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Section I

General Guidelines

1. It is incumbent upon Providers to arrange for SAMIS training and obtain SAMIS proficiency within the first month of program operation. Contact the SAMIS Helpdesk @ (954) 377-1684 to obtain training schedule.
2. All Client Demographic information in SAMIS must be up to date and correct prior to billing CSC. Providers must create and maintain data integrity procedures to ensure that SAMIS accurately reflects all unduplicated active program participants. (See Section IV)
3. Up to date SAMIS Fiscal data should be electronically transmitted while simultaneously, appropriate hard-copy reports and back-up should be submitted to CSC Accounts Payable (AP) by the provider on or before the 10th of the month following the month in which the service was performed. ***Note: Program Utilization is measured monthly; therefore, timely submission of reimbursement requests is essential.***
4. Original receipts (i.e., cash register receipts, list of children from field trips, etc.) are strongly recommended for payment of Start-up, Flex Funds, Value Added and other cost reimbursement type accounts stated in contracts. Copies of receipts are acceptable under certain circumstances. ALL receipts should clearly indicate the vendor name and the date of the purchase. Cost Reimbursement receipts (originals or copies) must be presented to CSC for payment within 30 days of the transaction date. (See Section II, D)
5. Providers will submit back-up reports, as indicated in Section II. Detailed records of service must remain available at the contracted agency for audit either by CSC staff or CSC contract auditors/monitors.
6. CSC generates a payment voucher for each properly submitted reimbursement request as received and approved, prints payment checks weekly, and mails the checks directly to the Provider Agency.

DO NOT submit data containing client Social Security Numbers,
unless redacted.

Section II

Reimbursement Guidelines

- A. Reimbursement Processing** - Providers should enter Unit of Service information into SAMIS on a regular basis (daily or weekly), and consolidate once a month:
1. Print the Reimbursement Detail Report (see Exhibit A), the Program Unit of Service Activity Report (see Exhibit B), and the Group Unit of Service Activity Report, if applicable (see Exhibit C).
 2. **DO NOT submit** the Program Unit of Service Client Report. CSC will view or print the report via SAMIS, if necessary, to verify certain aspects of the reimbursement.
 3. If applicable, original receipts (referred to as 'traditional receipts' during SAMIS/Fiscal training) equaling the requested reimbursement amount **MUST** be included with the Reimbursement Detail Report, the Program Units of Service Activity, and the Group Unit of Service Activity reports.
 4. Address SAMIS Reimbursement Requests and original receipts to **CSC Accounts Payable** for processing. **DO NOT** indicate any CSC employee name on the envelope.
- B. Reimbursement Due Dates** - Reimbursement requests are due the 10th of the month following services. At Fiscal Year-End (September 30), the date is extended to approximately the 15th of month following the services (October 15). Actual year-end dates will be communicated to Providers. It is **imperative** that the final annual reimbursement request is received in a timely and accurate manner. As contracts stipulate, final reimbursement requests submitted past the due date identified in contract will not be accepted.

Section II

Reimbursement Guidelines

C. CSC Payment Process

1. SAMIS Workflow – Provider's Monthly Reimbursement Detail Report is submitted via SAMIS and a hard copy is submitted to the CSC **Accounts Payable** by the 10th of the month following the month of service.
2. Also include the corresponding Program Units of Service Report and Group Unit of Service Report, if applicable. CSC Accounts Payable ensures that the Units of Service (UOS) on the Program Unit of Service Report and the Value of the Group Unit of Service Report match the UOS on the Reimbursement Detail Report.
3. CSC Accounts Payable reviews submitted reimbursement requests to ensure that the required SAMIS reports are submitted and that the receipts are appropriate and match the requested reimbursement amount. Receipts are required for Start-up, Flex, Value-Added, and cost reimbursement contracts. Providers must itemize reimbursement receipts (expenses) for Start-up, Flex, Value-Added, etc. **in SAMIS** and clip original receipts (or certified copies) to the SAMIS Reimbursement Detail Report. Small receipts, must be taped to an 8 ½ by 11 sheet of paper.
4. CSC Accounts Payable ensures that both the reimbursement amount and Units of Services are in accordance with contract and budget specifications.
5. CSC Accounts Payable ensures that Reimbursement Detail Reports are signed and dated by an agency officer, as indicated on the agency's current signature authority maintained at CSC.
6. After review, CSC Accounts Payable forwards reimbursement requests and all back-up, including group meeting and field trip rosters to the CSC Programs Services Department for final review and approval for payment.
7. Upon receiving approval from CSC Program Services, reimbursement is approved in the SAMIS system and processed for payment.

