



Travis County Commissioners Court Agenda Request

Meeting Date: November 27, 2012

Prepared By/Phone Number: Shannon Pleasant, CTPM 854-1181 /
Marvin Brice, CPPB 854-9765

Elected/Appointed Official/Dept. Head: Cyd Grimes C.P.M. CPPO

Commissioners Court Sponsor: Judge Biscoe

Agenda Language: Approve FY2013 Renewal (Modification No. 8) to Interlocal Agreement No.4400000367 (HTE Contract No. IL060040RE), Austin Community College for Early Childhood Mentoring (Teacher TRAC).

- **Purchasing Recommendation and Comments:** This Interlocal Agreement was previously included on a list of certain Health and Human Services and Veteran Services contracts (Attachment A) approved by Commissioners Court on September 25, 2012, Agenda Item No. 35. Due to HHSVS work backlog the contracts were not completed prior to the start date.
- Through this agreement Travis County will provide funds for tuition and books for childcare teachers and childcare center directors to take college level child development courses at Austin Community College in pursuit of a Child Development Associate credential or an Associate Degree in Child Development. The contract also provides for small cash bonuses for those teachers and directors who complete their coursework with a grade of C or better. ACC staff provides life coaching and support to teachers and directors who enroll to increase the odds of success.

Qualifications needed to enroll in the program are as follows: teachers and directors must live in Travis County, must be working a minimum of 30 hours per week in a state licensed or regulated childcare facility, must complete their coursework with a grade of C or better, and commit to remain at their current childcare center for at least one year

ID# 7600

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to agenda@co.travis.tx.us by **Tuesdays at 5:00 p.m.** for the next week's meeting.

- Modification No. 8 will renew the agreement for an additional twelve-month period, from October 1, 2012 through September 30, 2013. The not to exceed amount for this renewal period is \$56,758.

Modification No. 7 renewed the agreement for an additional twelve-month period, from October 1, 2011 through September 30, 2012. The not to exceed amount for this renewal period was \$56,758.

Modification No. 6 renewed the agreement for an additional twelve-month period, from October 1, 2010 through September 30, 2011. The not to exceed amount for this renewal period was \$56,758.

Modification No. 5 renewed the agreement for an additional twelve-month period, from October 1, 2009 through September 30, 2010. The not to exceed amount for this renewal period was \$56,758.

Modification No. 4 renewed the agreement for an additional twelve-month period, from October 1, 2008 through September 30, 2009. The not to exceed amount for this renewal period was \$56,758. In addition to amending Section 4.2 the Renewal Term Work Statement and Performance Measure and Budget.

Modification No. 3 renewed the agreement for an additional twelve-month period, from October 1, 2007 through September 30, 2008. The not to exceed amount for this renewal period was \$56,758. In addition to amending Section 4.2 the Renewal Term Work Statement and Performance Measure and Budget.

Modification No. 2 increased the contract funds by \$10,000 for the October 1, 2005 through September 30, 2006 renewal period. In addition to renewing the contract for a twelve-month period from October 1, 2006 through September 30, 2007. The contract not to exceed amount was \$54,055.

Modification No. 1 increased the contract funds by \$13,574 for a total not to exceed amount of \$81,055. In addition to amending Attachment A, the Work Statement, Performance Measure and Budget.

- **Contract Expenditures:** Within the last 12 months \$56,758 has been spent against this contract/requirement.

ID# 7600

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to agenda@co.travis.tx.us by **Tuesdays at 5:00 p.m.** for the next week's meeting.

➤ **Contract-Related Information:**

Award Amount: \$67,481.00

Contract Type: Interlocal Cooperation Agreement

Contract Period: October 1, 2005 through September 30, 2006

➤ **Contract Modification Information:**

Modification Amount: \$56,758

Modification Type: Bilateral

Modification Period: October 1, 2012 through September 30, 2013

➤ **Solicitation-Related Information:** N/A

Solicitations Sent: Responses Received:

HUB Information: % HUB Subcontractor:

➤ **Special Contract Considerations:** N/A

Award has been protested; interested parties have been notified.

Award is not to the lowest bidder; interested parties have been notified.

Comments:

➤ **Funding Information:**

SAP Shopping Cart #:

Funding Account(s): 511440

Comments: Cost Center 1580540001

ID# 7600

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to agenda@co.travis.tx.us by **Tuesdays at 5:00 p.m.** for the next week's meeting.



Travis County Commissioners Court Agenda Request

Meeting Date: September 25, 2012

Prepared By/Phone Number: Shannon Pleasant, CTPM 854-1181 /
Marvin Brice, CPPB 854-9765

Elected/Appointed Official/Dept. Head: Cyd Grimes, C.P.M., CPPO

Commissioners Court Sponsor: Judge Biscoe

Agenda Language: Consider and Take Appropriate Action on Request to Renew List Of Certain Health and Human Services and Veterans Services Social Service Contracts which Expire September 30, 2012.

Travis County Health and Human Services and Veteran Services Department has requested the Purchasing Office to place on the Court's Agenda the attached list of Social Services Contracts which will expire September 30, 2012. HHS & VS is currently working with the County Attorney's office on finalizing the Statement of Work and funding of these contracts; and as such they were not ready for presentation to the Court at the time of this agenda preparation. Once the contracts are finalized, and funding secured, they will be presented to the Court for signature. However, in order to prevent contract expiration, the attached list (Attachment A) is being presented for Court approval.

REQUESTED ACTION:

APPROVE (4) DISAPPROVE ()

Samuel T. Biscoe

Samuel T. Biscoe, County Judge

9-25-12

Date

➤ Contract-Related Information: See Attachment A

ID #7168

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to Cheryl Aker in the County Judge's office, Cheryl.Aker@co.travis.tx.us by Tuesdays at 5:00 p.m. for the next week's meeting.



**TRAVIS COUNTY HEALTH and HUMAN SERVICES
and VETERANS SERVICE
502 E. Highland Mall Blvd.
P. O. Box 1748
Austin, Texas 78767**

**Sherri E. Fleming
County Executive
for TCHHSVS
(512) 854-4100
Fax (512) 279-1608**

DATE: September 18, 2012

TO: Cyd Grimes, Travis County Purchasing Office

FROM: *Sherri E. Fleming*
Sherri E. Fleming
County Executive for Travis County Health and Human Services
and Veterans Service

SUBJECT: Contract renewals and modifications

Proposed Motions:

- 1) Consider and take appropriate action to approve certain TCHHSVS contract renewals whose drafting will not be completed prior to the start date of the renewal; and
- 2) Consider and take appropriate action to approve certain TCHHSVS contract modifications whose drafting will not be completed prior to the start date of the modification.

Summary and Staff Recommendations:

Drafting of the following TCHHSVS contract renewals and modifications will not be completed prior to their start dates due to a work backlog:

- 1) Encompass Medical Management, Inc. (Renewal)
Contract Number: 4400000683
Contract Period: 9/30/12 – 9/29/13
Contract Amount: Read paragraph below.
Grant Number: 800079
I/O Number: 100148

Account Number: 511890

Funded through the Parenting in Recovery (PIR) grant, this contract provides data management, monitoring and processing services as well as training for the PIR project. FY'12 is the fifth and final year of the initial PIR grant. TCHHSVS has applied for a one-year no-cost extension to use an estimated \$120,483 in unspent grant funds from FY'12 in FY'13 as well as a two-year extension providing an additional \$500,000 each year in FY'13 and FY'14. The grantor should respond by 9/28/12. The budget for the new Encompass contract will be either \$10,000 or \$85,000 depending on whether TCHHSVS receives the one-year no-cost extension or the two-year extension. If neither request is approved then TCHHSVS will not execute this contract.

2) Foundation Communities (Renewal)

Contract Number: 4400000694
 Contract Period: 9/30/12 – 9/29/13
 Contract Amount: \$15,144
 Grant Number: 800079
 I/O Number: 100148
 Account Number: 511441

Also funded through the Parenting in Recovery (PIR) grant, this contract provides case management for PIR clients. This contract is in a similar situation to the one for Encompass. However, it will only be funded if the two-year extension is approved by the grantor. If the two-year grant extension is not approved then TCHHSVS will not execute this contract.

3) ATCIC SAMSO (Renewal)

Contract Number: 4400000372
 Contract Period: 10/1/12 – 9/30/13
 Contract Amount: Read paragraphs below.
 Grant Number: 800079
 I/O Number: 100148
 Cost Center: 1580540001
 Account Number: 511124

Travis County, the City of Austin and Austin Travis County Integral Care (ATCIC) have a three-way interlocal agreement for the provision of substance abuse treatment services. Under the agreement, ATCIC manages a network which provides comprehensive clinical assessment, intervention services, residential treatment, day treatment, detoxification, and outpatient and continuing care services. Clients are linked or referred to case management and other support services as part of the treatment process.

Travis County is providing \$611,799 from the General Fund for the new contract. The City of Austin is in the process of determining its funding level. The Parenting in Recovery (PIR) grant could also provide funding depending on whether or not

TCHHSVS receives the one-year no-cost extension or the two-year extension it has applied for from the grantor. The grantor should respond by 9/28/12. The one-year no-cost extension will provide \$8,224 in PIR funds and the two-year extension will provide \$106,100. If neither request is approved then the contract will not include any PIR funds.

4) ATCIC System of Care (Renewal)

Contract Number: 4400000374
 Contract Period: 10/1/12 – 9/30/13
 Contract Amount: Read paragraphs below.
 Grant Number (Milburn Trust): 800080
 I/O Number: 100147
 Grant Number (The Children's Continuum): 800190
 I/O Number: 100081
 Grant Number (Parenting in Recovery): 800079
 I/O Number: 100148
 Cost Center: 1580190001
 Account Number: 511300

Travis County Health and Human Services and Veterans Service (TCHHSVS) uses a contract with Austin Travis County Integral Care (ATCIC) to fund a variety of programs, known as the System of Care, for children and their families experiencing mental and behavioral challenges. ATCIC acts as the managed services organization, overseeing the services provided by a network of vendors. The contract also serves clients enrolled in the grant funded Parenting in Recovery (PIR) project and The Children's Continuum (TCC).

The FY'13 contract has money from three confirmed sources:
 \$515,000 in General Fund money;
 \$36,523 from the Milburn Trust; and
 \$49,863 from The Children's Continuum grant.

The contract could also have PIR grant money depending on whether or not TCHHSVS receives the one-year no-cost extension or the two-year extension it has applied for from the grantor. The grantor should respond by 9/28/12. The no-cost extension will provide \$102,259 in PIR funds and the two-year extension will provide \$126,000. If neither request is approved then the contract will not include any PIR funds.

5) Court Appointed Special Advocates (CASA) (Renewal)

Contract Number: 4400000996
 Contract Period: 10/1/12 – 9/30/13
 Contract Amount: \$11,930
 Grant Number: 800190
 I/O Number: 100081
 Account Number: 518120

Funded through The Children's Continuum (TCC) grant, this contract provides 25% of the funding for a Child Advocate position to work as court-appointed guardian ad litem for children whose parents are involved with the Travis County Family Drug Treatment Court. The grant funds for this contract are in place.

6) ATCIC Child Therapist and Supervisor (Renewal)

Contract Number: 4400001018
 Contract Period: 10/1/12 – 9/30/13
 Contract Amount: \$65,845
 Grant Number: 800190
 I/O Number: 100081
 Account Number: 518120

Funded through The Children's Continuum grant, this contract funds 100% of a Child Therapist position and 5% of a supervisor's position at ATCIC. The therapist works with children whose parents are involved with the Travis County Family Drug Treatment Court. The grant funds for this contract are in place.

7) Austin Community College Teacher TRAC (Renewal)

Contract Number: 4400000367
 Contract Period: 10/1/12 – 9/30/13
 Contract Amount: \$56,758
 Cost Center: 1580540001
 Account Number: 511440

Provides funds for tuition and books for childcare teachers and childcare center directors to take college level child development courses at ACC in pursuit of a Child Development Associate credential or an Associate Degree in Child Development. The contract also provides for small cash bonuses for those teachers and directors who complete their coursework with a grade of C or better. ACC staff provides life coaching and support to teachers and directors who enroll to increase the odds of success. Qualifications needed to enroll in the program are as follows: teachers and directors must live in Travis County, must be working a minimum of 30 hours per week in a state licensed or regulated childcare facility, must complete their coursework with a grade of C or better, and commit to remain at their current childcare center for at least one year after completing their coursework.

8) Travis County ESD #4 – Firefighter Academy (Renewal)

Contract Number: 4400000349
 Contract Period: 10/1/12 – 9/30/13
 Contract Amount: \$96,000
 Cost Center: 1580540001
 Account Number: 511440

This contract addresses both public safety and workforce development needs in Travis County. Cadets receive training that prepares them to take the state firefighter

certification test. They also receive training that allows them to become a certified Emergency Medical Technician (EMT). The program is designed to put young minority adults on a career path and increase the supply of qualified firefighters and EMT personnel in rural parts of Travis County.

