

2019-04-15 RECEIVED

APR 15 2019

**Snohomish County Human Services**  
 3000 Rockefeller Avenue, M/S 305 | Everett, WA 98201  
 (425) 388-7200

HUMAN SERVICES DEPARTMENT  
 CONTRACTS DIVISION



RECEIVED

APR 18 2019

CITY OF MUKILTEO  
 ADMINISTRATION

|                          |                                                                                |                                              |                                             |                       |
|--------------------------|--------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------|-----------------------|
| CONTRACT SPECIFICS       | Contract Number: <u>A-19-76-08-237</u>                                         |                                              | Maximum Contract Amount: <u>\$15,000.00</u> |                       |
|                          | Title of Project / Service: <u>Senior Center Projects</u>                      |                                              |                                             |                       |
|                          | Start Date: <u>01/01/2019</u>                                                  | End Date: <u>12/31/2019</u>                  | Status Determination: <u>Contractor</u>     |                       |
| CONTRACTING ORGANIZATION | Agency Name: <u>City of Mukilteo / Mukilteo Seniors</u>                        |                                              |                                             |                       |
|                          | Address: <u>304 Lincoln Avenue</u>                                             |                                              |                                             |                       |
|                          | City, State & Zip: <u>Mukilteo, WA 98043</u>                                   | IRS Tax No. / EIN: <u>91-60001468</u>        |                                             |                       |
|                          | Contact Person: <u>Jeff Price, Recreation Director</u>                         | Unique Entity Identifier: <u>N/A</u>         |                                             |                       |
|                          | Telephone: <u>(425) 263-8180</u>                                               | Email Address: <u>j.price@mukilteowa.gov</u> |                                             |                       |
| FUNDING SPECIFICS        | Funding Authority: <u>2019 County Budget Ordinance: 1/10th of 1% Sales Tax</u> |                                              |                                             |                       |
|                          | CFDA No. & Title: <u>N/A</u>                                                   |                                              |                                             |                       |
|                          | Funding Specifics: <u>SCCO 18-085; RCW 82.14.460</u>                           |                                              |                                             |                       |
|                          | Federal Agency: <u>N/A</u>                                                     | Federal Award ID No: <u>N/A</u>              | Federal Award Date: <u>N/A</u>              |                       |
| COUNTY                   | Program Division                                                               | Contact Person                               | Contact Email                               | Contact Phone         |
|                          | <u>Long Term Care and Aging</u>                                                | <u>Janet Gant</u>                            | <u>janet.gant@co.snohomish.wa.us</u>        | <u>(425) 388-6381</u> |

Additional terms of this Contract are set out in and governed by the following, which are incorporated herein by reference:

Basic Terms and Conditions HSD-2018- 140-237, maintained on file at the Human Services Department:

Business Associate Agreement BAA-2018- 140-237, maintained on file at the Human Services Department:

|                                       |                       |                                  |                       |
|---------------------------------------|-----------------------|----------------------------------|-----------------------|
| Specific Terms and Conditions         | Attached as Exhibit A | Major Incident Policy Procedures | Attached as Exhibit I |
| Statement of Work/Project Description | Attached as Exhibit B | Senior Center Standards          | Attached as Exhibit M |
| Approved Contract Budget              | Attached as Exhibit C |                                  |                       |

In the event of any inconsistency in this contract, the inconsistency shall be resolved by giving precedence in the following order: (a) appropriate provisions of state and federal law, (b) Specific Terms and Conditions, (c) Basic Terms and Conditions, (d) Business Associate Agreement, (e) other attachments incorporated by reference, and (f) other documents incorporated by reference.

THE CONTRACTING ORGANIZATION IDENTIFIED ABOVE (HEREINAFTER REFERRED TO AS AGENCY), AND SNOHOMISH COUNTY (HEREINAFTER REFERRED TO AS COUNTY), HEREBY ACKNOWLEDGE AND AGREE TO THE TERMS OF THIS CONTRACT. SIGNATURES FOR BOTH PARTIES ARE REQUIRED BELOW. BY SIGNING, THE AGENCY IS CERTIFYING THAT IT IS NOT DEBARRED, SUSPENDED, OR OTHERWISE EXCLUDED FROM PARTICIPATING IN FEDERALLY FUNDED PROGRAMS.