Section II

Reimbursement Guidelines

- C. **CSC Payment Process** (Continued)
8. If an error is discovered by CSC Accounts Payable or Program Services; or required backup dollar amount does not match the dollar amount in the Program Expense section the Reimbursement Detail Report will be rejected in SAMIS with an explanation.
 9. Provider must make corrections, resubmit through SAMIS and send a signed, corrected hard copy to CSC. Upon receipt of the hard copy of the corrected invoice, the process above is repeated.
- D. **When requesting reimbursement, original receipts are strongly recommended**, however, if the original receipt cannot be submitted to CSC, then:
1. The agency must attest in writing that the receipt copy is 'Certified Original Copy'. This attestation must be on **each** copied receipt. ALL receipts should **clearly** indicate the vendor name and the imprinted date of the purchase.
 2. A stamp or label may be used to indicate the copy is a certified original.
 3. Each certified receipt copy must be signed or initialed and dated by an appropriate officer of the agency.
 4. **Cost Reimbursement receipts (originals or copies) must be presented to CSC for payment within 30 days of the transaction date.** For instance, if the reimbursement request is for services during the month of March and the payment receipt (i.e. check) is dated in January, payment will be rejected. This is to avoid the possibility of an original and a duplicate both being presented to CSC for payment.
 5. Original receipts must remain available at the contracted agency for audit by CSC Contract Compliance Accountants.
 6. Lost receipts could negatively impact future administrative reviews.

Section II

Reimbursement Guidelines

- E. Field Trips** – Back-up documentation must be included in order to be reimbursed. Documentation may include signed/initialed attendance rosters representing those who went on the field trip, transportation documentation, etc. Redact all Social Security Numbers.
- F. Deposits** (i.e. field trips, scheduled events) – Deposits paid in advance are to be attached to the final paid invoice and included in the total amount paid for the activity. Proper backup showing total price and deposit amount must be included when presented to CSC for reimbursement.
- G. Prepaid Expenses (other than Deposits)** – Prepaid expenses, payments in full ahead of service provided/goods received (not Deposits) are to be included for reimbursement in the same month the charge/payment is incurred and not at date the service is provided/goods are received. If Provider receives a refund, partial or in full, due to cancellation/termination, after reimbursement has been made by CSC, the provider is to deduct the amount from the next CSC invoice.
- H. Unit Reimbursement for Group Activity, Counseling, Therapy, or Training** – Back-up documentation must be included in order to be reimbursed. This documentation may include signed/initialed attendance rosters indicating those who attended the group activity, dates, start and end times, signatures of participants, etc. Redact all Social Security Numbers.
- I. Matching Funds** – Enter Match amount each month and explain in narrative what the match amount included, i.e., salary information, % of administrative costs, etc. Back-up documentation must be maintained at the Agency for access by Contract Compliance Accountants and/or Program Monitors.

Section II

Reimbursement Guidelines

- J. **Parent Fees** – Agencies that collect parent fees (registration, membership, etc.), other than fees according to CSC sliding fee scale, must report all monies collected to CSC on their SAMIS invoice. The fees collected will be subtracted from the net reimbursement amount on CSC's SAMIS monthly invoice.

Registration fees collected in the **current** fiscal year for services to be provided during the **next** fiscal year shall be included for payment on the October invoice. **Exempt** from reporting requirements, are parent deposits collected by Agencies that are fully refundable upon completion of the program.

- K. **Payment Directly to Agency Clients** – Agencies should not pay individuals directly (from Flex, Value-Added, Start-up, etc.). It is preferable to pay the client's request directly to the company that the client needs help paying (i.e., cut checks for the amount necessary payable to FPL to benefit John Smith, not payable directly to John Smith).

- L. **Start-up Funds** are authorized for some new programs and a few continuing programs. The intent is to assist the agencies with the cost of implementing new programs. Start-up funds **MUST** be spent within the first three months/90 days of the start of the contract, unless otherwise stated in the contract, or approved in writing by the Council. Start-up also includes capital equipment (valued at \$1,000 or higher per item), if stated in the contract. If the program closes before the equipment reaches full depreciation, and the Provider does not have additional CSC funded programs, the equipment reverts to CSC.