9) Workforce Solutions Childcare Local Match Contribution

Contract Number: 4400000819
 Contract Period: 10/1/12 – 9/30/13
 Contract Amount: \$223,741
 Cost Center: 1580540001
 Account Number: 511441

As the local agent for the Texas Workforce Commission, Workforce Solutions distributes state and federal child care funding for low-income working families in Travis County. Workforce Solutions utilizes local contributions to draw down additional federal funds for child care. Under the proposed contribution agreement, Travis County will transfer \$223,741 of General Fund money earmarked for child care to Workforce Solutions so the organization can leverage an additional \$1,105,978 in federal child care funds to produce a total of \$1,329,719 to provide child care for low-income families in Travis County.

10) ATCIC CAN Coordinator (Policy Forum Modification)

Contract Number: 4400000347
 Modification Period: 9/1/12 - 10/31/12
 Modification Amount: \$2,900
 Cost Center: 1580540001
 Account Number: 511440
 Shopping Cart Number: 1000009842

With the goal of addressing growing inequities in the Austin/Travis County community, CAN will be convening a full-day forum to educate over 200 participants on current and future economic, political, community engagement, and demographic trends that will impact our community in future years, and learn about and identify cross-cutting, collaborative strategies and associated barriers that need to be overcome to move the community in the right trajectory and towards greater equity and opportunity for all people.

11) Austin ISD After Collaborative After School Program (Modification)

Contract Number: 4400000354
 Contract Period: 10/1/11 - 12/31/12
 Contract Amount: \$706,000
 Cost Center: 1580270001
 Account Number: 511441

Administrative correction to the amendment approved by the court on 4/17/12.

12) Planned Parenthood of Austin Family Planning, Inc. (Modification)

Contract Number: 4400000747
 Contract Period: 1/1/12 – 12/31/12
 Contract Amount: \$29,601
 Cost Center: 1580540001
 Account Number: 511441

Organization changed its name to Planned Parenthood of Greater Texas Family Planning and Preventive Health Services.

13) Public Health Interlocal

Contract Number: 4400000389
 Contract Period: 10/1/12 – 09/30/2013
 Contract Amount: \$ 2,825,297

City and County have historically operated to collaboratively provide public health and human services throughout Travis County and the City of Austin. Travis County has contracted with the City of Austin for the provision of Public Health Services for many years. The Interlocal Agreement was reviewed by City and County staff to improve the efficiency and benefits for both parties. The portion to fund the animal services was removed from the Public Health Interlocal and is now presented as a separate interlocal agreement between the city and county.

14) Animal Services Public Health Interlocal Agreement

Contract Number: New Contract
 Contract Period: 10/1/12 – 09/30/2013
 Contract Amount: \$ 888,883

Travis County has contracted with the City of Austin for the provision of Public Health Services for many years. The current Interlocal agreement was reviewed by City and County staff to improve the efficiency and benefits for both parties. The portion to fund the animal services was removed from the Public Health Interlocal and is now presented as a separate interlocal agreement between the city and county.

TCHHSVS staff recommends approving these renewals and modifications.

Budgetary and Fiscal Impact:

This information is included with each contract listed above. Some of these contracts have Shopping Cart numbers at this point and some do not.

Issues and Opportunities:

All of the services provided by these contracts need to be continued while the renewals or modifications are drafted. Those contracts funded solely by grant money will not be executed if the grants are not renewed.

Background:

TCHHSVS is working with the Travis County Attorney's Office to get these renewals and modifications drafted as soon as possible.

Cc: Mary Gerhardt, Assistant County Attorney
Leslie Browder, Executive Manager, Planning and Budget Office
Diana Ramirez, Analyst, Planning and Budget Office
Cyd Grimes, C.P.M., Travis County Purchasing Agent
Shannon Pleasant, Assistant Purchasing Agent, Travis County Purchasing Office

Health and Human Services and Veterans Services Social Service Contracts
Attachment A

CONTRACT NO.	DESCRIPTION	PERIOD	FUNDING ACCOUNT NO.
4400000683	Encompass Medical Management, Inc. (Renewal)	9/30/12 - 9/29/13	Grant Number: 800079 I/O Number: 100148 Account Number: 511890
4400000694	Foundation Communities (Renewal)	9/30/12 - 9/29/13	Grant Number: 800079 I/O Number: 100148 Account Number: 51141
4400000372	Austin Travis County Integral Care - SAMSO (Renewal)	10/1/12 - 9/30/13	Grant Number: 800079 I/O Number: 100148 Cost Center: 1580540001 Account Number: 511124
4400000374	Austin Travis County Integral Care - System of Care (Renewal)	10/1/12 - 9/30/13	Grant Number (Milburn Trust): 800080 I/O Number: 100147 Grant Number (The Children's Continuum): 800190 I/O Number: 100081 Grant Number (Parenting in Recovery): 800079 I/O Number: 100148 Cost Center: 1580190001 Account Number: 511300
4400000996	Court Appointed Special Advocates (CASA) (Renewal)	10/1/12 - 9/30/13	Grant Number: 800190 I/O Number: 100081 Account Number: 518120
4400001018	ATCIC Child Therapist and Supervisor (Renewal)	10/1/12 - 9/30/13	Grant Number: 800190 I/O Number: 100081 Account Number: 518120
4400000367	Austin Community College Teacher TRAC (Renewal)	10/1/12 - 9/30/13	Cost Center: 1580540001 Account Number: 511440
4400000349	Travis County ESD #4 - Firefighter Academy (Renewal)	10/1/12 - 9/30/13	Cost Center: 1580540001 Account Number: 511440
4400000819	Workforce Solutions Childcare Local Match Contribution	10/1/12 - 9/30/13	Cost Center: 1580540001 Account Number: 511441
4400000347	ATCIC CAN Coordinator (Policy Forum Modification)	9/1/12 - 10/31/12	Cost Center: 1580540001 Account Number: 511440 Shopping Cart Number: 1000009842
4400000354	Austin ISD After Collaborative After School Program (Modification)	10/1/11 - 12/31/12	Cost Center: 1580270001 Account Number: 511441
4400000747	Planned Parenthood of Austin Family Planning, Inc. (Modification)	1/1/12 - 12/31/12	Cost Center: 1580540001 Account Number: 511441
4400000389	City of Austin Public Health Intercal	10/1/12 - 9/30/13	To be determined later by HHHS & VS
New Contract to be determined	City of Austin Animal Services Public Health Intercal Agreement	10/1/12 - 9/30/13	To be determined later by HHHS & VS

MODIFICATION OF CONTRACT NUMBER: 440000367 (IL060040RE) – Early Childhood Mentoring (Teacher TRAC)

ISSUED BY: Travis County Purchasing Office 700 Lavaca St., Suite 800 Austin, TX 78701	PURCHASING AGENT ASST: Shannon Pleasant TEL. NO: (512) 854-1181 FAX NO: (512) 854-9185	DATE PREPARED: October 30, 2012
ISSUED TO: Austin Community College Highland Business Center 5930 Middle Fiskville Road Austin, TX 78752-4390	MODIFICATION NO.: 8	EXECUTED DATE OF ORIGINAL CONTRACT: October 1, 2005

ORIGINAL CONTRACT TERM DATES: October 1, 2005 – September 30, 2006 CURRENT CONTRACT TERM DATES: October 1, 2012 – September 30, 2013**FOR TRAVIS COUNTY INTERNAL USE ONLY:**Original Contract Amount: ~~\$67,481~~Current Modified Amount: ~~\$56,758~~**DESCRIPTION OF CHANGES:** Except as provided herein, all terms, conditions, and provisions of the document referenced above as heretofore modified, remain unchanged and in full force and effect.

The above referenced contract is hereby modified to reflect the following changes, as well as those more completely set forth in the attachment:

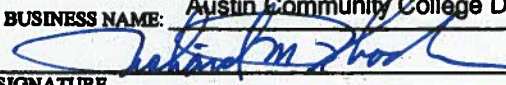

1. The Interlocal Agreement is renewed for an additional twelve-month period, from October 1, 2012 through September 30, 2013.
2. The not to exceed contract amount for the renewal period is \$56,758.

The Contract is amended according to the terms of the attachment to this Modification, all of which is hereby made a part of the Contract and constitutes promised performances by the Contractor in accordance with all terms of the Contract, as amended.

Note to Vendor/City:

[X] Complete and execute (sign) your portion of the signature block section below for all copies and return all signed copies to Travis County.

[] DO NOT execute and return to Travis County. Retain for your records.

LEGAL BUSINESS NAME: Austin Community College District	<input type="checkbox"/> DBA
BY:  SIGNATURE	<input type="checkbox"/> CORPORATION
BY: Richard M. Rhodes, Ph.D. PRINT NAME	<input checked="" type="checkbox"/> OTHER
TITLE: President/CEO ITS DULY AUTHORIZED AGENT	DATE: 11/7/12
TRAVIS COUNTY, TEXAS BY:  CYD V. GRIMES, C.F.M., CPPO TRAVIS COUNTY PURCHASING AGENT	DATE:
TRAVIS COUNTY, TEXAS BY: SAMUEL T. BISCOE, TRAVIS COUNTY JUDGE	DATE:

**2013 RENEWAL AND AMENDMENT OF INTERLOCAL COOPERATION
AGREEMENT BETWEEN TRAVIS COUNTY AND
AUSTIN COMMUNITY COLLEGE ("ACC") FOR
TEACHER AND DIRECTOR TRAC SERVICES**

This 2013 Renewal and Amendment ("2013 Renewal") of the Interlocal Agreement ("Agreement") is entered into by the following Parties: Travis County, a political subdivision of the State of Texas ("County") and Austin Community College, a state agency ("ACC").

County and ACC entered into an agreement ("Original Agreement"), the Agreement Term of which began October 1, 2005, and terminated September 30, 2006.

ACC agreed to provide personal and professional services and activities for indigents and other qualified recipients and/or for public health education and information, in accordance with the terms of the Agreement, thus providing services which further a public purpose.

The Agreement provided for amendment and renewal of the agreement by the written agreement of the Parties.

Pursuant to the Agreement terms, the Parties have previously amended the Agreement and have renewed the Agreement for additional one-year terms continuing through September 30, 2012 ("2012 Renewal Term").

County and ACC desire to amend the Agreement again to reflect certain mutually agreed upon changes in the Agreement and to renew the Agreement for an additional one-year period.

NOW, THEREFORE, in consideration of the mutual benefits received by these changes, and other good and adequate consideration as specified herein, the Parties agree to amend the Agreement as follows:

1.0 AGREEMENT PERIOD

1.1 **2013 Renewal Term.** The Parties agree to extend the Agreement for an additional one-year term, beginning October 1, 2012, and terminating September 30, 2013 ("2013 Renewal Term").

1.2 **Additional Renewals.** The Parties agree that, unless sooner terminated pursuant to the terms of this Agreement, and upon approval of funding by the Commissioners Court during the budget process relating to any Renewal Term, this Agreement may be renewed, as evidenced by written approval of the Parties, for as many additional one year terms as the Parties desire to approve, prior to each renewal, or for any time period agreed to in writing by the Parties. The exercise of any option to renew under this provision shall be with the understanding that all terms and conditions, including the negotiated rates, remain unchanged and in full force and effect, unless this Agreement is specifically amended pursuant to Section 3.0 of this Agreement to make any changes in those terms. Non-competitive renewal shall be based upon the Contractor's positive performance and County's continuing need for the services.

2.0 MAXIMUM FUNDS

2.1 **Maximum Funds - 2013 Renewal Term.** The Parties agree to amend Section 13.1.1 to add the following:

13.1.1(2013) **2013 Renewal Term Maximum Amount.** Subject to other applicable provisions of this Agreement, as amended, in consideration of full and satisfactory performance of the services and activities provided under the terms of this Agreement during the 2013 Renewal Term, as determined by County, County shall provide funds not to exceed the following amount:

<u>Base</u>	<u>Training</u>	<u>TOTAL</u>
\$ 56,758.00	\$ -0-	\$ 56,758.00

3.0 ACC SERVICES

3.1 **Services and Activities.** The Parties acknowledge and agree that ACC shall perform, either directly or indirectly through Subcontracts, in a satisfactory manner as determined by County, through Department, services and activities in accordance with the terms and conditions stated in this Agreement as amended in this 2013 Renewal.

3.2 **Insurance.** The Parties agree that the requirements for insurance for the 2013 Renewal Term will continue as set forth in the original Agreement. ACC agrees to provide current 2013 documentation of such insurance as required under the Agreement.

3.3 **Limitations.** Unless otherwise specifically stated herein, the performances required under this 2013 Renewal are performable only during the 2013 Renewal Term, and performances required under any other Agreement Term(s) were performable only during the applicable Term. Performance requirements and payment shall not carry over from one Agreement Term to another.

3.4 **2013 Update.** Within fifteen (15) days of execution of this 2013 Renewal, ACC agrees to provide Department, with a copy to the Purchasing Agent, current updates of all policies, materials, and other information required under the Agreement, including, but not limited to, the following as described under the Agreement:

- 3.4.1 Proof of Insurance
- 3.4.2 Update of any Policies and Procedures
- 3.4.3 Updated W-9 Taxpayer Identification Form
- 3.4.4 Updated IRS 990 Form
- 3.4.5 Change of Identity Information (Name, Address, etc.)

3.5 **Debarment, Suspension and Other Responsibility Matters.** By signing this 2013 Renewal, ACC certifies that, to the best of its knowledge and belief, it and its principles continue to meet compliance requirements under 15 CFR Part 26, "Government-wide Debarment and Suspension" requirements as set forth in the Agreement.