FOR THE CONTRACTING ORGANIZATION:

FOR SNOHOMISH COUNTY:

[Signature] 4.10.19  
 (Signature) (Date)  
 Mayor  
 (Title)

[Signature] 4/15/19  
 Mary Jane Brell Vujovic, Director  
 Department of Human Services (Date)

**EXHIBIT A**  
**SPECIFIC TERMS AND CONDITIONS**  
**SENIOR CENTER PROJECTS**

**I. DOCUMENTS INCORPORATED**

A. In performing the services under this Contract, the Agency shall comply with the following documents attached and referenced on the Contract Face Sheet:

1. Major Incident Reporting Policies and Procedures, Exhibit I; and
2. Senior Center Standards, Exhibit M, which present a mission statement consistent with the NCOA/NISC senior center definition and philosophy.

B. In performing the services under this Contract, the Agency shall comply with the following documents incorporated by reference and maintained on file at the Division of Long Term Care and Aging (LTCA).

1. All 2019 LTCA Program Instructions;
2. Multipurpose Senior Center Guidelines (hereinafter Guidelines), as now or hereafter amended, published by the Washington State Aging and Long-Term Support Administration; and
3. *Senior Center Standards and Self-Assessment Workbook: Guidelines for Practice*, 1990 Edition, The National Council on the Aging, Inc.

**II. REPORTING REQUIREMENTS**

The Agency shall submit required reports on a format supplied or approved by LTCA. Overdue reports shall delay payment to the Agency until the next billing month.

**REPORT TITLES**

**DUE**

2019 Activities Report  
(electronic copy preferred)

January 30, 2020

Quarterly Report: Unduplicated  
Participants, Volunteer Hours and Special  
Events

15th of the month following the  
reporting quarter

|                                                                                                                             |                  |
|-----------------------------------------------------------------------------------------------------------------------------|------------------|
| 2019 Opioid Education Project                                                                                               | January 30, 2020 |
| Point in Time / Client Satisfaction Annual Survey and Report (electronic copy)                                              | To be determined |
| 2019 Opioid Education Plan (electronic copy preferred)                                                                      | May 6, 2019      |
| All regularly published and mailed Senior Center newsletters, brochures, and other documents that detail programs/services. | When printed     |

### **III. HOURS OF SERVICE**

The Agency will be open and provide services during its normal business hours of 10:00 AM to 3:00 PM Monday through Friday.

### **IV. REIMBURSEMENT**

The request for reimbursement must be submitted on forms approved by LTCA. The monthly billing shall be based on allowable expenses and be accompanied by monthly expenditure reports showing line-item expenditures corresponding to the Approved Budget or amended Approved Budget Exhibit C.

### **V. TRAINING REQUIREMENTS**

The Agency shall establish a training plan for all employees performing services under this Contract. The plan shall provide for orientation of new employees and ongoing in-service training for continuing employees. The training must be provided by qualified persons and will include either formal training sessions or on-the-job training. The dates and topics of training received shall be documented in a central file or in the personnel files of all employees who have received the training.

### **VI. EMERGENCY PROCEDURES**

- A. The Agency must establish a written plan that describes procedures to be followed in the event a client becomes ill or is injured while at the Agency's Center or if staff is in the client's home. The plan must be thoroughly explained to staff and volunteers.
- B. Agency will have a plan for serving currently authorized clients during periods when normal services may be disrupted. Disruption to normal services may include earthquakes, floods, snowstorms, and other natural disasters. Particular attention should be made for those clients who are most at risk.

1. When services are delivered at the Agency's workplace, the plan will include: contact information for high-risk clients; a list of emergency services; and stores of emergency provisions.
2. When services are delivered "offsite", the plan will include contact information for high-risk clients.

## **VII. CLIENT GRIEVANCE PROCEDURE**

Written information regarding the Client Grievance Procedure shall be posted in a place readily visible to clients.

## **VIII. INTERAGENCY COORDINATION**

The Agency shall identify agencies with whom they have regular relationships and whose activities bear a substantial impact upon the delivery of services under this Contract. The Agency shall negotiate and execute Working Agreements with these agencies to assure coordinated services and appropriate referral procedures.

## **IX. STAFF REQUIREMENTS**

The Agency shall retain sufficient qualified staff (paid or volunteer) to perform the following services:

- A. Administration and staff supervision;
- B. Accounting;
- C. Clerical services; and
- D. Custodial services.