Section II

Reimbursement Guidelines

M. **SAMIS Reimbursement Detail Report for Start-up, FLEX, Value-Added, or Other reimbursement requests** – Agencies should enter detail of expenses into SAMIS. Attach receipts to the SAMIS Reimbursement Detail Report.

1. Small paper receipts (i.e., cash register tapes) for Start-up, Flex, and other reimbursement items **should be taped** to a full sized sheet of paper to minimize the possibility of receipts being lost in the transit process. Limit small receipts to two or three per page. Long tapes (Target or Walgreens, etc.) should be folded in such a way that the date, Vendor, and total of the receipt are visible.
2. When a receipt is provided that has several items to be reimbursed by CSC as well as items not to be reimbursed, **circle or underline** the items to be reimbursed. Do not highlight items.
3. The imprinted date of the receipt should be **clearly** visible.
4. Copies of the Agency's official cancelled checks may be used as receipts.

Do not use staples on any page or receipt submitted to CSC.

Use tape, clips, or clamps.

Section II

Reimbursement Guidelines

N. September 30th Fiscal Year-End Reimbursement Requirements

Fiscal Year Deadline dates will be published in mid-September however the following information remains consistent from year-to-year.

1. CSC **may** grant a provider permission to carry-forward exact amounts of a purchase if the provider has received word from their vendor that the goods will be delayed.
2. To request a carry-forward, submit a memo to the Director of Program Services, on Agency letterhead, signed by an approved agency signer. Include in the memo the reason for the request. Attach a copy of the back-order information received from the vendor. The Director and Program Specialist will review the request and if warranted, seek approval. The carry-forward request must be received on or before September 30 of the current fiscal year.
3. Goods ordered and received prior to or on September 30th, **MUST** be included on the September invoice. This is true even if a carry-forward amount for the back-ordered goods has been requested and approved by CSC Administration.

Indicate on the Reimbursement Detail Report beside the vendor name "(backorder received)". CSC will reduce the approved carry-forward amount accordingly.

4. Invoices (originals or copies) pertaining to a prior fiscal year **will not** be honored, if the invoices are submitted after the published fiscal year-end deadline.

O. September 30th Fiscal Year-End Report Requirements

The SAMIS Budget to Actual Report is due to the Director of Finance by November 30 of each year.

Section III

Flex & Value Added Funds

- A. Purpose:** The Children's Services Council makes Flex and Value Added Funding available to enable provider programs to meet individual client needs that present barriers to program participation and success; and to enhance program participation.
- 1. Flex Funding** may be used to meet individual client needs that present barriers to program participation and success. This emergency financial assistance allows providers to address the threat of foreclosure, eviction, or termination of utility services; temporary child care expenses; home repairs, food, clothing, back-to-school supplies, bus passes or gas cards or other emergency services or commodities.
 - 2. Value-Added Funds** should be used to pay for creative program enhancements that support the goals of the program and improve participant participation and commitment. Food/refreshments for group activities and participation/goal achievement incentives, such as gift certificates or tickets to games or shows, are some examples. Providers are encouraged to brainstorm about productive uses and develop responsible parameters for usage and limitations, such as per client and/or per instance funding limits.
- B. Policy:** CSC Flex Fund and Value-Added expenditures are on a cost reimbursement basis.
- 1.** The Council will pay the provider for allowable Flex Fund and/or Value-Added expenditures in accordance with the approved Flex Fund and/or Value-Added budget and Flex Fund and/or Value-Added budget narrative for the CSC-funded program.
 - 2.** Only Flex Fund and Value-Added expenditures incurred on or after the contract effective date and prior to the termination date of the contract are eligible for payment.
 - 3.** The maximum amount of Flex Funds and Value-Added expenditures is clearly stated in the CSC contract. Flex Funds and/or Value-Added may not be used for capital equipment expenditures.

Section III

Flex & Value Added Funds

4. To be eligible for CSC Flex Funds and/or Value-Added, the client must be currently enrolled in or receiving follow-up services subsequent to participation in a CSC-funded program.