3.6 **Certification and Warranty.** By signing this 2013 Renewal, ACC certifies and warrants that all certifications and warranties under the Agreement continue to be in full force and effect. ACC also acknowledges and agrees that it has read all terms and provisions of the

Agreement and understands and agrees that, to the extent not specifically changed by this 2013 Renewal, those terms and conditions remain in full force and effect for the 2013 Renewal Term.

4.0 ATTACHMENTS.

4.1. **Attachments - 2013 Renewal Term.** ACC and County agree that, as to the 2013 Renewal Term, section 4.2, "Attachments," is amended to add the following:

4.2-2013 **2013 Attachments.** The attachments enumerated and denominated below and attached to this 2013 Renewal as Exhibit 1 are hereby made a part of this 2013 Renewal, and constitute promised performances by Contractor in accordance with all terms of the Agreement as amended:

- | | | |
|-------|------------------------------|---|
| (i) | 2013 Form #2 | Program Cover Page |
| (ii) | 2013 Form #3 | Program Work Statement |
| (iii) | 2013 Form #4 | Program Budget |
| (iv) | 2013 Form #5 | Program Budget Narrative |
| (v) | 2013 Form #6 | Total Staff Positions and Time |
| (vi) | 2013 Form #7 | Program Funding Summary |
| (vii) | 2013 Form #9 | Performance Report Definition Tool |
| (ix) | 2013 Financial Reports/Forms | |
| | (a) | Request for Payment and Status of Fund Report |
| | (b) | Monthly Expenditure Report |
| | (c) | Compliance Certification Form |
| | (d) | Agreement Budget Revisions Request Form |
| | (e) | Thirteenth Payment Request Form |
| | (x) | 2013 Insurance Requirements |

The Parties acknowledge and agree that, where an Attachment listed above and included in this 2013 Renewal contains specific agreement as to terms which conflict with the general provisions of the Agreement, to the extent that there is such conflict, the terms of the attachment will prevail. At all times, every effort will be made to comply with the terms of both sections.

5.0 INCORPORATION

5.1 County and ACC hereby incorporate the Agreement into this 2013 Renewal. Except for the changes made in this 2013 Renewal, County and ACC hereby ratify all the terms and conditions of the Agreement, as amended. The Agreement with the changes made in this 2013 Renewal constitutes the entire agreement between the Parties and supersedes any prior undertaking or written or oral agreements or representations between the Parties.

6.0 EFFECTIVE DATE

6.1 This 2013 Renewal is effective October 1, 2012, when it is approved and signed by both of the Parties. This Agreement, as amended, shall remain in effect until further modified or terminated in writing by the Parties, or until the termination date.

Form # 2:

PROGRAM COVER PAGE
for 2013 Social Service Contracts funded by Travis County

Date prepared: 8/3/2012

1. Agency Name as provided in <u>Articles of Incorporation</u>: Austin Community College District	2. Tax ID Number: 1-74-1742046-5
3. Program Name: Teacher and Director TRAC	
4. a) Physical Street Address (Street, City, State, Zip): Austin Community College District – Eastview Campus 3401 Webberville Road Austin, TX 78702	5. Board President/Chair: Name: Dr. Barbara Mink Address: Austin Community College District Highland Business Center 5930 Middle Fiskville Road Austin, TX 78752-4390
4. b) Mailing Address (if different from above): Austin Community College District Highland Business Center 5930 Middle Fiskville Road Austin, TX 78752-4390	Email: rfenner@austincc.edu
4. c) Payee Address (if different from above): ACC Business Services ACC Service Center Attn: Cashier 9101 Tuscany Way Austin, Texas 78754	Phone: 512-223-7613
<u>This is the mailing address for the business offices of ACC.</u>	
6. Agency Executive Director (name): Richard M. Rhodes, Ph.D. Phone: (512) 223-7598 Fax: (512) 223- 7185 Email: rrhodes@austincc.edu	7. Name of <u>person authorized to sign contracts for Agency</u>: Richard M. Rhodes, Ph.D. Phone: (512) 223-7598 Fax: (512) 223- 7185 Email: rrhodes@austincc.edu
8. Program Director (name): Linda Welsh, Ph.D. Phone: 512-223-5222 Fax: 512-225-5219 Email: lwelsh@austincc.edu	9. Agency Financial Officer (name): Ben Ferrell, V.P. Business Services Phone: 512-223-1099 Fax: 512-223-1066 Email: bferrell@austincc.edu
10. Contact person for PROGRAM issues (name): Linda Welsh, Ph.D. Phone: 512-223-5222 Fax: 512-225-5219 Email: lwelsh@austincc.edu	11. Contact person for FINANCIAL issues (name): Sally Gomez, Grant Accountant Phone: 512-223-1114 Fax: 512-223-1902 Email: sgomez@austincc.edu
12. Primary contact for Quarterly Program Performance Report issues (name): Linda Welsh, Ph.D. Phone: 512-223-5222 Email: lwelsh@austincc.edu	13. Person responsible for submitting Quarterly Program Performance Reports (name): Linda Welsh, Ph.D. Phone: 512-223-5222 Email: lwelsh@austincc.edu
14. Program funding amounts by source: Travis County Social Service Contract \$ _____ 56,758 _____ All OTHER Sources + \$ _____ 152,071 _____ TOTAL Program Funding = \$ _____ 208,829 _____	15. Primary contact person for this contract packet (name): Linda Welsh, Ph.D. Position Title: Department Chair, Child Development Phone: 512-223-5222 Fax: 512-225-5219 Email: lwelsh@austincc.edu

Form #3: PROGRAM WORK STATEMENT
for 2013 Social Service Contracts funded by Travis County

Date prepared: 07/25/2012

Agency: Please answer the following questions as they pertain to only those programs and services in which Travis County invests. Note: the information contained in this document will be used in reports to the Travis County Commissioners Court and the community.

Agency: Austin Community College District Program: Teacher and Director TRAC

1. Program goals and objectives:

Briefly describe the goals and objectives of the services purchased by Travis County in this contract.

The goal of Teacher TRAC is to increase the number of professionally trained early care and education workers in Travis County.

The goal of Director TRAC is to improve the qualifications of Travis County child care directors, permitting directors to meet Texas Department of Family and Protective Services Minimum Standards and Texas Rising Star Director Standards through college credit coursework.

2. Program clients served:

Describe the eligibility requirements to participate in the program or in each component of the program (for example: Travis County residency, income level, age).

City and County Criteria:

Early care and education employees working and/or living in Austin and/or Travis County who have at least 3 months experience working in a child care setting directly with young children and who have a family income below 200% of Federal Poverty Guidelines are eligible for Teacher TRAC services funded by the City of Austin or Travis County.

Priority for Enrollment:

To be eligible for **first** priority, students must be:

- Child care professionals working full-time (30 hours per week or more) who live and/or work fulltime in the City of Austin or Travis County with a family income below 200% of the FPL.

Students who meet the eligibility for first priority will then be enrolled based on the following list of priorities:

1. Continuing Teacher TRAC participants have priority over new students. Current students will be grandfathered related to these new priorities.
 2. Teachers who work in a child care center working with a mentor that is a part of the QC3 project;
 3. Teachers who work at a center that is a part of the Texas or Austin Rising Star System;
 4. Teachers who work in a child care center enrolled in other Travis County or City of Austin funded projects;
 5. Teachers who work in a child care center in Austin or Travis County.
- Teachers who work part-time (29 hours or less per week) in the City of Austin or Travis County with a family income below 200% of the FPL will be enrolled in the same priority order as listed above for full-time teachers, if funding is available.

Workforce Solutions Child Care Services (CCS) Criteria:

Early care and education employees who work for Workforce Solutions CCS centers or family day homes or for QC3 Mentor Centers are eligible. Income eligibility requirements do not apply to students funded by Workforce Solutions CCS.

Priority enrollments for Workforce Solutions CCS:

First priority goes to students working for QC3 Mentor Centers Workforce Solutions and CCS Texas Rising Star Providers. Special initiatives may identify other priority enrollments.

Program Eligibility for Director TRAC

City and County Criteria:

Child care center directors working in or living in Austin and/or Travis County and who have at least 3 months experience as a director or assistant director are eligible for Director TRAC services. Director TRAC participants must meet the same income eligibility as Teacher TRAC participants. Client eligibility is documented on the Partnership Contract.

Priority for Enrollment:

To be eligible for **first** priority, students must be:

- Child care directors or assistant directors working full-time (30 hours per week or more) who live and/or work fulltime in the City of Austin or Travis County with a family income below 200% of the FPL.

Directors and assistant directors who meet the eligibility for first priority will then be enrolled based on the following list of priorities:

1. Continuing Teacher TRAC participants have priority over new students. Current students will be grandfathered related to these new priorities.
2. Directors and assistant directors who work in a child care center working with a mentor through the QC3 project.
3. Directors and assistant directors who work in a child care center participating in the Texas or Austin Rising Star system.
4. Directors and assistant directors who work in a child care center enrolled in other Travis County or City of Austin funded project.
5. Directors and assistant directors who work in a child care center in Austin or Travis County.

Directors and assistant directors who are working part-time (29 hours or less per week) who meet income eligibility will be enrolled in the same priority levels as listed above for full-time directors and assistant directors, if funding is available.

3. **Program services and delivery:**

Describe the Travis County funded services and how they are provided by the agency. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients.

Teacher and Director TRAC program service delivery model is as follows:

Recruitment and Application Process:

Recruitment of currently employed early care and education workers and directors employed in licensed child care centers or registered homes in Travis County through mail outs, coordination with Workforce and QC3 mentors for recommendations, and visits to child care centers. Interested early care and education workers or directors submit an application and Teacher TRAC contract signed by the individual and his or her director in the case of early care and education workers or the director and owner or board president of the child care center for director's applications.

Enrollment process

Eligible early care and education workers and directors are assisted in the registration and advising processes to enroll in approved courses. Students are enrolled in courses that meet their degree plan requirements.

Ongoing support

Participants are assisted in successfully completing college courses by assisting students in accessing student success services at ACC, monitoring of students' progress in courses and contacting students to discuss student success strategies, including life coaching, as needed.

Stipends

Child care employees receive a \$75 bonus after the completion of their first ACC course with a "C" or above and additional bonuses of \$100 after each additional 12 hours completed with a "C" or above.

Child care center directors receive a bonus of \$100 after the completion of 6-9 hours with a "C" or above.

Child Development Associate (CDA) Credential Process

Support is provided to students completing three course CDA sequence to complete the CDA application process; the \$325 application fee is paid for eligible students.

Maintain Project files and reporting systems

Files with participant's name, address, place of employment, degree plan, Teacher TRAC contract and record of services rendered are maintained.

4. Service coordination and collaboration strategies:

Describe how the agency coordinates its services with services being provided by other agencies and describe how the agency collaborates with other agencies. If you are not currently collaborating with other agencies, what is your plan for increasing collaboration?

Quarterly planning for delivery of services to early care and education employees, including Teacher and Director TRAC services has been ongoing through the QC3 Collaborative Mentoring Project. Participants include leadership from Child, Inc, Success by Six, Workforce Solutions Child Care Services and AISD. Careful attention is devoted to optimal delivery of services through collaboration and coordination.

The Child Development Department of Austin Community College District and, therefore, the staff of Teacher and Director TRAC have a long history of community collaboration. Collaborative planning for the needs of young children, their families and their teachers has resulted in long term collaborative partnerships and projects between ACC's Child Development Department (and Teacher TRAC) and other agencies regarding Teacher TRAC and the needs of early care and education providers.

Collaborative funding efforts exist between Child, Inc. and Workforce Child Care Solutions and Teacher TRAC as well as the City of Austin and Travis County. Child Inc. provides scholarships for tuition to its staff; Workforce Child Care Solutions gives funds to Teacher TRAC to provide scholarships to early care and education workers employed in Rising Star vendor centers

5. **OUTPUT** Performance Measures (replace the blue text and shaded spaces below with the actual wording of your measures and their corresponding 12-month goal amounts):

Please enter the output performance measures to be reported for your program. You must report the number of unduplicated clients served by funding source and at least one other output. Actual total program performance data for these outputs will be reported in the quarterly program performance reports.

<u>OUTPUT # 1</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL (Travis County + All Other) Annual Goal</u>
Number of early childhood care and education teachers enrolled in college courses. (Includes Teacher and Director TRAC participants)	44	116	160

<u>OUTPUT # 2</u>	<u>Travis County Annual Goal</u>	<u>All Other Funding Sources Annual Goal</u>	<u>TOTAL (Travis County + All Other) Annual Goal</u>
Number of children served by early childhood care and education teachers attending college courses through Teacher TRAC	522	1398'	1920

(If approved for additional Output measures, copy and paste the blocks above and re-number accordingly)

6. **OUTCOME** Performance Measures (replace the blue text in the left column below with the actual wording of your measures' numerators, denominators, and outcome rates):

Please enter the outcome performance measures to be reported for your program. For any outcome which will not have a percentage rate, use only the first (numerator) row and edit as needed. In the middle column's shaded blocks, include the corresponding 12-month goal amounts and percentages (as applicable) for each line. If an Outcome will NOT be reported every quarter, in the right column indicate for which quarterly report(s) you WILL be reporting that measure (for example, you might report for Q2 and Q4 only).