## **X. NON DISCRIMINATION**

In addition to the provisions contained in the Basic Terms and Conditions Agreement (referenced on the Contract face page) between the Agency and Snohomish County, the following terms apply:

The Agency and any subcontracting party shall comply with the Washington State Regulations for Barrier-Free Facilities, WAC 51-50-005, as amended. The Agency and subagencies shall provide barrier-free access to and egress procedures from facilities, meeting places, and structures that will enable the use of all program services for the disabled community.

**EXHIBIT B**  
**STATEMENT OF WORK**  
**SENIOR CENTER PROJECTS**

**I. SERVICE DEFINITION**

The Agency shall operate, or provide for the operation of, the Center. A Senior Center is a community facility where Snohomish County residents age 55 and over meet, receive services and participate in activities that enhance their dignity and support their involvement in the life and affairs of the community. The Center must meet the minimum service requirements described in Section II below.

**II. MINIMUM SERVICE REQUIREMENTS**

- A. The Agency shall promptly forward all required reporting forms completed in prescribed detail and submitted on the dates set forth by the County. Overdue reports may delay payment to the Agency until the next billing month.
- B. The Agency shall provide programs, services and activities to a minimum of two hundred fifty (250) unduplicated participants per year. Based on the recommendations provided by each Agency, the Agency's service area is now identified by zip codes. The 2019 Program Instructions #2 describes, in detail, the Quarterly Report including the zip codes relevant to the Agency.
- C. The Agency's 2019 Activity Report is described, in detail, in the 2019 Program Instructions #3.
  - 1. The Agency must provide four (4) ongoing programs / services / activities in at least three (3) Categories.
  - 2. Of the nine (9) distinct Categories described in the Activity Report, seven (7) specifically address the delivery of programs, services and activities provided at, or hosted by, the Agency's facility. The seven (7) Categories (letters a. to g.) include:
    - a. Physical Needs;
    - b. Cognitive / Intellectual Needs (Opioid Presentation: Educational / Classes;
    - c. Economic Needs;

- d. Personal Growth / Support Groups;
  - e. Cultural Needs;
  - f. Leadership / Leadership Potential; and
  - g. Intergenerational.
3. Categories h. (Cooperative / Collaborative Relationships with Other Organizations) and i. (Special Large Events) specifically describe two (2) additional aspects of the Agency's value to the community.
4. The Agency shall include responses to Categories h. and i. in the Activities Report.
- D. The Agency shall submit Quarterly Reports that collect both accurate and verifiable unduplicated participant data and the total volunteer hours for the quarter. To be counted as a participant, a person must be a Snohomish County resident, age 55 or older, who has signed in and participated in an Agency-sponsored face-to-face activity and for whom the Agency has a name, date of birth and address. The Quarterly Report also collects details about special events.
- E. The Agency shall fulfill the following 1/10<sup>th</sup> of 1% Chemical Dependency and Mental Health Sales Tax Fund requirements.
- 1. Participate in the Senior Center 2019 Survey provided by LTCA staff. The one-day event solicits consumer information from all participants of the programs / activities that are provided at the Center's facility. The Agency collects and transfers the information to the spreadsheet provided by the County, and, then, submits the data electronically. The date for this activity is May 7, 2019.
  - 2. Following the 2019 Program Instructions # 4, Opioid Plan, provide:
    - a. A 2019 Opioid Project plan which must include:
      - 1) A description of how the two presentations of 2019 will be organized and delivered;
      - 2) A statement assuring that the Senior Center will inform LTCA the location, date and time of the event(s) at least two weeks in advance;

- 3) A description of how opioid-issue communications are shared with its members and community; and
  - 4) A description of the five (5) Senior Center activities selected by the Agency where Opioid Abuse Prevention Curriculum is provided.
- b. Two trainings around opioid education that includes the proper use, handling and disposal of prescription medications with a specific emphasis on opioids. Those trainings must adhere to the following guidance:
- 1) Training Objectives: the training should, at a minimum, focus on meeting the following objectives. Participants should:
    - a) Have a better understanding of what opiates are and how they work;
    - b) Be given information around opioid use, misuse and abuse;
    - c) Have a better understanding of opiate overdose and poisoning;
    - d) Become more aware of prevention resources in the community (such as medication storage, disposal of medication, and education);
    - e) Understand how to administer Narcan; and
    - f) Have a better understanding of preventing an overdose.
  - 2) The individual or group providing the training must use the Human Services Department Senior Center Opiate Training PowerPoint as guidance, and focus the training on meeting the objectives.
  - 3) The Agency must verify participant attendance using a sign-in sheet for any trainings provided.
  - 4) After each training, the Senior Center Opioid Education Survey must be offered to participants and collected upon completion. Completed surveys will be submitted to the County for analysis.
- c. Provide opioid abuse prevention curriculum in five (5) senior center activities.
- d. Complete the end-of-year Opioid Project Questionnaire.