C. Emergency Financial Assistance: To maximize the effectiveness of Flex Fund usage, providers need to work collaboratively with families to assess client needs, obtain assistance through existing community services, avoid duplication and help families develop workable plans to provide longer term solutions. CSC Flex funds are to be used as a last resort emergency measure and providers must ensure that client needs cannot be met through other dedicated resources.

Prior to emergency Flex Fund disbursement the case manager/counselor assigned to the client must:

1. Complete a budget with the client. The budget needs to document how the provision of the Flex Funds will enable the client to obtain and/or maintain their financial stability.
2. The case manager/counselor must identify whether the emergency need is a one-time emergency need, such as funds to buy school supplies, or if the need may be a recurring need, such as the monthly electric bill. If the emergency need is a recurring need, then the case manager/counselor and the client need to develop a plan which demonstrates how this recurring financial responsibility will be addressed in the future.
3. It is the case manager's/counselor's responsibility to work with the client and/or their creditor, as appropriate, for all Flex Fund payments including the counselor calling the bank or landlord to assist clients to work out a payment plan for their mortgage or rent with the bank or landlord prior to approving the award of the Flex Fund. This type of flex fund payment may not be granted until after the counselor has spoken to the landlord or the bank.
4. Rent or mortgage requests for payments made to client family members or relatives will not be granted.

Section III

Flex & Value Added Funds

5. The Flex Fund payment will be limited to basic services – no extras such as long distance, call waiting, or call forwarding. Flex funds cannot be used to pay for fines, penalties, advance payments, nonrefundable deposits, restitution or fraud charges.

D. Documentation: Flex Fund and Value-Added usage must be clearly documented and starts with a CSC-approved flex fund budget and written flex fund policy that includes:

1. Appropriate purposes and uses for Flex Fund and Value-Added expenditures that clearly support the program.
2. A "chain of approval" so that requests are uniformly accepted, reviewed and approved by appropriate levels of staff.
3. A system for dispensing and tracking Flex Fund and Value-Added expenditures, such as a running Flex Fund and/or Value-Added Log that captures details such as "who, what, when, why, and how much." Maintain separate logs for each fund.
4. A system for collecting and maintaining records of all checks, requests, receipts and other supporting documentation that can be provided to the Children's Services Council with the invoice for billing in order to receive appropriate reimbursement.
5. A copy of the budget developed with the client that demonstrates how the Flex Fund will assist the client to obtain and maintain financial stability.

E. Gift Cards - When an agency chooses to purchase and maintain a supply of gift cards for incentives:

1. The agency must have a written procedure for the safekeeping and distribution of the gift cards. This procedure must include the safety precautions taken by the agency to safeguard the cards, as well as logs with receipts of who the cards were distributed to. Such procedure must include proof of family receipt.

Section III

Flex & Value Added Funds

2. Cards should be purchased quarterly and issued to clients within the quarter, if possible. All Gift cards must be issued to Clients before the end of the Fiscal Year and/or prior to the end of the contract. It is recommended that each quarter the agency determines those clients that may be eligible for an incentive award and purchase only the cards that are to be distributed.
3. Gift Cards may not be purchased in the last month of the Contract Term.
4. When invoicing CSC, the agency must submit the original store receipt for the cards. A distribution log, signed by the recipient(s), MUST be maintained on site for review by CSC Compliance Accountants.

F. Reminders:

1. **Never dispense cash.** Checks or money orders should be made out to the vendor/company and/or agency (i.e. mortgage company, FPL, etc) and **never made out to client.** Although, program staff should not be required nor encouraged to use their own personal monies as Flex Funds, staff may be reimbursed for Flex Fund purchases, if necessary, upon submission of an original receipt and signed statement explaining the usage and circumstances.
2. **Operating Budget** - Services or materials provided for in the operating budget (units) may not be indicated as Flex reimbursement.
3. **Auditors** - As with all transactions against a CSC contract, Flex Funds information must be readily available to both program and CSC Contract Compliance Accountants.

Section VI

SAMIS Data Integrity

For complete details on the use of SAMIS, Providers should refer to the manual received at SAMIS Training. SAMIS operating, training, and security inquiries should be referred to CSC IT department's SAMIS Help Desk.

A. Data Integrity

The Provider shall make every effort to maintain SAMIS data integrity. Maintenance of data integrity shall include information in the Case Data Gatherer (CDG), Fiscal, and Measurable Objectives (MO) modules.