	<u>Total Program Annual Goal</u>	If not reported every Quarter, in which Quarter(s)?
Total Program Performance – OUTCOME # 1		
Number of college courses completed with a "C" or better (numerator)	256	1 st , 3 rd & 4 th Q
Total number of college courses enrolled in Fall 2012, Spring 2013 and Summer 2013 (denominator)	320	
Percentage of courses successfully completed with a C or better (outcome rate)	80%	

	<u>Total Program Annual Goal</u>	If not reported every Quarter, in which Quarter(s)?
Total Program Performance – OUTCOME # 2		
Number of Teacher TRAC students who complete their CDA Marketable Skills Award (12 college credit hours (numerator)	42	1 st , 3 rd , & 4 th Q
Number of Teacher TRAC students enrolled in CDA courses in Fall 2012 (denominator)	52	
Percentage of Teacher TRAC CDA students who earn their Marketable Skills Award (outcome rate)	81%	

	<u>Total Program Annual Goal</u>	If not reported every Quarter, in which Quarter(s)?
Total Program Performance – OUTCOME # 3		
Number of Director TRAC participants who successfully complete two college courses (numerator)	10	3 rd & 4 th Q
Number of Director TRAC participants enrolled in Summer 2012, Fall 2012, and Spring 2013 (denominator)	12	
Percentage of Director TRAC participants who complete two college level courses (outcome rate)	83%	

(If approved for additional Outcome measures, copy and paste the blocks above and re-number accordingly)

7. **Community planning activities:**

Describe your agency's involvement in community planning activities that are specific to the services provided under this contract.

Community planning for Teacher and Director TRAC is completed by the Teacher TRAC Advisory Committee, which meets at least one time per year to review the program. Currently the committee members

represent our partners such as Workforce Child Care Solutions and Child Inc., directors of general child care program and program participants. Additional planning for Teacher and Director TRAC is done in conjunction with overall community planning efforts for young children, their families and their teachers

8. Program Evaluation Plan

- **Performance evaluation:**

Describe how the agency will evaluate the program's performance in achieving program goals. Note: if any survey(s) or questionnaire(s) are used in the evaluation of the program or its performance, please provide a brief description of survey procedures (for example: how the survey is distributed and to whom).

Teacher TRAC participants complete the annual Child Development Program Evaluation Survey which records responses on a Likert Scale to determine instructional effectiveness and satisfaction with the Teacher TRAC Project. Teacher TRAC participants participate in evaluation of their faculty every Fall Semester. Participants who withdraw from courses complete a Teacher TRAC follow-up survey to determine reasons for their withdrawal. Additionally, anecdotal reports to the Teacher TRAC coordinator and faculty are compiled for a very "personal" view of the Project. The results of the above are presented to the Teacher TRAC Advisory Committee and programmatic changes are made as needed. Additionally, the program is evaluated on the achievement of stated outputs and outcomes.

- **Quality improvement:**

Describe the process for identifying problems or other issues in service delivery, designing activities to overcome these problems, and following up to ensure corrective actions have been effective.

Quality improvement plans will be implemented on an as needed basis as determined by the program's performance in achieving Teacher and Director TRAC's goals, as well as ratings and feedback received in the annual Child Development Program Evaluation Survey. The Teacher TRAC Community Advisory Committee and the Child Development Department Chair review information about the program's performance and make recommendations for needed quality improvement.

Date prepared: 7/25/2012

FORM #4: PROGRAM BUDGET

for 2013 Social Service Contracts funded by Travis County

Agency: **Austin Community College District**

Program: **Teacher and Director TRAC**

Instructions: Provide whole dollar amounts for each applicable line item. IMPORTANT: DO NOT INCLUDE ANY PROGRAM INCOME.

ON THIS PAGE. Note that the line items with asterisks ** will require prior approval - Refer to your Contract Language.

IMPORTANT: All \$ amounts must be whole dollars only (no cents)			
PERSONNEL	Requested COUNTY Amount	Amount Funded by ALL OTHER Sources	* TOTAL Budget (ALL funding sources)
Administrative Salaries - Regular Time	0	0	0
Direct Service Salaries - Regular Time	0	74,177	74,177
Administrative Salaries Overtime	0	0	
Direct Service Salaries - Overtime	0	0	0
Benefits	0	14,319	14,319
A. SUBTOTALS: PERSONNEL	0	88,496	88,496
OPERATING EXPENSES			
General Operating Expenses	4,541	3,780	8,321
Insurance/Bonding			0
Audit Expenses (provide details for this line item in the Subcontracted Expenses form)			0
Consultants/Contractual (provide details for this line item in the Subcontracted Expenses form)			0
Staff Travel - <u>within</u> Travis County			0
Conferences/Seminars/Training - <u>within</u> Travis County			0
** Staff Travel - <u>out of</u> County			0
** Conferences/Seminars - <u>out of</u> County			0
B. SUBTOTALS: OPERATING EXPENSES	4,541	3,780	8,321
DIRECT ASSISTANCE			
Food/Beverage for Clients (NOTE: Alcoholic beverage expenditures are not eligible or allowable)	0	0	0
Financial Assistance for Clients (Completion incentives - \$3150 County/\$1800 other; CDA credential fees \$3900 County;\$1,625 other; Tuition \$32,167 County/53,870 other)	39,217	57,295	96,512
Other (specify) Books	13,000	2,500	15,500
C. SUBTOTALS: DIRECT ASSISTANCE	52,217	59,795	112,012
GRAND TOTAL (A + B + C)	56,758	152,071	208,829
PERCENT SHARE of Total for Funding Sources:	27.2%	72.8%	100.0%

FORM # 5: Program Budget Narrative
 for 2013 Social Service Contracts funded by Travis County

Date prepared: 8/3/2012

Agency: Austin Community College District

Program: Teacher and Director TRAC

Instructions: Add details below (not to exceed 20 words per line item) to justify proposed expenses from your Program Budget form. **DO NOT INCLUDE ANY DOLLAR AMOUNTS OR PERCENTAGES ON THIS PAGE.** Delete the examples below and replace them with your narrative.

PERSONNEL	NARRATIVE
Salaries - Regular time	<i>Do not provide staff detail here- use Total Program Staff Positions and Time form #5 instead</i>
Salaries - Overtime	NA
Benefits	<i>Includes FICA, Retirement, Health Benefits</i>
OPERATING EXPENSES	
General Operating Expenses	<i>Accounting Services for Grant Management</i>
Insurance/Bonding	NA
Audit Expenses	NA
Consultants/Contractual	NA
Staff Travel	NA
Conferences/Seminars/Tmg	NA
** Staff Travel - out of County	NA
** Conferences/Seminars/Tmg. - out of County	NA
DIRECT ASSISTANCE	
Food/Beverage for Clients (NOTE: Alcoholic beverage expenditures are not eligible or allowable)	NA
Financial Assistance for Clients (e.g. rent, mortgage, utilities)	<i>Students receive scholarships to pay for tuition and certification fees; incentives for completing first course and for completing 12 credit hours</i>
Other (specify)	<i>Cost of books required for courses</i>

** These line items require prior approval - Refer to your Contract Language.

Form # 6: Total Program Staff Positions & Time
for 2013 Social Service Contracts funded by Travis County

Date prepared: 08/03/2012

Agency: Austin Community College District
Program: Teacher and Director TRAC_

TOTAL PROGRAM STAFF: INDIVIDUAL POSITIONS & TIME ASSIGNED

AGENCY: List below all program staff individually by their position titles only (do not include their names), indicate whether each is direct service staff or administrative staff and indicate the percentage of their total time which is assigned to this specific program. **IMPORTANT: If two or more staff members with the same position title work on this program, be sure to list each position separately, with their individual percentages of total time for this program.**

List ALL Program Positions Individually by Titles	Percent of Time for this Program
Faculty Program and Grant Coordinator (Direct and Administrative)	.42
Administrative Assistant III (Direct Services)	1.00

FORM # 7: PROGRAM FUNDING SUMMARY

Date prepared: 8/3/2012

for 2013 Social Service Contracts funded by Travis County

Agency Name: <u>Austin Community College District</u>	Program Name: <u>Teacher and Director TRAC</u>
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Funding Sources	Grant/Contract Name	Funding Period	Funding Amount
Travis County	Social Service Contract (Travis County prgm. budget)	10/1/2012 -9/30/2013	\$56,758
Travis County			
Travis County			
City of Austin	Social Service Contract (City of Austin prgm. budget)	10/1/2012-9/30/2013	\$46,000
City of Austin			
City of Austin			
Federal			
Federal			
State			
State			
United Way			
Contributions			
Program Income/ Fees			
Other (Specify)	Workforce Solutions: Child Care Services	10/1/2012-9/30/2013	\$40,000
Other (Specify)	Austin Community College	10/1/2012-9/30/2013	\$66,071
Other (Specify)			
Other (Specify)			
TOTAL PROGRAM FUNDING:			\$208,829

**Form #9: Travis County Health and Human Services & Veterans Service Department
 2013 Performance Report Definition Tool**

Austin Community College: Teacher and Director TRAC

Date Report was Generated: 8/03/12

To assist you in completing this form, the red triangles located in the upper right-hand side of some cells provide additional instructions related to the information requested.

Type	Performance Measure	Calculation Method	What is the Data Source for this Measure?	Notes	Who Produces this Measure
OUTPUT MEASURES:					
Output #1	Number of early childhood care and education teachers enrolled in college courses. (Includes Teacher and Director TRAC participants)	Students are counted one time-based on the initial semester enrolled (Spring 2013, Summer 2013, or Fall 2013). Students may enroll for more than one semester. A list of students enrolled each semester is pulled from the Teacher TRAC Database	Payment letters are generated for each enrolled student from the Filemaker Pro Teacher TRAC Database and sent to Business Services and Restricted Accounting for processing.	A small number of the Teacher TRAC students have tuition paid by Child, Incorporated, but Teacher TRAC provides books. These students are in the database. A letter is sent by Child Inc. with all of their funded students.	Charlene Nickels Administrative Assistant III with review by Linda Welsh Department Chair
Output #2	Number of children served by early childhood care and education teachers attending college courses through Teacher TRAC	Children in the classrooms taught by each Teacher TRAC student will be counted one time.	Application completed by Teacher TRAC student includes data on the number of children in their classroom	This number will be counted upon application. The number of children served by a Teacher who is in a floater position will be an average of the number of children in the classes in which they provide support	Charlene Nickels Administrative Assistant III with review by Linda Welsh Department Chair
OUTCOME MEASURES:					
Outcome #1a (numerator)	Number of college courses completed with a "C" or better	Grades of C or better are counted for each enrolled student for each Teacher TRAC funded course. Grades for students in Fall 2012 are reviewed in January, Spring 2013 are reviewed in May and Summer 2013 in September.	Datatel (ACC's database for student records including grades) student records	The outcome rate will include students enrolled in Fall 2012 who are reported in the output measure for the previous contract period.	Charlene Nickels Administrative Assistant III with review by Linda Welsh Department Chair
Outcome #1b (denominator)	Total number of college courses enrolled in Fall 2012, Spring 2013 and Summer 2013	Number of courses enrolled in by Teacher TRAC students in Fall 2012, Spring 2013 and Summer 2013 semesters.	Filemaker Pro Teacher TRAC database (see output 1)	Classes enrolled in by Teacher TRAC funded students for Fall 2012, Spring 2013, and Summer 2013 are included in this calculation.	Charlene Nickels Administrative Assistant III with review by Linda Welsh Department Chair
Outcome Rate #1c	Percentage of courses successfully completed with a C or better	numerator divided by denominator	Calculated in Excel: 2012-13 Teacher TRAC Report, Q (1, 3 & 4)		Linda Welsh, Department Chair
Outcome #2a (numerator)	Number of Teacher TRAC students who complete their CDA Marketable Skills Award (12 college credit hours)	Teacher TRAC students enrolled in CDA I, II, or III in Fall 2012 semester	Teacher TRAC Filemaker Pro Database and Datatel course rolls.	The total number of CDA students are only counted in Fall semester, since it takes at least three semesters to complete the CDA sequence.	Charlene Nickels Administrative Assistant III with review by Linda Welsh Department Chair
Outcome #2b (denominator)	Number of Teacher TRAC students enrolled in CDA courses in Fall 2012	Number of Teacher TRAC students who successfully complete the three course CDA sequence (Grades of C or better for CDA I, II, & III)	Datatel student records		Charlene Nickels Administrative Assistant III with review by Linda Welsh Department Chair

