



City of San Antonio

Program Performance Review (PPR)

This review tool is used to validate the performance of the Agency in meeting the scope of work, contracted performance measures and delivery of services.

Please fill this form out online and submit it for processing.

Use the **Print** button to make a copy for your records.

**Department
Of
Human Services**

Contract Information

Contract Period: _____ To _____	Review Date: _____
Agency Name: _____	Program Name: _____
Agency Point of Contact: _____	DHS Contract Monitor: _____

Section I – Agency Reporting Requirements

Are the Contract Monitoring Reports (CPMR's) submitted by the due date? Yes No

Are the Contract Monitoring Reports (CPMR's) complete and accurate? Yes No

Are there any concerns that need to be addressed on the submittal of the CPMR's? (i.e. Agency provides for variances (+/- 10%) and are sufficient) Yes No

Are the monthly Agency Invoices submitted by the due date? Yes No

Section Summary:

Section II – Performance Measures

Agency must provide documentation that substantiates data reported on the CPMR which reflects actual services year-to-date. Contract Monitor verifies support documentation and source.

Measure:	Performance Measure Reported	Projected	Actual	% YTD	% of Contract

Description of documentation provided by agency to support the numbers reported on the CPMR. Support documentation is maintained in the DHS files. Describe whether there are discrepancies in the data reported.

Overall Assessment:

Section III – Scope of Work

Is the agency adhering to the items contained in the Scope of Yes No



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Work?
Description of items or activities reviewed and observed for Scope of Work services: (Contract Monitor must list key components from the Scope of Work and describe how these components were observed and verified.)

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Section IV – Client Services and Operations

Does the agency operate within their policies and procedures for program administration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If client interviews were conducted, were there any concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Results of interviews: (A list of client interview questions and responses are maintained in the City's files.)

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Section V – Personnel Management (applies only if funding positions)

Did the Contractor change the job title(s) and description(s) as set forth in the contract and budget without prior written approval or notification and without a contract amendment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did you observe or discover the CEO, Executive Director and/or other supervisory personnel of the Contractor involved in any capacity with program delivery of this contract supervising a spouse, parent, child, sibling, or in-law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do the staff funded through this contract who were interviewed verify the delivery of program services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do the duties outlined in the job descriptions and budget match up with the responses by staff funded through this contract who were interviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If licenses are required for program staff, can the agency provide documentation of current licensure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Results of Interviews: (Agency staff interview questions and responses are maintained in the City's files.)

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Section Summary:

Section VI – Prohibition of Political and Religious Activity



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During the monitoring, did you observe any questionable political activities that would be in violation of the contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
During your monitoring, did you observe or discover any questionable religious activities that would be in violation of the contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has the Contractor provided all employees with a statement of prohibition activities that employees have signed, as evidence in the employees' personnel files?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

Section Summary:

Section VII – Client Sample Files

	Population Size	Sample Size
Note: Sample size is determined by the size of the program. No fewer than 10 files reviewed. For larger programs, a minimum of 30 files are required. Results from sample will indicate whether additional files should be reviewed. Rule: 10 additional files. (Sample files based on population year-to-date)		

Does the Contractor provide access to files, records, documents, etc., when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the agency have a written policy for client case file maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are the client case files maintained according to the agency's written policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was the agency able to retrieve all client files requested, either hard copy or electronic form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did the supporting documentation verify that clients received services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did the clients sampled meet program eligibility requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Section Summary:

Section VIII – Official Communication

Are all <u>official communications and notices</u> in writing mailed to the persons and addresses determined in the contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was a formal notification of change in the Contractor's address delivered to the City within five (5) days of the change? If "yes," provide the date in the summary below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the Contractor notify the City of information requests or inquiries regarding documents within 24 hours of receiving the requests for disposition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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Section IX – Equipment

Did the Contractor request written approval from the City to dispose of any equipment purchased with City funds, to include current and prior-year inventory of furniture, durable property and vehicles i.e. valued at \$100 or more)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the Contractor use physical safeguards (locks, alarms, safes, fire extinguishers, surveillance, and/or sprinkler systems, etc.) to protect City-funded property and equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has an annual inventory of all equipment purchased with City funds been provided to the City and do the records include the following:	Yes	No	N/A
1. Description of the equipment including model and serial number, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of acquisition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Procurement Sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Purchase Order Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Vendor Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Indication of whether the equipment is new or used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Location of equipment/property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. List of disposed items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select a sample of items on the inventory listing and verify. Were the items located?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If applicable, did the Contractor notify the City and deliver a copy of the official report within 72 hours from the date the Contractor discovers an item lost, stolen, missing, and/or damaged/destroyed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Section Summary:

Section X – Agency Management

Does the Contractor protect confidential information and take reasonable steps to prevent unauthorized disclosure, dissemination, or publication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are the Minutes of Board Meetings that are approved by the Contractor's Board submitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did the Contractor submit the Board Meeting Agenda at least three (3) days prior to any Board Meeting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Section Summary:

Section XI – Grant Funded Contracts

Does the Contractor comply with Funding Source Requirements as applicable to the City's Funding Guide and grant funds (i.e. CDBG, CCDF, CSBG, ESG, HOPWA) listed thereto? Funding Guide or Grantor Checklist should be attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the Contractor comply with federal and state laws, rules and regulations or codes, City charter, or ordinances, as listed in the named section of the contract or Funding Guide Section V? For example, City Procurement Policy, if purchasing equipment from City funds or service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



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territories and restrictions pertaining to each contract and program?

Section Summary:

Section XII – Corrective Action Plan

Is the agency on a previous Corrective Action Plan?

Yes No

Has the agency resolved all prior monitoring issues?

Yes No N/A

Does the agency need to submit a Corrective Action Plan based on results of this review or pending corrective actions?

Yes No

Section Summary:

Section XIII – Summary/Observations/Recommendations

Authorizing Signatures

To Sign: Enter your network credentials (User ID and Password) below, and then press **Sign** button next to the corresponding signature.

*User ID: _____ *Password: _____

Contract Monitor: _____ Date: _____

Contract Supervisor: _____ Date: _____

Agency Response

Agency concurs with this report? Yes No

Agency Comments:

All fields required

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Agency Signature: _____ Date: _____

SAMPLE