p>3. Copies of Fidelity Bonds and Required Insurance Policy Certifications [i.e. Workers Compensation, Employers Liability, Commercial General Liability, Business Auto, Builder's Risk], Certifications, and Contract Surety Bonds [i.e. Bid Bonds, Payment Bonds, Performance Bonds, or any other approved alternatives] <u>as identified</u> in the contract.</p>		What is term of the insurance coverage? Is correct insurance information attached to the contract and approved by COSA Risk Management?
<p>4. Small, Minority or Woman Owned Business Advocacy: Copies of Small Business Economic Development Advocacy (SBEDA) forms approved by Economic Development and documentation of SBEDA and Good Faith Effort Plan compliance, if applicable.</p>	NA	NA

**Notes:**

The U.S. Treasury maintains a "T-list" of sureties authorized to issue payment or performance bonds at: [www.fms.treas.gov/c570/c57.html](http://www.fms.treas.gov/c570/c57.html). Use this list to determine if a surety is acceptable on a City project.

Procurement of Vendors, Contractors, & Subcontractors can be checked at: [www.epls.gov](http://www.epls.gov) or [www.epls.arnet.gov](http://www.epls.arnet.gov) to confirm vendors, contractors, and subcontractors are not among "excluded party/debarment list".

Revised 8/05