Outcome Rate #2c	Percentage of Teacher TRAC CDA students who earn their Marketable Skills Award	numerator divided by denominator	Calculated in Excel: 2012-13 Teacher TRAC Report, Q (1, 3 & 4)		Linda Welsh, Department Chair
Outcome #3a (numerator)	Number of Director TRAC participants who complete two college level courses	Number of Director TRAC students enrolled in Summer 2012, Fall 2012 and Spring 2013 who successfully complete two college level courses	Datatel student records		Charlene Nickels Administrative Assistant III with review by Linda Welsh Department Chair
Outcome #3b (denominator)	Number of Director TRAC participants enrolled in Summer 2012, Fall 2012, and Spring 2013	Students enrolled in Director TRAC in Summer 2012, Fall 2012, Spring 2013	Teacher TRAC Filemaker Pro Database and Datatel course rolls.	Students complete a Director TRAC application and are track in the database	Charlene Nickels Administrative Assistant III with review by Linda Welsh Department Chair
Outcome Rate #3c	Percentage of Director TRAC participants who complete two college level courses	numerator divided by denominator	Calculated in Excel: 2012-13 Teacher TRAC Report, Q (1, 3 & 4)		Linda Welsh, Department Chair
DEMOGRAPHIC AND ZIP CODE REPORT					
Gender, Race, and Ethnicity	Number of unduplicated clients by their gender, race, and ethnicity	Excel spreadsheet is created via the Teacher TRAC Filemaker Pro Database: 2012-13 Teacher TRAC Report, Q (1-4)	Teacher TRAC initial or renewal Application which is then put in the Teacher TRAC Database	Students submit an application each semester which includes updated demographics. Students are counted one time per year only	Charlene Nickels Administrative Assistant III with review by Linda Welsh Department Chair
Age	Number of unduplicated clients by their age at start of program and grouped into age categories	Excel spreadsheet is created via the Teacher TRAC Filemaker Pro Database: 2012-13 Teacher TRAC Report, Q (1-4)	Teacher TRAC initial or renewal Application which is then put in the Teacher TRAC Database	Students submit an application each semester which includes updated demographics. Students are counted one time per year only	Charlene Nickels Administrative Assistant III with review by Linda Welsh Department Chair
Income Status	Number of unduplicated clients by their income status at start of program and grouped into income categories	Excel spreadsheet is created via the Teacher TRAC Filemaker Pro Database: 2012-13 Teacher TRAC Report, Q (1-4)	Teacher TRAC initial or renewal Application which is then put in the Teacher TRAC Database	Students submit an application each semester which includes updated income information. Students are counted one time per year only	Charlene Nickels Administrative Assistant III with review by Linda Welsh Department Chair
Zip Code	Number of unduplicated clients by their zip code at start of program	Excel spreadsheet is created via the Teacher TRAC Filemaker Pro Database: 2011-12 Teacher TRAC Report, Q (1-4)	Teacher TRAC initial or renewal Application which is then put in the Teacher TRAC Database	Students submit an application each semester which includes updated address. Students are counted one time per year only	Charlene Nickels Administrative Assistant III with review by Linda Welsh Department Chair

INSURANCE REQUIREMENTS

Contractor shall have, and shall require all subcontractors providing services under this Contract to have, Standard Insurance meeting the General Requirements as set forth below and sufficient to cover the needs of Contractor and/or Subcontractor pursuant to applicable generally accepted business standards. Depending on services provided by Contractor and/or Subcontractor(s), Supplemental Insurance Requirements or alternate insurance options shall be imposed as follows:

I. General Requirements Applicable to All Contractors' Insurance.

The following requirements apply to the Contractor and to Subcontractor(s) performing services or activities pursuant to the terms of this Contract. Contractor acknowledges and agrees to the following concerning insurance requirements applicable to Contractor and subcontractor(s):

A. The minimum types and limits of insurance indicated below shall be maintained throughout the duration of the Contract.

B. Insurance shall be written by companies licensed in the State of Texas with an A.M. Best rating of B+ VIII or higher.

C. Prior to commencing work under this Contract, the required insurance shall be in force as evidenced by a Certificate of Insurance issued by the writing agent or carrier. A copy of the Certificate of Insurance shall be forwarded to County immediately upon execution of this Contract.

D. Certificates of Insurance shall include the endorsements outlined below and shall be submitted to the Travis County Purchasing Agent within ten (10) working days of execution of the contract by both parties or the effective date of the Contract, whichever comes first. The Certificate(s) shall show the Travis County contract number and all endorsements by number.

E. Insurance required under this Contract which names Travis County as Additional Insured shall be considered primary for all claims.

F. Insurance limits shown below may be written as Combined Single Limits or structured using primary and excess or umbrella coverage that follows the form of the primary policy.

G. County shall be entitled, upon its request and without expense, to receive certified copies of policies and endorsements.

H. County reserves the right to review insurance requirements during any term of the Contract and to require that Contractor make reasonable adjustments when the scope of services has been expanded.

I. Contractor shall not allow any insurance to be cancelled or lapse during any term of this Contract. Contractor shall not permit the minimum limits of coverage to erode or otherwise be reduced. Contractor shall be responsible for all premiums, deductibles and self-insured retention. All deductibles and self-insured retention shall be shown on the Certificates of Insurance.

J. Insurance coverage specified in this Contract is not intended and will not be interpreted to limit the responsibility or liability of the Contractor or subcontractor(s).

II. Specific Requirements

The following requirements (II.A - II.E, inclusive) apply to the Contractor and Subcontractor(s) performing services or activities pursuant to the terms of this Contract. Contractor acknowledges and agrees to the following concerning insurance requirements applicable to Contractor and subcontractor(s):

A. Workers' Compensation and Employers' Liability Insurance

1. Coverage shall be consistent with statutory benefits outlined in the Texas Workers' Compensation Act.
2. Employers' Liability limits are:
 - \$500,000 bodily injury each accident
 - \$500,000 bodily injury by disease
 - \$500,000 policy limit
3. Policies under this Section shall apply to State of Texas and include the following endorsements in favor of Travis County and City of Austin:
 - a. Waiver of Subrogation (Form 420304)
 - b. Thirty (30) day Notice of Cancellation (Form 420601)

B. Commercial General Liability Insurance

1. Minimum limit:
 - \$500,000* per occurrence for coverage A and B with a
 - \$1,000,000 policy aggregate
2. The Policy shall contain or be endorsed as follows:
 - a. Blanket contractual liability for this Contract
 - b. Independent Contractor Coverage
3. The Policy shall also include the following endorsements in favor of Travis County
4.
 - a. Waiver of Subrogation (Form CG 2404)
 - b. Thirty (30) day Notice of Cancellation (Form CG 0205)
 - c. Travis County named as additional insured (Form CG 2010)

*** Supplement Insurance Requirement** If child care, or housing arrangements for clients is provided,
the required limits shall be:

\$ 1,000,000 per occurrence with a
\$ 2,000,000 policy aggregate

C. Business Automobile Liability Insurance†

1. If any form of transportation for clients is provided, coverage for all owned, non-owned, and hired vehicles shall be maintained with a combined single limit of \$300,000* per occurrence
2. Policy shall also include the following endorsements in favor of Travis County
 - a. Waiver of Subrogation (Form TE 2046A)
 - b. Thirty (30) day Notice of Cancellation (Form TE 0202A)
 - c. Travis County named as additional insured (Form TE 9901B)

† **Alternative Insurance Requirement**

If NO transportation services of any type is provided, and use of a motor vehicle is strictly limited to travel to and from work or work sites, evidence of Personal Auto Policy coverage with limits of \$ 100,000/\$300,000/\$50,000 may be provided in lieu of Business Automobile Liability Insurance

D. Professional Liability/E & O Insurance

1. Coverage shall be provided with a minimum limit of \$1,000,000 per claim /\$3,000,000 aggregate to cover injury to a child while the child is in the care of Contractor or Subcontractor and to cover negligent acts, sexual harassment, errors, or omissions arising out of Professional Services under this Contract.
2. If coverage is written on a claims made policy, the retroactive date shall be prior to the date this Contract is signed and/or effective, whichever comes first. Coverage shall include a three (3) year extended reporting period from the date this Contract expires or is terminated. Certificate of Insurance shall clarify coverage is claims made and shall contain both the retroactive date of coverage and the extended reporting dates.
3. Subcontractor(s) who are not covered under Contractor's professional liability insurance shall provide Contractor with current certificates of insurance annually on the renewal date of their insurance policy.

E. Blanket Crime Policy Insurance

1. If an advance against Contract Funds is requested or received in an amount greater than \$5,000, a Blanket Crime Policy shall be required with limits of the Contract Funds allocated in the Contract or the amount of scheduled advances.
2. If coverage is written on a claims made policy, the retroactive date shall be prior to the date services begin under this Contract or the effective date of this Contract, whichever comes first. Coverage shall include a three- (3) year extended reporting period from the date this Contract expires or is terminated. Certificate of Insurance shall clarify coverage is claims made and shall contain both the retroactive date of coverage and the extended reporting period date.

INSTRUCTIONS for TRAVIS COUNTY INVOICING:

Using the Payment Request/ Expenditure Report and related forms for Social Service Contracts

***** IMPORTANT: Please carefully read and follow the steps below in the order indicated to prepare and submit monthly invoices using the electronic invoicing spreadsheet forms located in the adjacent tabs of this file *****

GENERAL INFORMATION. This file contains the following spreadsheet tabs, listed from left to right:

Tab 1. This Instructions page - please print this and refer to it often as you prepare your invoices;

Tab 2. Budget Revision Request form, which must be completed and submitted any time such revision is needed;

Tab 3. Compliance Certification form - this completed form must be submitted with every invoice; and

Tabs 4 & above. The Expenditure Reports and Payment Requests (follow the detailed instructions below), comprised of 24 linked monthly spreadsheet tabs (12 "Exp Rpt" & 12 "Pay Req"), beginning with October. **NOTE:** (Subject to any changes in County requirements) if you have any unexpended funds remaining after your last regular monthly invoice and for which you will request payment, there will be a Supplemental "13th payment request" form provided separately, along with your Contract Annual Summary (formerly Close-Out) forms.

MAINTAINING the INTEGRITY of FORMS/ LINKS: The cell formulas and embedded links among the forms have been carefully constructed - do NOT change them without consulting us first. The forms may also be password-protected, allowing you to input required data into appropriate cells only. If your invoice forms need any changes, please contact your Travis County Contract Specialist for assistance: ladonna.brazell@co.travis.tx.us or by phone (512) 854-7875 or sanjuana.gonzales@co.travis.tx.us or by phone at 854-4122.

MONTHLY EXPENDITURE REPORT (Complete this form FIRST)

1) In the "Oct Exp Rpt" spreadsheet tab, review and if needed add/correct the appropriate program and agency information near the top. Be sure to include your agency's contact person name/phone/extension.

2) For the Approved Budget column F, review and if needed, contact your TRAVIS COUNTY Contract Specialist for necessary changes. Note that all subtotals and totals will calculate automatically. The resulting bottom line total in line 21 (cell F42) should equal the corresponding total COUNTY-only program budget amount for the current contract term.

3) Then in the Expenditures October 2012 column, input the actual amount for each eligible expenditure line item (total for the October 1st through October 31st period). Then check all amounts on the sheet for accuracy, and make sure that the correct amounts and other information are carried forward into the remaining monthly "...Exp Rpt" spreadsheets. As each new month is completed in the contract term, you will repeat this step for the corresponding month's Expenditure Report. Be sure to verify the accuracy of all calculations and cumulative amounts every time you invoice.

PAYMENT REQUEST (Check/correct this form only AFTER completing the Expenditure Report)

These spreadsheets are designed so that the amounts in each of the 12 Payment Request forms automatically calculate directly from the corresponding Expenditure Report - this means that the two January forms are linked, as are the two February forms, etc. In addition, all of the "...Exp Rpt" and "...Pay Req" forms are linked so that the correct cumulative amounts should automatically be carried forward into the appropriate cells for subsequent months. **IMPORTANT: All amounts in the Payment Requests should be calculated automatically - your main task for Payment Requests is to verify that all of the amounts are calculated and printed correctly.**

5) Verify that each "...Pay Req" spreadsheet includes a unique Invoice Number in the shaded block near the top - this number is also linked to the invoice number of the corresponding month's Exp Rpt form. This Number is a code representing your agency and program, the month invoiced, and ends in " 1 " to indicate it is the first or original invoice for that month. Important: if for any reason you later submit a different, revised or corrected, etc. invoice for that same month (which replaces or supplements the original invoice), change the ending number to " 2 " on that second invoice, then to " 3 " on the third one as needed, etc.

***** Reminder for steps 6, 7 and 8 below: Most items on the Payment Request should be input or corrected by first adjusting the corresponding linked data in that month's Expenditure Report. *****

6) Next, review and (if needed) add/correct the appropriate agency and program information in section I, including the Payment Request Amount for the month being invoiced.

7) Check and correct (if needed) the amounts in Section II, ensuring that they are consistent with the corresponding amounts in the monthly "... Exp Rpt" spreadsheets.

8) Review the other "...Pay Req" spreadsheets to ensure that all of the information is accurately carried forward also.

9) To invoice for each upcoming month, repeat steps 3 and 5-8 listed above for the appropriate pair of monthly sheets, print both sheets, obtain the required signatures, and submit as usual with a completed Compliance Certification form.

SUBMIT YOUR FORMS WITH ORIGINAL SIGNATURES TO: Paula McMarion, HHS/VS, P.O. Box 1748, Austin, TX 78767

Notes - NOT included here: Supplemental "13th Payment" forms - If you have any unexpended funds remaining after your last monthly invoice and for which you will request payment, the appropriate Supplemental / 13th Payment forms should be provided after December for your action. Otherwise, you will release any remaining unexpended funds back to the County as part of the separate "Contract Annual Summary" (formerly known as "Close-Out") process.

BUDGET REVISION REQUEST - SOCIAL SERVICES CONTRACTS

Travis County Health and Human Services & Veterans Services Department

Agency Name: _____

Revision for: **TRAVIS COUNTY Funding Only**

Program Name: _____

AGENCY: Refer to any applicable contract section(s) and / or attachment(s) when using this form

Revision Number: (No.)