1. Determining Primary Participants: All individuals entered into SAMIS shall be entered as primary participants; the "secondary participant" field shall not be used. A primary participant shall be one who will have a billable unit attached and/or a measurable outcome attached. Thus, there may be multiple primary participants in each family. (Note that the "number in household" field shall always reflect the number of individuals living in the household even if some of those individuals are not identified as primary participants.)
2. Identifying a Target Participant: The child referred for services shall be identified as the target participant for billing purposes. For families in which more than one child is referred for services, the oldest child meeting eligibility requirements shall be identified as the target participant for billing purposes.

or (choose)
3. Identifying a Target Participant: Mothers and mothers-to-be referred for services shall be identified as the target participant for billing purposes, even after the birth of the child.
4. Linking Family Members: Family members shall be linked via the assignment of a unique Agency Case Code that shall be the same for every member of that family identified in SAMIS. An agency case code shall be assigned even if there is only one primary participant in the family. The "Agency Case Code" field

Section VI

SAMIS Data Integrity

in SAMIS must be used for assignment of this family linking code, and may not be used for any other purpose.

5. Unit Application: When a unit of service (UOS) involves more than one family member (i.e. family counseling), or is not targeted towards a specific family member (i.e. case management), the UOS shall be billed under the target participant only.
6. Measurable Objectives (MO) Application: In the SAMIS MO module, each primary participant child and each primary parent shall be attached to the appropriate MO service component. Test results for each participant shall be entered through the MO service component.
7. Closing Cases: All cases must be closed in both the CDG and in the MO components of SAMIS upon the conclusion of services, with the appropriate termination reason. If a contract is terminating early, or if a contract is sun-setting, any remaining active cases shall be closed, with the effective date being the last date on which the contract is active.
8. Reopening Cases: In the event that a child leaves the program and comes back at a later date, the Provider shall reopen the old case. Under no circumstances shall the child be reopened as a new case.

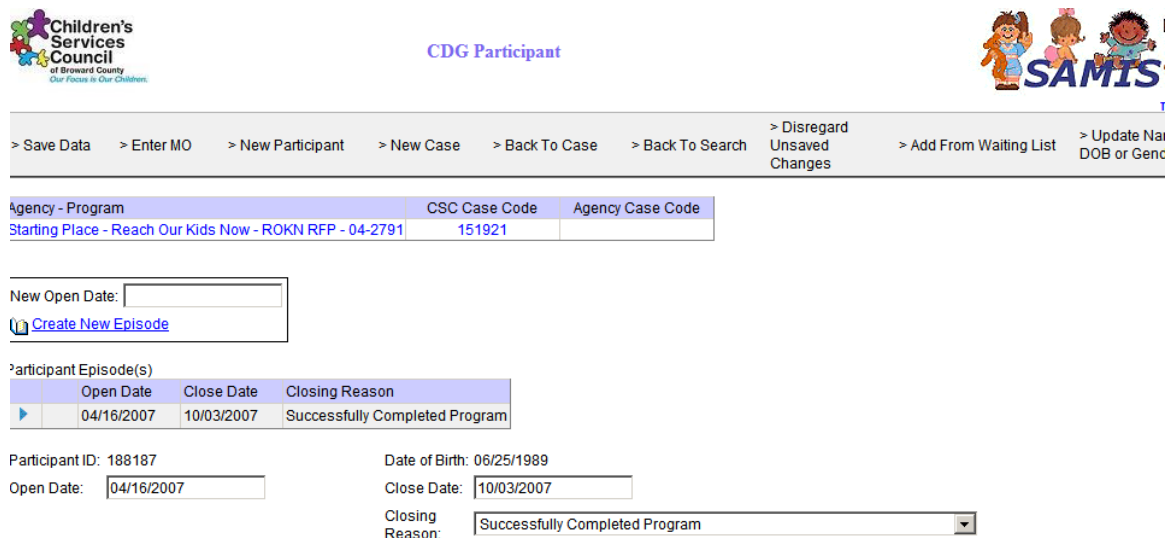
- B. Closing Data** (see Example screen below) - The Case Closing information is contained on the **CDG Case** screen and allows the user to enter case closing information. The date 1/1/1900 means that the case is open. The closing case information can be found by scrolling down the CDG Case information screen. Once data has been entered or edited, the user will have the option to save changes. **ALL** cases in contracts that are sun-setting must be closed at the end of the contract's FINAL fiscal year (9/30/XX).