- F. Organize and operate the Center in compliance with Snohomish County's senior center standards which are derived from the NISC Accreditation Standards and are included as Exhibit M attached to the Contract and incorporated therein by this reference (the "Snohomish County Senior Center Standards").
- G. The Agency shall work with the County to establish protocols for data entry, data transfer, and data sharing.
- H. The Agency shall send a representative to the Council on Aging Senior Center Committee.

### **III. MONITORING**

The Agency will cooperate with LTCA as LTCA conducts its assessment of Center operations against the Snohomish County Senior Center Standards and its performance audit(s) of the Agency.



**EXHIBIT C**  
**CONTRACT BUDGET - COST REIMBURSEMENT**  
**SENIOR CENTER PROJECTS**

**AGENCY NAME:** CITY OF MUKILTEO/ MUKILTEO SENIORS

**CONTRACT PERIOD:** 1/1/2019 to 12/31/2019

**FUNDS AWARDED UNDER CONTRACT:**

| REVENUE SOURCE         | FUNDING PERIOD          | AMOUNT    | AMENDMENT | TOTAL AMOUNT |
|------------------------|-------------------------|-----------|-----------|--------------|
| 1/10th of 1% Sales Tax | 01/01/2019 - 12/31/2019 | \$ 15,000 |           | \$ 15,000    |
|                        |                         |           |           | -            |
|                        |                         |           |           | -            |
|                        |                         |           |           | -            |
|                        |                         |           |           | -            |
|                        |                         |           |           | -            |
| TOTAL FUNDS AWARDED:   |                         | \$ 15,000 | \$ -      | \$ 15,000    |

**MATCHING RESOURCES:**

|                                |     |
|--------------------------------|-----|
|                                | N/A |
|                                |     |
|                                |     |
| TOTAL MATCHING RESOURCES: \$ - |     |

**MATCH REQUIREMENTS FOR CONTRACT:** %                      AMOUNT:                     

**OTHER PROGRAM RESOURCES (Identify):**

| SOURCE                 | FUNDING PERIOD | AMOUNT |
|------------------------|----------------|--------|
|                        |                |        |
|                        |                |        |
|                        |                |        |
|                        |                |        |
|                        |                |        |
|                        |                |        |
|                        |                |        |
| TOTAL OTHER RESOURCES: |                | \$ -   |

# EXPENDITURES

| CATEGORY              | FUND<br>SOURCE<br>1/10th of 1%<br>Sales Tax | FUND<br>SOURCE | FUND<br>SOURCE | FUND<br>SOURCE | FUND<br>SOURCE | FUND<br>SOURCE | TOTAL     | MATCHING<br>RESOURCES | OTHER<br>RESOURCES |
|-----------------------|---------------------------------------------|----------------|----------------|----------------|----------------|----------------|-----------|-----------------------|--------------------|
| Salaries/Wages        | \$ 10,615                                   |                |                |                |                |                | \$ 10,615 |                       |                    |
| Benefits              | 2,085                                       |                |                |                |                |                | 2,085     |                       |                    |
| Supplies/Minor Equip. |                                             |                |                |                |                |                | -         |                       |                    |
| Prof. Services        | 2,300                                       |                |                |                |                |                | 2,300     |                       |                    |
| Postage               |                                             |                |                |                |                |                | -         |                       |                    |
| Telephone             |                                             |                |                |                |                |                | -         |                       |                    |
| Mileage/Fares         |                                             |                |                |                |                |                | -         |                       |                    |
| Meals                 |                                             |                |                |                |                |                | -         |                       |                    |
| Lodging               |                                             |                |                |                |                |                | -         |                       |                    |
| Advertising           |                                             |                |                |                |                |                | -         |                       |                    |
| Leases/Rentals        |                                             |                |                |                |                |                | -         |                       |                    |
| Insurance             |                                             |                |                |                |                |                | -         |                       |                    |
| Utilities             |                                             |                |                |                |                |                | -         |                       |                    |
| Repairs/Maint.        |                                             |                |                |                |                |                | -         |                       |                    |
| Client Flex Funds     |                                             |                |                |                |                |                | -         |                       |                    |
| Printing              |                                             |                |                |                |                |                | -         |                       |                    |
| Dues/Subscrip.        |                                             |                |                |                |                |                | -         |                       |                    |
| Regis./Tuition        |                                             |                |                |                |                |                | -         |                       |                    |
| Machinery/Equip.      |                                             |                |                |                |                |                | -         |                       |                    |
| Administration        |                                             |                |                |                |                |                | -         |                       |                    |
| Indirect              |                                             |                |                |                |                |                | -         |                       |                    |
| Miscellaneous         |                                             |                |                |                |                |                | -         |                       |                    |
|                       |                                             |                |                |                |                |                | -         |                       |                    |
| Misc. Construction    |                                             |                |                |                |                |                | -         |                       |                    |
| Acquisition           |                                             |                |                |                |                |                | -         |                       |                    |
| Relocation            |                                             |                |                |                |                |                | -         |                       |                    |
|                       |                                             |                |                |                |                |                | -         |                       |                    |
| TOTAL                 | \$ 15,000                                   | \$ -           | \$ -           | \$ -           | \$ -           | \$ -           | \$ 15,000 | \$ -                  | \$ -               |