Contract Term: **October 1, 2012 - September 30, 2013**

Effective Date for Revision: (date to be effective)

Notice: the line items in this form are NOT directly linked to the monthly "...Exp Rpt" forms - you must still input your revised budget line items (when approved) into the next applicable monthly "...Exp Rpt" form as usual

Line	Item	Approved Budget	Prior Approval Required ?	Adjustment Amt. (Indicate + or -)	Revised Budget
PERSONNEL					
1	Salaries - REGULAR time				0.00
2	Salaries-OVERTIME (Trav.Co. only)				0.00
3	Benefits				0.00
4	Other (Specify)		YES		0.00
A	SUBTOTAL - PERSONNEL	0.00		0.00	0.00
OPERATING EXPENSES					
5	General Operating Expenses				0.00
6	Insurance/Bonding				0.00
7	pro-rata share only) PRIOR APPROVAL REQUIRED		YES		0.00
8	Consultants / Contractual				0.00
9	Staff Travel - within Travis County				0.00
10	Conference/Seminars/Tmg. within Travis Co.				0.00
11	Staff Travel - out of Travis Co.		YES		0.00
12	County		YES		0.00
13	Other (specify)		YES		0.00
14	0		YES		0.00
B	SUBTOTAL - OPER. EXPENSES	0.00		0.00	0.00
DIRECT ASSISTANCE					
15	Food / Beverage - for clients				0.00
16	Financial Assistance to individuals (e.g., rent, mortgage, utilities)				0.00
17	Other (Specify) Books		YES		0.00
18	0		YES		0.00
C	SUBTOTAL: DIRECT ASSIST.	0.00		0.00	0.00
EQUIPMT./CAPITAL OUTLAY					
19	List items (specify equipmt/capit.)		YES		0.00
20	0		YES		0.00
D	SUBTOTAL - EQPMT/ CAPITAL	0.00		0.00	0.00
21	TOTALS (A+B+C+D+E)	0.00		0.00	0.00

Preparer's Signature: _____

Date: _____

Authorized Signature: _____

Date: _____

Travis Co. USE ONLY:

Reviewed & approved by: _____

Date: _____

Compliance Certification form – Social Service Contracts

IMPORTANT: this completed form must be submitted with each monthly invoice



Agency: _____

Program: _____

Payment requested: month: _____, 20

Payment requested from: X TRAVIS COUNTY

The following items must be itemized in the current approved program budget, OR written prior approval by TCHHSVS Executive Director regarding these items must be attached to the Payment Request. (Mark any that apply to this month)

- Purchase of any non-expendable property *
 * (agency must also complete the Equipment Purchased table, below)
- Alteration or relocation of facilities
- Out of County Travel/ Conferences/ Seminars/ Training
- Consultant/professional services or subcontracts
- Budget transfers over the 10% rule per contract
- None of the above apply to this month

- Compliance with Special Conditions/ Corrective Action Plan.
- Overtime expenditures if any followed contract requirements
- Audit expenditures if any were allocated per agency funding sources per contract
- Annual Audit submitted by Service Agency per contract.
- Transfer of Funds/Budget adjustments less than 10% made by agency **
 ** (agency must attach Budget Revision request form)

Equipment Purchased:

Purchase Date	Item	Cost	Model Number	Serial Number	Location

Travis County Purchasing Office employee, _____ was notified of above purchases on _____
 (name) (date)

I certify the information reported herein and attached hereto is true, correct, and complete.
 Please process the attached payment(s). (Certification required for processing of payment.)

Executive Director _____ Date _____

For TCHHSVS use only:

- County funds calculated accurately (to two decimals)
- County program budget not over-spent, per contract
- Fiscal year limitation not over-spent, per contract (75% Rule)
- Annual Audit submission by Service Agency per contract has been verified
- Compliance with Special Conditions/ Corrective Action Plan is confirmed

- Attach copies of the following to this sheet and mark all that apply:
- Payment Request (verified and approved)
 - Expenditure Report (verified and approved)
 - Budget Revision form (if applicable)
 - Revised/ Modified Payment Request (if applicable)
 - Any required prior approval documents

I certify the information reported herein and attached hereto is true, correct, and complete.
 Please process the attached payment(s). (Certification required for processing of payment.)

TCHHSVS Program Manager _____ Date _____

TCHHSVS Division Director _____ Date _____

For TCHHSVS use only:

- Service has been received in the HTE system
- Payment Request reviewed for: 1) reporting accuracy 2) expenditures verified and 3) contract compliance.
- Annual Audit submission by Service Agency per contract has been verified

TCHHSVS Contract Monitor _____ Date _____

I hereby certify that the information reported on this compliance certification form by all parties is true, correct, and complete.
 I understand that the legality of the payment is dependent on the accuracy of these statements. Please process the attached payment(s). (Please note, payment will not be processed without this signed certification attached to request for payment.)

 Signature of County Executive, Health & Human Services and Veterans Service) Date _____

TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **T120C 1**

Report Period: October 2012

Agency:
 Agency contact:
 E-mail:

Program:
 Phone:
 Fax:

Current contract term:
 Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures October 2012	Cumulative Expenditures	Budget Balance
PERSONNEL					
1	Salaries - REGULAR time	0.00	0.00	0.00	0.00
2	Salaries-OVERTIME (Trav.Co. only)	0.00	0.00	0.00	0.00
3	Benefits	0.00	0.00	0.00	0.00
4	Other (Specify)	0.00	0.00	0.00	0.00
A	SUBTOTAL - PERSONNEL	0.00	0.00	0.00	0.00
OPERATING EXPENSES					
5	General Operating Expenses	0.00	0.00	0.00	0.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - within Travis County	0.00	0.00	0.00	0.00
10	Conference/Seminars/Tng. within Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - out of Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Tng out of Travis County	0.00	0.00	0.00	0.00
13	Other (specify)	0.00	0.00	0.00	0.00
14		0.00	0.00	0.00	0.00
B	SUBTOTAL - OP. EXPENSES	0.00	0.00	0.00	0.00
DIRECT ASSISTANCE					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance for Clients: Completion Incentives - \$3150	0.00	0.00	0.00	0.00
17	Other (Specify) Books	0.00	0.00	0.00	0.00
18		0.00	0.00	0.00	0.00
C	SUBTOTAL: DIRECT ASSIST.	0.00	0.00	0.00	0.00
EQUIPMT./CAPITAL OUTLAY					
19	List Items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20		0.00	0.00	0.00	0.00
D	SUBTOTAL - EQPMT / CAPITAL	0.00	0.00	0.00	0.00
RECOVERED ADVANCE PAYMENTS					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
E	SUBTOTAL: RECOVERED ADVANCE PAYMENTS	0.00	0.00	0.00	0.00
21	TOTALS (A+B+C+D+E)	0.00	0.00	0.00	0.00
	Maximums Allowable		0.00	0.00	

Preparer's Signature: _____

Date: _____

Authorized Signature: _____

Date: _____

Travis Co. USE ONLY:

Reviewed & approved by: _____

Date: _____

Travis County Social Services Contract PAYMENT REQUEST



Invoice Number: **T120C- 1**

IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
		October 2012
	Contract Term	PAYMENT REQUEST AMOUNT
	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. TRAVIS COUNTY-Funded Program Budget	
2. Previous Payments Requested (excludes Advance)	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$0.00

SECTION III - CERTIFICATION <i>(Must be completed by Contractor)</i>		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Preparer's Signature	Title	Date
Authorized Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - (TRAVIS CO. Staff)		
Contract Manager's Signature	Name and Title	Date
	Carolina Brazier Contract Specialist	

SECTION V - PAYMENT APPROVAL - (Travis County FINANCE)			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

Staff Comments:

TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **T12NV 0 1**

Report Period: November 2012

Agency: **0**
 Agency contact: **0**
 E-mail: **0**

Program: **0**
 Phone: **0**
 Fax: **0**

Current contract term:
 Oct. 1, 2013 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures November 2012	Cumulative Expenditures	Budget Balance
PERSONNEL					
1	Salaries - REGULAR time	0.00	0.00	0.00	0.00
2	Salaries-OVERTIME (Trav. Co. only)	0.00	0.00	0.00	0.00
3	Benefits	0.00	0.00	0.00	0.00
4	Other (Specify)	0.00	0.00	0.00	0.00
A	SUBTOTAL - PERSONNEL	0.00	0.00	0.00	0.00
OPERATING EXPENSES					
5	General Operating Expenses	0.00	0.00	0.00	0.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - <u>within</u> Travis County	0.00	0.00	0.00	0.00
10	Conference/Seminars/Trng. <u>within</u> Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - <u>out of</u> Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Trng <u>out of</u> Travis County	0.00	0.00	0.00	0.00
13	Other (specify)	0.00	0.00	0.00	0.00
14	0	0.00	0.00	0.00	0.00
B	SUBTOTAL - OP. EXPENSES	0.00	0.00	0.00	0.00
DIRECT ASSISTANCE					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance for Clients: Completion Incentives - \$3150	0.00	0.00	0.00	0.00
17	Other (Specify) Books	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
C	SUBTOTAL: DIRECT ASSIST.	0.00	0.00	0.00	0.00
EQUIPMT./CAPITAL OUTLAY					
19	List items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
D	SUBTOTAL - EQPMT / CAPITAL	0.00	0.00	0.00	0.00
RECOVERED ADVANCE PAYMENTS					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
E	SUBTOTAL: RECOVERED ADVANCE PAYMENTS	0.00	0.00	0.00	0.00
21	TOTALS (A+B+C+D+E)	0.00	0.00	0.00	0.00
	Maximums Allowable		0.00	0.00	0.00

Preparer's Signature: _____

Date: _____

Authorized Signature: _____

Date: _____

Travis Co. USE ONLY:	
Reviewed & approved by: _____	Date: _____

Travis County Social Services Contract PAYMENT REQUEST



Invoice Number: **T12NV- 0 1**

IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
0	0	November 2012
0	Contract Term	PAYMENT REQUEST AMOUNT
0	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. TRAVIS COUNTY-Funded Program Budget	\$0.00
2. Previous Payments Requested (excludes Advance)	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$0.00

SECTION III - CERTIFICATION (Must be completed by Contractor)		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Preparer's Signature	Title	Date
Authorized Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - (TRAVIS CO. Staff)		
Contract Manager's Signature	Name and Title	Date
	Cecilia Brazier Contract Specialist	

SECTION V - PAYMENT APPROVAL - (Travis County FINANCE)			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

Staff Comments:

TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **T12DC 0 1**

Report Period: December 2012

Agency: **0**
 Agency contact: **0**
 E-mail: **0**

Program: **0**
 Phone: **0**
 Fax: **0**

Current contract term:
 Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures December 2012	Cumulative Expenditures	Budget Balance
PERSONNEL					
1	Salaries - REGULAR time	0.00	0.00	0.00	0.00
2	Salaries-OVERTIME (Travis Co. only)	0.00	0.00	0.00	0.00
3	Benefits	0.00	0.00	0.00	0.00
4	Other (Specify)	0.00	0.00	0.00	0.00
A	SUBTOTAL - PERSONNEL	0.00	0.00	0.00	0.00
OPERATING EXPENSES					
5	General Operating Expenses	0.00	0.00	0.00	0.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - within Travis County	0.00	0.00	0.00	0.00
10	Conference/Seminars/Tng. within Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - out of Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Tng out of Travis County	0.00	0.00	0.00	0.00
13	Other (specify)	0.00	0.00	0.00	0.00
14	0	0.00	0.00	0.00	0.00
B	SUBTOTAL - OP. EXPENSES	0.00	0.00	0.00	0.00
DIRECT ASSISTANCE					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Completion Incentives - \$3150 County; CDA credential fees \$8875	0.00	0.00	0.00	0.00
17	Other (Specify) Books	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
C	SUBTOTAL: DIRECT ASSIST.	0.00	0.00	0.00	0.00
EQUIPMT./CAPITAL OUTLAY					
19	List Items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
D	SUBTOTAL - EQPMT/ CAPITAL	0.00	0.00	0.00	0.00
RECOVERED ADVANCE PAYMENTS					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
E	SUBTOTAL: RECOVERED ADVANCE PAYMENTS	0.00	0.00	0.00	0.00
21	TOTALS (A+B+C+D+E)	0.00	0.00	0.00	0.00
Maximums Allowable			0.00	0.00	

Preparer's Signature: _____

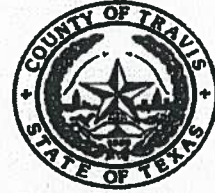
Date: _____

Authorized Signature: _____

Date: _____

Travis Co. USE ONLY: Reviewed & approved by: _____ Date: _____
--

Travis County Social Services Contract PAYMENT REQUEST



Invoice Number: **T12DC- 0 1**

IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
0	0	December 2012
0	Contract Term	PAYMENT REQUEST AMOUNT
0	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. TRAVIS COUNTY-Funded Program Budget	\$0.00
2. Previous Payments Requested (excludes Advance)	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$0.00

SECTION III - CERTIFICATION (Must be completed by Contractor)		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Authorized Signature	Title	Date
Preparer's Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - (TRAVIS CO. Staff)		
Contract Manager's Signature	Name and Title	Date
	<small>Caroline Brazier</small> Contract Specialist	