Section VI

SAMIS Data Integrity

C. How to Add Case Closing Data

1. Enter the closing date in the **Close Date** field in **MM/DD/YYYY** format.
2. Select the closing reason by clicking on the **Closing Reason** drop down box.
3. Select the referred to values from the **Referred To** box.
4. Enter the name of any **Referred to** parties not in the **Referred To** list by clicking in the **(Other Referred To)** and typing the appropriate information.
5. Click the **Save** button to save changes.



The screenshot shows the SAMIS system interface for a CDG Participant. At the top left is the Children's Services Council logo, and at the top right is the SAMIS logo. Below the logos is a navigation menu with options: > Save Data, > Enter MO, > New Participant, > New Case, > Back To Case, > Back To Search, > Disregard Unsaved Changes, > Add From Waiting List, and > Update Name, DOB or Gender. Below the menu is a table with columns: Agency - Program, CSC Case Code, and Agency Case Code. The data row shows: Starting Place - Reach Our Kids Now - ROKN RFP - 04-2791, 151921. Below the table is a 'New Open Date:' field and a 'Create New Episode' button. Underneath is a table for 'Participant Episode(s)' with columns: Open Date, Close Date, and Closing Reason. The data row shows: 04/16/2007, 10/03/2007, Successfully Completed Program. At the bottom, there are fields for Participant ID (188187), Date of Birth (06/25/1989), Open Date (04/16/2007), Close Date (10/03/2007), and Closing Reason (Successfully Completed Program).

Section V

Exhibits

Note: **Exhibits A 1-4 through Exhibit C** are screen print examples of the required information that must be printed from SAMIS and submitted to the CSC for reimbursement. The appearance here is only slightly different than the actual printed materials. Salary information will print, but is not illustrated here for practical purposes.

EXHIBIT A-1 This section combines units and reimbursable expenditures. Backup information must equal the total of the Current Request column.

Expense Header

Category / GL Account	Original Budget	Amended Budget	Current Request	YTD Request	Requested YTD %	Balance	Remaining YTD %
Expenses							
Value Added - reimbursement only - 8020	215,897.00	215,897.00	12,528.38	16,791.13	7.78%	199,105.87	92.22%
Category Totals:	215,897.00	215,897.00	12,528.38	16,791.13	7.78%	199,105.87	92.22%
Units							
After School - 9220 GP	0.00	1,692,360.00	182,908.40	404,337.64	23.89%	1,288,022.36	76.11%
Non School - 9221 GP	0.00	734,726.00	15,551.12	22,585.68	3.07%	712,140.32	96.93%
Category Totals:	0.00	2,427,086.00	198,459.52	426,923.32	17.59%	2,000,162.68	82.41%
Expense Totals:	215,897.00	2,642,983.00	210,987.90	443,714.45	16.79%	2,199,268.55	83.21%
Salary and Expense Totals:	2,120,208.00	2,642,983.00	210,987.90	443,714.45	16.79%	2,199,268.55	83.21%

EXHIBIT A-2 This section shows detail listing generated from the SAMIS Reimbursement Detail Report. Backup information must equal the total of the Current Request column. (Note: This example displays Value Added however there would be separate listings for each reimbursement category within the Contract, i.e., Start-up, FLEX, etc.)

Program Expenses

Expenses

Value Added - reimbursement only - 8020

Check #	Check Date	Vendor Name	Check Amount	CSC Reimb
10	11/11/2009	Boomers	3,094.55	723.55
9	11/11/2009	Miami Metro Zoo	3,442.50	2,830.50
8	11/25/2009	Flippers Cinema	237.50	223.25
7	11/24/2009	Fishing Hall of Fame	189.00	178.00
6	11/23/2009	Galaxy	246.50	233.75
5	11/20/2009	Sparez Davie	339.20	319.65
4	11/19/2009	Pump It Up	313.00	297.60
3	11/18/2009	Flippers	215.00	204.76
2	11/17/2009	Flamingo Gardens	448.00	427.32
1	11/16/2009	Young at Art	442.50	420.00
11	11/30/2009	Coral Springs Transportation, Inc	6,670.00	6,670.00
Totals:			15,637.75	12,528.38
Category Total:				12,528.38

Section V

Exhibits

EXHIBIT A-3 This section details units of service and must match both the printed Program Units of Service Activity Report and the Client Activity Report (not displayed).