# EXPENDITURE NARRATIVE

| AMOUNT             | CATEGORY                   | NARRATIVE (provide justification describing each category supported with funds awarded under this contract)                                        |
|--------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| \$ 10,615<br>2,085 | Salaries/Wages<br>Benefits | See budget detail<br>FICA Medicare, L & I, PERS                                                                                                    |
| 2,300              | Prof. Services             | Osher Lifelong Learning Series; educational and social services speakers / presenters on senior topics; technical support for the Center's website |
| \$ 15,000          | TOTAL                      |                                                                                                                                                    |

**DETAIL SALARIES / WAGES**

| <b>POSITION</b>          | <b>FUND SOURCE</b>                            | <b>% OF TIME<br/>TO FUND<br/>SOURCE</b> | <b>TOTAL MONTHLY</b> | <b>MONTHLY<br/>CHARGE TO<br/>FUND SOURCE</b> | <b># OF<br/>MONTHS</b> | <b>TOTAL CHARGE<br/>TO FUND<br/>SOURCE</b> |
|--------------------------|-----------------------------------------------|-----------------------------------------|----------------------|----------------------------------------------|------------------------|--------------------------------------------|
| Recreation<br>Programmer | Snohomish<br>County 1/10th<br>of 1% sales tax | 100.00%                                 | \$885                | \$885                                        | 12.00                  | \$10,615                                   |
|                          |                                               |                                         |                      |                                              | <b>TOTAL:</b>          | <b>\$10,615</b>                            |

NOTE: Above figures may reflect rounding

## **EXHIBIT I**

### **MAJOR INCIDENT REPORTING POLICIES AND PROCEDURES**

#### **SENIOR CENTER PROJECTS**

##### **I. POLICY**

- A. The Agency must report suspected abuse, abandonment, neglect, self-neglect, exploitation and financial exploitation of vulnerable adults or children immediately to DSHS Adult Protective Services (APS) at 866-221-4909 or Child Protective Services (CPS) at 866-363-4276 per RCW 74.34 and RCW 26.44.

If the person you suspect is being abused or neglected is living in a nursing home, assisted living facility, or adult family home, call the DSHS Complaint Resolution Unit Hotline at 800-562-6078.

- B. The Agency must report major incidents as outlined below to the County, in addition to any other mandated reporting authorities, within one business day from when the Agency becomes aware of the incident. When personal safety is at stake, reporting should occur as soon as the safety of all persons is assured and all necessary emergency measures have been taken. This refers specifically to County contracted services.
1. Death, disappearance, or significant injury requiring hospital admission of a client when suspicious or unusual;
  2. Major disruption of a County contracted service;
  3. Any event involving known media interest or litigation;
  4. Any violent act to include rape or sexual assault, as defined in RCW 71.05.020 and RCW 9.94A.030, or any homicide or attempted homicide committed by a client or Agency staff;
  5. Confidential data loss that would potentially compromise the security or privacy of confidential information held by the County or the Agency;
  6. Any breach or loss of client data in accordance with HIPAA regulations; and
  7. Credible allegations of fraud committed against the Agency by staff or volunteers.