SECTION V - PAYMENT APPROVAL - (Travis County FINANCE)			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

Staff Comments:

TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **T13JA 0 1**

Report Period: January 2013

Agency: 0
 Agency contact: 0
 E-mail: 0

Program: 0
 Phone: 0
 Fax: 0

Current contract term:
 Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures January 2013	Cumulative Expenditures	Budget Balance
PERSONNEL					
1	Salaries - REGULAR time	0.00	0.00	0.00	0.00
2	Salaries-OVERTIME (Trav. Co. only)	0.00	0.00	0.00	0.00
3	Benefits	0.00	0.00	0.00	0.00
4	Other (Specify)	0.00	0.00	0.00	0.00
A	SUBTOTAL - PERSONNEL	0.00	0.00	0.00	0.00
OPERATING EXPENSES					
5	General Operating Expenses	0.00	0.00	0.00	0.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - <u>within</u> Travis County	0.00	0.00	0.00	0.00
10	Conference/Seminars/Trng. <u>within</u> Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - <u>out of</u> Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Trng <u>out of</u> Travis County	0.00	0.00	0.00	0.00
13	Other (specify)	0.00	0.00	0.00	0.00
14	0	0.00	0.00	0.00	0.00
B	SUBTOTAL - OP. EXPENSES	0.00	0.00	0.00	0.00
DIRECT ASSISTANCE					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance for Clients: Completion Incentives - \$3150	0.00	0.00	0.00	0.00
17	Other (Specify) Books	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
C	SUBTOTAL: DIRECT ASSIST.	0.00	0.00	0.00	0.00
EQUIPMT./CAPITAL OUTLAY					
19	List items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
D	SUBTOTAL - EQPMT / CAPITAL	0.00	0.00	0.00	0.00
RECOVERED ADVANCE PAYMENTS					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
E	SUBTOTAL: RECOVERED ADVANCE PAYMENTS	0.00	0.00	0.00	0.00
21	TOTALS (A+B+C+D+E)	0.00	0.00	0.00	0.00
	Maximums Allowable		0.00	0.00	

Preparer's Signature: _____

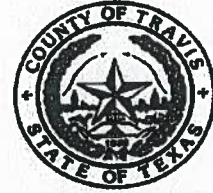
Date: _____

Authorized Signature: _____

Date: _____

Travis Co. USE ONLY: Reviewed & approved by: _____ Date: _____
--

Travis County Social Services Contract PAYMENT REQUEST



Invoice Number: **T13JA- 0 1**

IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this Invoice

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
0	0	January 2013
0	Contract Term	PAYMENT REQUEST AMOUNT
0	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. TRAVIS COUNTY-Funded Program Budget	\$0.00
2. Previous Payments Requested (excludes Advance)	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$0.00

SECTION III - CERTIFICATION (Must be completed by Contractor)		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Authorized Signature	Title	Date
Preparer's Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - (TRAVIS CO. Staff)		
Contract Manager's Signature	Name and Title	Date
	Carolina Brazier Contract Specialist	

SECTION V - PAYMENT APPROVAL - (Travis County FINANCE)			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

Staff Comments:

TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **T13FB 0 1**

Report Period: February 2013

Agency: 0
 Agency contact: 0
 E-mail: 0

Program: 0
 Phone: 0
 Fax: 0

Current contract term:
 Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures February 2013	Cumulative Expenditures	Budget Balance
PERSONNEL					
1	Salaries - REGULAR time	0.00	0.00	0.00	0.00
2	Salaries-OVERTIME (Trav. Co. only)	0.00	0.00	0.00	0.00
3	Benefits	0.00	0.00	0.00	0.00
4	Other (Specify)	0.00	0.00	0.00	0.00
A	SUBTOTAL - PERSONNEL	0.00	0.00	0.00	0.00
OPERATING EXPENSES					
5	General Operating Expenses	0.00	0.00	0.00	0.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - <u>within</u> Travis County	0.00	0.00	0.00	0.00
10	Conference/Seminars/Tmg. <u>within</u> Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - <u>out of</u> Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Tmg <u>out of</u> Travis County	0.00	0.00	0.00	0.00
13	Other (specify)	0.00	0.00	0.00	0.00
14	0	0.00	0.00	0.00	0.00
B	SUBTOTAL - OP. EXPENSES	0.00	0.00	0.00	0.00
DIRECT ASSISTANCE					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance for Clients: Completion Incentives - \$3150	0.00	0.00	0.00	0.00
17	Other (Specify) Books	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
C	SUBTOTAL: DIRECT ASSIST.	0.00	0.00	0.00	0.00
EQUIPMT./CAPITAL OUTLAY					
19	List items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20		0.00	0.00	0.00	0.00
D	SUBTOTAL - EQPMT./ CAPITAL	0.00	0.00	0.00	0.00
RECOVERED ADVANCE PAYMENTS					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
E	SUBTOTAL: RECOVERED ADVANCE PAYMENTS	0.00	0.00	0.00	0.00
21	TOTALS (A+B+C+D+E)	0.00	0.00	0.00	0.00
	Maximums Allowable		0.00	0.00	

Preparer's Signature: _____

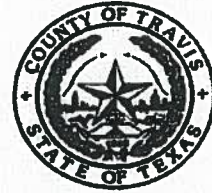
Date: _____

Authorized Signature: _____

Date: _____

Travis Co. USE ONLY: Reviewed & approved by: _____	Date: _____
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Travis County Social Services Contract PAYMENT REQUEST



Invoice Number: T13FB- 0 1

IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
0	0	February 2013
0	Contract Term	PAYMENT REQUEST AMOUNT
0	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. TRAVIS COUNTY-Funded Program Budget	\$0.00
2. Previous Payments Requested (excludes Advance)	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$0.00

SECTION III - CERTIFICATION (Must be completed by Contractor)		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Authorized Signature	Title	Date
Preparer's Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - (TRAVIS CO. Staff)		
Contract Manager's Signature	Name and Title	Date
	LaDonna Brazier Contract Specialist	

SECTION V - PAYMENT APPROVAL - (Travis County FINANCE)			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

Staff Comments:

TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **T13MR 0 1**

Report Period: March 2013

Agency: 0
 Agency contact: 0
 E-mail: 0

Program: 0
 Phone: 0
 Fax: 0

Current contract term:
 Oct. 1, 2012 - Sept. 30, 2013

Line	Item	Approved Budget		Actual Expenditures & Balance		
		Approved Budget	Expenditures March 2013	Cumulative Expenditures	Budget Balance	
PERSONNEL						
1	Salaries - REGULAR time	0.00	0.00	0.00	0.00	0.00
2	Salaries - OVERTIME (Trav. Co. only)	0.00	0.00	0.00	0.00	0.00
3	Benefits	0.00	0.00	0.00	0.00	0.00
4	Other (Specify)	0.00	0.00	0.00	0.00	0.00
A	SUBTOTAL - PERSONNEL	0.00	0.00	0.00	0.00	0.00
OPERATING EXPENSES						
5	General Operating Expenses	0.00	0.00	0.00	0.00	0.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00	0.00
9	Staff Travel - within Travis County	0.00	0.00	0.00	0.00	0.00
10	Conferences/Seminars/Tng. within Travis Co.	0.00	0.00	0.00	0.00	0.00
11	Staff Travel - out of Travis Co.	0.00	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Tng out of Travis County	0.00	0.00	0.00	0.00	0.00
13	Other (specify)	0.00	0.00	0.00	0.00	0.00
14	0	0.00	0.00	0.00	0.00	0.00
B	SUBTOTAL - OP. EXPENSES	0.00	0.00	0.00	0.00	0.00
DIRECT ASSISTANCE						
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00	0.00
16	Completion incentives - \$3150 County; CDA credential fees \$8875	0.00	0.00	0.00	0.00	0.00
17	Other (Specify) Books	0.00	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00	0.00
C	SUBTOTAL: DIRECT ASSIST.	0.00	0.00	0.00	0.00	0.00
EQUIPMT./CAPITAL OUTLAY						
19	List items (specify equipmt/capit.)	0.00	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00	0.00
D	SUBTOTAL - EQPMT./ CAPITAL	0.00	0.00	0.00	0.00	0.00
RECOVERED ADVANCE PAYMENTS						
Note: any amounts on line E must be input as negative dollars (reimbursed)						
E	SUBTOTAL: RECOVERED ADVANCE PAYMENTS	0.00	0.00	0.00	0.00	0.00
21	TOTALS ((A+B+C+D+E))	0.00	0.00	0.00	0.00	0.00
	Maximums Allowable		0.00	0.00		

Preparer's Signature: _____

Date: _____

Authorized Signature: _____

Date: _____

<p>Travis Co. USE ONLY: Reviewed & approved by: _____ Date: _____</p>

Travis County Social Services Contract
PAYMENT REQUEST



Invoice Number: **T13MR- 0 1**

IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
0	0	March 2013
0	Contract Term	PAYMENT REQUEST AMOUNT
0	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. TRAVIS COUNTY-Funded Program Budget	\$0.00
2. Previous Payments Requested (excludes Advance)	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$0.00

SECTION III - CERTIFICATION (Must be completed by Contractor)		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Authorized Signature	Title	Date
Preparer's Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - (TRAVIS CO. Staff)		
Contract Manager's Signature	Name and Title	Date
	Carolina Brazier Contract Specialist	

SECTION V - PAYMENT APPROVAL - (Travis County FINANCE)			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

Staff Comments:

TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **T13AP 0 1**

Report Period: April 2013

Agency: 0
 Agency contact: 0
 E-mail: 0

Program: 0
 Phone: 0
 Fax: 0

Current contract term:
 Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures April 2013	Cumulative Expenditures	Budget Balance
PERSONNEL					
1	Salaries - REGULAR time	0.00	0.00	0.00	0.00
2	Salaries - OVERTIME (Trav. Co. only)	0.00	0.00	0.00	0.00
3	Benefits	0.00	0.00	0.00	0.00
4	Other (Specify)	0.00	0.00	0.00	0.00
A	SUBTOTAL - PERSONNEL	0.00	0.00	0.00	0.00
OPERATING EXPENSES					
5	General Operating Expenses	0.00	0.00	0.00	0.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - within Travis County	0.00	0.00	0.00	0.00
10	Conference/Seminars/Tng. within Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - out of Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Tng out of Travis County	0.00	0.00	0.00	0.00
13	Other (specify)	0.00	0.00	0.00	0.00
14	0	0.00	0.00	0.00	0.00
B	SUBTOTAL - OP. EXPENSES	0.00	0.00	0.00	0.00
DIRECT ASSISTANCE					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance for Clients: Completion Incentives - \$3150	0.00	0.00	0.00	0.00
17	Other (Specify) Books	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
C	SUBTOTAL: DIRECT ASSIST.	0.00	0.00	0.00	0.00
EQUIPMT./CAPITAL OUTLAY					
19	List items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
D	SUBTOTAL - EQPMT/ CAPITAL	0.00	0.00	0.00	0.00
RECOVERED ADVANCE PAYMENTS					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
E	SUBTOTAL: RECOVERED ADVANCE PAYMENTS	0.00	0.00	0.00	0.00
21	TOTALS (A+B+C+D+E)	0.00	0.00	0.00	0.00
	Maximums Allowable		0.00	0.00	

Preparer's Signature: _____

Date: _____

Authorized Signature: _____

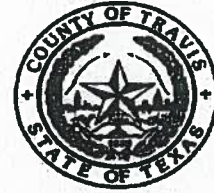
Date: _____

Travis Co. USE ONLY:

Reviewed & approved by: _____

Date: _____

Travis County Social Services Contract PAYMENT REQUEST



Invoice Number: **T13AP- 0 1**

IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
0	0	April 2013
0	Contract Term	PAYMENT REQUEST AMOUNT
0	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. TRAVIS COUNTY-Funded Program Budget	\$0.00
2. Previous Payments Requested (excludes Advance)	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$0.00

SECTION III - CERTIFICATION (Must be completed by Contractor)		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Authorized Signature	Title	Date
Preparer's Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - (TRAVIS CO. Staff)		
Contract Manager's Signature	Name and Title	Date
	LaDonna Brazier Contract Specialist	

SECTION V - PAYMENT APPROVAL - (Travis County FINANCE)			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

Staff Comments:

TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **T13MA 0 1**

Report Period: May 2013

Agency: 0
 Agency contact: 0
 E-mail: 0

Program: 0
 Phone: 0
 Fax: 0

Current contract term:
 Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures May 2013	Cumulative Expenditures	Budget Balance
PERSONNEL					
1	Salaries - REGULAR time	0.00	0.00	0.00	0.00
2	Salaries-OVERTIME (Trav. Co. only)	0.00	0.00	0.00	0.00
3	Benefits	0.00	0.00	0.00	0.00
4	Other (Specify)	0.00	0.00	0.00	0.00
A	SUBTOTAL - PERSONNEL	0.00	0.00	0.00	0.00
OPERATING EXPENSES					
5	General Operating Expenses	0.00	0.00	0.00	0.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - within Travis County	0.00	0.00	0.00	0.00
10	Conference/Seminars/Trng. within Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - out of Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Trng out of Travis County	0.00	0.00	0.00	0.00
13	Other (specify)	0.00	0.00	0.00	0.00
14	0	0.00	0.00	0.00	0.00
B	SUBTOTAL - OP. EXPENSES	0.00	0.00	0.00	0.00
DIRECT ASSISTANCE					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance for Clients: Completion incentives - \$3150	0.00	0.00	0.00	0.00
17	Other (Specify) Books	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
C	SUBTOTAL: DIRECT ASSIST.	0.00	0.00	0.00	0.00
EQUIPMT./CAPITAL OUTLAY					
19	List Items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
D	SUBTOTAL - EQPMT / CAPITAL	0.00	0.00	0.00	0.00
RECOVERED ADVANCE PAYMENTS					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
E	SUBTOTAL: RECOVERED ADVANCE PAYMENTS	0.00	0.00	0.00	0.00
21	TOTALS (A+B+C+D+E)	0.00	0.00	0.00	0.00
	Maximums Allowable		0.00	0.00	