Units

After School - 9220 GP

Match Amount	Unit Cost	Number of Units	Subtotal	Third Party Payment	CSC Reimb
15,207.41	9.61	20,385.00	195,899.85	12,991.45	182,908.40
Totals:			195,899.85	12,991.45	182,908.40

Non School - 9221 GP

Match Amount	Unit Cost	Number of Units	Subtotal	Third Party Payment	CSC Reimb
0.00	19.76	787.00	15,551.12	0.00	15,551.12
Totals:			15,551.12	0.00	15,551.12

EXHIBIT A-4 This section must be signed by an authorized signatory of the agency or the reimbursement will be delayed for lack of signature.

Certification: The undersigned Provider, as an authorized signature for the contract between The Children's Services Council of Broward County (CSC) and _____, (write-in) hereby affirms and certifies that the services billed herewith have been delivered to Clients on behalf of CSC per agreement, that all clients served have met the program eligibility requirements and that sufficient written information is available to document services. Provider also represents to CSC that no other funding source is used for invoiced services in accordance with the core contract.

Approved Signature: _____ Date: _____

Print Name and Title: _____

Section V

Exhibits

EXHIBIT B This section details units of service from the Program Units of Service Report, including the cost per unit of service.

Activity	UOS Value	Original		Adjusted		Net	
		# of Units	Total Value	# of Units	Total Value	# of Units	Total Value
Case Management - 9010	\$59.66	86.25	\$5,145.68	0.00	\$0.00	86.25	\$5,145.68
Child Care - 9025	\$44.16	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
In-Home Intervention SN - 9121	\$85.01	1,081.50	\$91,938.32	0.00	\$0.00	1,081.50	\$91,938.32
GL Total:		1,167.75	\$97,084.00	0.00	\$0.00	1,167.75	\$97,084.00
Program Total:		1,204.25	\$102,457.53	0.00	\$0.00	1,204.25	\$102,457.53
Agency Total:		1,204.25	\$102,457.53	0.00	\$0.00	1,204.25	\$102,457.53

EXHIBIT C This section details group information from the Group Units of Activity Report, including the cost per unit of service.

GL Account/Desc: 9152 Support/Training/Coaching - Group - 9152

Activity: Support/Training/Coaching - Group - 9152

Group UOS Definition

Start Date: 10/01/2010	Reimb for Overage - Time? Yes	Reimb for Additional Leaders If Partic Threshold is Met? No
End Date:	Reimb for Overage - Partial Time? Yes	Min Partic for Reimb: 3
Reimb Value/Hr: 105.00	Min Hrs for Reimb: 1	Max Partic per Leader for Reimb:
	Max Hrs for Reimb: 24	

Original					Adjusted					Variance from Original	Final Value
Session Date and Time	Duration	Leader Count	Attendance	Value	Session Date and Time	Duration	Leader Count	Attendance	Value		
10/26/2010 6:00 PM - 7:30 PM	1.50 hrs	1	5	157.50	No Adjustment	0.00 hrs	0	0	0.00	-157.50	157.50
10/26/2010 6:00 PM - 7:30 PM	1.50 hrs	1	3	157.50	No Adjustment	0.00 hrs	0	0	0.00	-157.50	157.50
10/26/2010 6:00 PM - 7:30 PM	1.50 hrs	1	2	0.00	No Adjustment	0.00 hrs	0	0	0.00	0.00	0.00
10/28/2010 6:00 PM - 7:30 PM	1.50 hrs	1	2	0.00	No Adjustment	0.00 hrs	0	0	0.00	0.00	0.00
10/28/2010 6:00 PM - 7:30 PM	1.50 hrs	1	4	157.50	No Adjustment	0.00 hrs	0	0	0.00	-157.50	157.50
10/28/2010 6:00 PM - 7:30 PM	1.50 hrs	1	6	157.50	No Adjustment	0.00 hrs	0	0	0.00	-157.50	157.50
Group UOS Definition Level Total:				630.00					0.00	-630.00	630.00
Activity Level Total:				630.00					0.00	-630.00	630.00