- C. If the County becomes aware of major incidents as described in Section I. B., which may not be known by the Agency, the County will report the incident to the Agency's management within one business day of when the County becomes aware of the incident.
- D. Each Agency must distribute the Major Incident Reporting Policies and Procedures to all of its employees.

## **II. PROCEDURES**

- A. Agencies will establish a written policy on procedures to follow in reporting major incidents to the County, with clearly delineated chain of command.
- B. Major incidents as described in Section I.B. must be reported by phone or email to the LTCA supervisor or County division manager. The report must include the following:
  - 1. A description of the issue;
  - 2. Relevant background;
  - 3. Agency actions or recommendations; and
  - 4. Follow up if needed to close out the issue.

**EXHIBIT M**  
**SNOHOMISH COUNTY**  
**SENIOR CENTER STANDARDS**

**I. PURPOSE**

- A. Presents a mission statement consistent with the NCOA/NISC senior center definition and philosophy.
- B. Uses a written planning document.

**II. COMMUNITY**

- A. Collaborates with at least two (2) community resources to offer senior services.
- B. Provides information and referral at the senior center.

**III. GOVERNANCE**

Written documents must define and establish at least eight (8) items as described in IV.B.

**IV. GOVERNING STRUCTURE**

- A. A senior center's governing structure shall be organized to operate efficiently and effectively.
- B. The governing structure shall have written documents that define and establish procedures for the following (must have at least 8):
  - 1. Qualifications for membership in the governing structure;
  - 2. Election and tenure of office;
  - 3. Specification of officers' duties;
  - 4. Regular and special meetings;
  - 5. Committees;
  - 6. Parliamentary procedures for the conduct of meetings;
  - 7. Quorums;

8. Recording of minutes;
9. Amending of written documents;
10. Securing of funds; and/or
11. Dissolution of the organization (if ever needed, it will be there).

C. The governing structure shall perform or delegate the following responsibilities:

1. Hold regular meetings and make minutes available to interested individuals;
2. Formulate, and regularly review, senior center mission, goals, and objectives;
3. Establish policies and procedures and maintain standards of operation;
4. Regularly evaluate senior center's activities and services;
5. Adopt and implement an annual budget, receive financial reports, make contracts, and arrange for an annual independent audit (if over \$500,000 annual budget);
6. Employ a chief administrative person and delegate authority to that person for management of daily affairs in accordance with center policies and procedures;
7. Secure physical facilities;
8. Coordinate senior center's program with other agencies to ensure provision of adequate services for older adults in the community;
9. Plan and carry out public information activities; and
10. Consider establishing a participant organization, and, if possible, arrange for its representation on the governing structure.

D. Committees have clearly defined responsibilities. They consist of designated members who regularly meet, document minutes, and make them available to the governing structure and other members of the senior center.

**V. ADMINISTRATION AND HUMAN RESOURCES**

- A. Does the director have the minimal skills, training, and experience required by the job description?
- B. Written personnel policies that have been distributed to all staff.



C. Written volunteer program policies.

## **VI. PROGRAM PLANNING**

A. Centers must provide a minimum of twelve (12) different services/programs. Services/programs must be provided in at least six (6) different categories. The categories are:

1. Social needs;
2. Intellectual needs;
3. Cultural needs;
4. Economic needs;
5. Physical needs;
6. Personal growth;
7. Leadership potential;
8. Self-image improvement;
9. Intergenerational; and
10. Cooperative with other agencies.

B. The same service/program cannot be used to cover two (2) different categories.

## **VII. EVALUATION**

A. Arrangements to evaluate and report on operations and programs on a regular basis.

B. Evaluations to seek outcome-based measurements.

## **VIII. FISCAL MANAGEMENT**

A. Preparation and publishing of an annual budget document.

B. The center's budget, accounting, and financial reporting practices conform to an appropriate and accepted accounting standard.

C. Liability insurance coverage for assets, staff, participants, volunteers, and governing structure.

**IX. RECORDS AND REPORTS**

- A. Standardized participant records.
- B. Program records and reports on services and activities.
- C. Confidentiality policy limiting access to certain records and files.

**X. FACILITY**

Senior center provides barrier-free access in accordance with applicable laws.