Preparer's Signature: _____

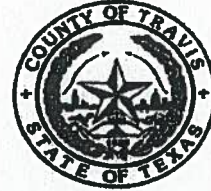
Date: _____

Authorized Signature: _____

Date: _____

Travis Co. USE ONLY: Reviewed & approved by: _____ Date: _____
--

Travis County Social Services Contract PAYMENT REQUEST



Invoice Number: **T13MA- 0 1**

IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
0	0	May 2013
0	Contract Term	PAYMENT REQUEST AMOUNT
0	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. TRAVIS COUNTY-Funded Program Budget	\$0.00
2. Previous Payments Requested (excludes Advance)	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$0.00

SECTION III - CERTIFICATION (Must be completed by Contractor)		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Authorized Signature	Title	Date
Preparer's Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - (TRAVIS CO. Staff)		
Contract Manager's Signature	Name and Title	Date
	LisCombe Brazier Contract Specialist	

SECTION V - PAYMENT APPROVAL - (Travis County FINANCE)			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

Staff Comments:

TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **T32JN 0 1**

Report Period: June 2013

Agency: **0**
 Agency contact: **0**
 E-mail: **0**

Program: **0**
 Phone: **0**
 Fax: **0**

Current contract term:
 Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures June 2013	Cumulative Expenditures	Budget Balance
PERSONNEL					
1	Salaries - REGULAR time	0.00	0.00	0.00	0.00
2	Salaries-OVERTIME (Trav. Co. only)	0.00	0.00	0.00	0.00
3	Benefits	0.00	0.00	0.00	0.00
4	Other (Specify)	0.00	0.00	0.00	0.00
A	SUBTOTAL - PERSONNEL	0.00	0.00	0.00	0.00
OPERATING EXPENSES					
5	General Operating Expenses	0.00	0.00	0.00	0.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - within Travis County	0.00	0.00	0.00	0.00
10	Conference/Seminars/Tmg. within Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - out of Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Tmg out of Travis County	0.00	0.00	0.00	0.00
13	Other (specify)	0.00	0.00	0.00	0.00
14	0	0.00	0.00	0.00	0.00
B	SUBTOTAL - OP. EXPENSES	0.00	0.00	0.00	0.00
DIRECT ASSISTANCE					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance for Clients: Completion incentives - \$3150	0.00	0.00	0.00	0.00
17	Other (Specify) Books	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
C	SUBTOTAL: DIRECT ASSIST.	0.00	0.00	0.00	0.00
EQUIPMT./CAPITAL OUTLAY					
19	List items (specify equipm/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
D	SUBTOTAL - EQPMT/ CAPITAL	0.00	0.00	0.00	0.00
RECOVERED ADVANCE PAYMENTS					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
E	SUBTOTAL: RECOVERED ADVANCE PAYMENTS	0.00	0.00	0.00	0.00
21	TOTALS (A+B+C+D+E)	0.00	0.00	0.00	0.00
Maximums Allowable			0.00	0.00	

Preparer's Signature: _____

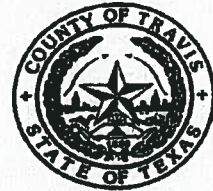
Date: _____

Authorized Signature: _____

Date: _____

Travis Co. USE ONLY: Reviewed & approved by: _____	Date: _____
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Travis County Social Services Contract PAYMENT REQUEST



Invoice Number: **T13JN- 0 1**

IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
0	0	June 2013
0	Contract Term	PAYMENT REQUEST AMOUNT
0	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. TRAVIS COUNTY-Funded Program Budget	\$0.00
2. Previous Payments Requested (excludes Advance)	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$0.00

SECTION III - CERTIFICATION (Must be completed by Contractor)		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Authorized Signature	Title	Date
Preparer's Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - (TRAVIS CO. Staff)		
Contract Manager's Signature	Name and Title	Date
	Cecilia Brazor Contract Specialist	

SECTION V - PAYMENT APPROVAL - (Travis County FINANCE)			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

Staff Comments:

TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **T13JL 0 1**

Report Period: July 2013

Agency: **0**
 Agency contact: **0**
 E-mail: **0**

Program: **0**
 Phone: **0**
 Fax: **0**

Current contract term:
 Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures July 2013	Cumulative Expenditures	Budget Balance
PERSONNEL					
1	Salaries - REGULAR time	0.00	0.00	0.00	0.00
2	Salaries - OVERTIME (Trav. Co. only)	0.00	0.00	0.00	0.00
3	Benefits	0.00	0.00	0.00	0.00
4	Other (Specify)	0.00	0.00	0.00	0.00
A	SUBTOTAL - PERSONNEL	0.00	0.00	0.00	0.00
OPERATING EXPENSES					
5	General Operating Expenses	0.00	0.00	0.00	0.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - within Travis County	0.00	0.00	0.00	0.00
10	Conference/Seminars/Trng. within Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - out of Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Trng out of Travis County	0.00	0.00	0.00	0.00
13	Other (specify)	0.00	0.00	0.00	0.00
14	0	0.00	0.00	0.00	0.00
B	SUBTOTAL - OP. EXPENSES	0.00	0.00	0.00	0.00
DIRECT ASSISTANCE					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance for Clients: Completion Incentives - \$3150	0.00	0.00	0.00	0.00
17	Other (Specify) Books	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
C	SUBTOTAL: DIRECT ASSIST.	0.00	0.00	0.00	0.00
EQUIPMT./CAPITAL OUTLAY					
19	List items (specify equipm/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
D	SUBTOTAL - EQPMT./ CAPITAL	0.00	0.00	0.00	0.00
RECOVERED ADVANCE PAYMENTS					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
E	SUBTOTAL: RECOVERED ADVANCE PAYMENTS	0.00	0.00	0.00	0.00
21	TOTALS (A+B+C+D+E)	0.00	0.00	0.00	0.00
Maximums Allowable			0.00	0.00	

Preparer's Signature: _____

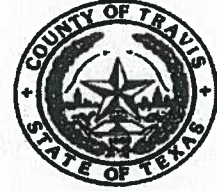
Date: _____

Authorized Signature: _____

Date: _____

Travis Co. USE ONLY: Reviewed & approved by: _____ Date: _____
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Travis County Social Services Contract PAYMENT REQUEST



Invoice Number: T13JL- 0 | 1

IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
0	0	July 2013
0	Contract Term	PAYMENT REQUEST AMOUNT
0	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. TRAVIS COUNTY-Funded Program Budget	\$0.00
2. Previous Payments Requested (excludes Advance)	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$0.00

SECTION III - CERTIFICATION (Must be completed by Contractor)		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Authorized Signature	Title	Date
Preparer's Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - (TRAVIS CO. Staff)		
Contract Manager's Signature	Name and Title	Date
	Ladonna Brazell Contract Specialist	

SECTION V - PAYMENT APPROVAL - (Travis County FINANCE)			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

Staff Comments:

TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **T13AG 0 1**

Report Period: August 2013

Agency: 0
 Agency contact: 0
 E-mail: 0

Program: 0
 Phone: 0
 Fax: 0

Current contract term:
 Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures August 2013	Cumulative Expenditures	Budget Balance
PERSONNEL					
1	Salaries - REGULAR time	0.00	0.00	0.00	0.00
2	Salaries-OVERTIME (Trav. Co. only)	0.00	0.00	0.00	0.00
3	Benefits	0.00	0.00	0.00	0.00
4	Other (Specify)	0.00	0.00	0.00	0.00
A	SUBTOTAL - PERSONNEL	0.00	0.00	0.00	0.00
OPERATING EXPENSES					
5	General Operating Expenses	0.00	0.00	0.00	0.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - within Travis County	0.00	0.00	0.00	0.00
10	Conference/Seminars/Tmg. within Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - out of Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Tmg out of Travis County	0.00	0.00	0.00	0.00
13	Other (specify)	0.00	0.00	0.00	0.00
14	0	0.00	0.00	0.00	0.00
B	SUBTOTAL - OP. EXPENSES	0.00	0.00	0.00	0.00
DIRECT ASSISTANCE					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance for Clients: Completion Incentives - \$3150	0.00	0.00	0.00	0.00
17	Other (Specify) Books	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
C	SUBTOTAL: DIRECT ASSIST.	0.00	0.00	0.00	0.00
EQUIPMT./CAPITAL OUTLAY					
19	List Items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
D	SUBTOTAL - EQPMT/ CAPITAL	0.00	0.00	0.00	0.00
RECOVERED ADVANCE PAYMENTS					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
E	SUBTOTAL: RECOVERED ADVANCE PAYMENTS	0.00	0.00	0.00	0.00
21	TOTALS (A+B+C+D+E)	0.00	0.00	0.00	0.00
	Maximums Allowable		0.00	0.00	

Preparer's Signature: _____

Date: _____

Authorized Signature: _____

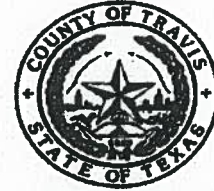
Date: _____

Travis Co. USE ONLY:

Reviewed & approved by: _____

Date: _____

Travis County Social Services Contract PAYMENT REQUEST



Invoice Number: **T13AG-0 1**

IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this Invoice

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
0	0	August 2013
0	Contract Term	PAYMENT REQUEST AMOUNT
0	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. TRAVIS COUNTY-Funded Program Budget	\$0.00
2. Previous Payments Requested (excludes Advance)	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$0.00

SECTION III - CERTIFICATION (Must be completed by Contractor)		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Authorized Signature	Title	Date
Preparer's Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - (TRAVIS CO. Staff)		
Contract Manager's Signature	Name and Title	Date
	CANDICE BRAZILL Contract Specialist	

SECTION V - PAYMENT APPROVAL - (Travis County FINANCE)			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

Staff Comments:

TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **T13SP 0 1**

Report Period: September 2013

Agency: 0
 Agency contact: 0
 E-mail: Q

Program: 0
 Phone: 0
 Fax: 0

Current contract term:
 Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures September 2013	Cumulative Expenditures	Budget Balance
PERSONNEL					
1	Salaries - REGULAR time	0.00	0.00	0.00	0.00
2	Salaries-OVERTIME (Trav. Co. only)	0.00	0.00	0.00	0.00
3	Benefits	0.00	0.00	0.00	0.00
4	Other (Specify)	0.00	0.00	0.00	0.00
A	SUBTOTAL - PERSONNEL	0.00	0.00	0.00	0.00
OPERATING EXPENSES					
5	General Operating Expenses	0.00	0.00	0.00	0.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - within Travis County	0.00	0.00	0.00	0.00
10	Conference/Seminars/Trng. within Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - out of Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Trng out of Travis County	0.00	0.00	0.00	0.00
13	Other (specify)	0.00	0.00	0.00	0.00
14	0	0.00	0.00	0.00	0.00
B	SUBTOTAL - OP. EXPENSES	0.00	0.00	0.00	0.00
DIRECT ASSISTANCE					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance for Clients: Completion Incentives - \$3150	0.00	0.00	0.00	0.00
17	Other (Specify) Books	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
C	SUBTOTAL: DIRECT ASSIST.	0.00	0.00	0.00	0.00
EQUIPMT./CAPITAL OUTLAY					
19	List Items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
D	SUBTOTAL - EQPMT./ CAPITAL	0.00	0.00	0.00	0.00
RECOVERED ADVANCE PAYMENTS					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
E	SUBTOTAL: RECOVERED ADVANCE PAYMENTS	0.00	0.00	0.00	0.00
21	TOTALS (A+B+C+D+E)	0.00	0.00	0.00	0.00
	Maximums Allowable		0.00	0.00	

Preparer's Signature: _____

Date: _____

Authorized Signature: _____

Date: _____

Travis Co. USE ONLY:

Reviewed & approved by: _____

Date: _____

Travis County Social Services Contract PAYMENT REQUEST



Invoice Number: **T13SP- 0 1**

IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
0	0	September 2013
0	Contract Term	PAYMENT REQUEST AMOUNT
0	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. TRAVIS COUNTY-Funded Program Budget	\$0.00
2. Previous Payments Requested (<u>excludes</u> Advance)	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus item 4)	\$0.00

SECTION III - CERTIFICATION (<i>Must be completed by Contractor</i>)		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Authorized Signature	Title	Date
Preparer's Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - (<i>TRAVIS CO. Staff</i>)		
Contract Manager's Signature	Name and Title	Date
	Leticia Gonzalez Contract Specialist	

SECTION V - PAYMENT APPROVAL - (<i>Travis County FINANCE</i>)			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

Staff Comments: