

CMR AND PROGRAM REPORT TRAINING

Contract Management Division-DHS

October, 20 2016

AGENDA

- ◉ CMR Overview
- ◉ CMR Reference Guide
- ◉ Questions

ACRONYMS

- ◉ CMD - Contract Management Division
- ◉ CMR - Contract Monitoring Report
- ◉ COSA - City of San Antonio
- ◉ DA - Delegate Agency
- ◉ DHS - Department of Human Services

CONTRACT MONITORING REPORT (CMR)

- ◉ Definition: Contract Monitoring Tool-Performance monitoring tool submitted by the Contractor on a monthly basis that includes planned and actual measures.
- ◉ DUE: 15th day of every month, or in accordance to the contract
- ◉ Projected or Planned CMR-completed in coordination with the Contractor and Contract Monitor for the contract term.

PROJECTED MONTHLY MEASURES

◎Section 8.2 DA Contract*

- At start of contract term, CMR containing projected monthly performance measures for the entire Contract term are developed and approved by designated contract monitoring staff.
- Each measure should be meaningful

*Interlocal agreement different section

MONTHLY REVIEW

- ◎ The Contractor should ensure that all information contained in the CMR is accurate and support documentation is maintained
- ◎ The Contractor should review actual numbers against the projected performance measures for each month and include YTD expenditure amounts that are balanced to the actual expenses for the month.
- ◎ The Contractor should provide clarified remarks detailing variance and the solution and specific timeframe to resolve variance (+/-10% performance)

CMR SECTIONS

Four Primary Sections of CMR:

- Fiscal Data-budget and expenditures
- Performance Measures
- Unduplicated Served by Council District
- Remarks

CMR REPORTING

Each section should be complete and accurate with the end results of the previous month being reported

- Example: CMR for the month of October will be reported in November with October actual numbers

CMR REPORTING

- The Contractor will report the amount invoiced to DHS for reimbursement
- For differences between amounts invoiced and actual amounts reimbursed; the Contractor may revise the CMR up until the 25th day of the month or on the following month's CMR.

CMR Format:

Data is entered in the "P" or "Projected" rows during Contract Negotiation and should not be modified once approved.

Data is entered in the "A" or "Actual" rows for each measure.

If adjustments to data previously reported are needed; they should only be made in the previous or current month's column.

The performance measures are numbered in the CMR, please use the corresponding number in the remarks area and provide the reason for the variance. For remarks regarding the amounts expended begin with "Amount Expended:"

CONTRACT MONITORING REPORT														Pgm			
Department of Human Services														Total	YTD Actual	YTD % Ach	
Due Dates: CMR is due by the 15 th calendar day of the month or as stated in the contract. Please submit your CMRs in Excel format.																	
Agency Name: _____																	
Program Name: _____																	
Month of: _____																	
Program/Contract Year: _____																	
	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP					
Approved Budget	P	\$50,812	\$55,551	\$50,597	\$55,551	\$50,036	\$55,751	\$56,550	\$55,550	\$56,750	\$57,550	\$56,550	\$55,773	\$685,000	\$685,000	100%	
	A	\$35,912	\$51,045	\$46,467	\$46,750	\$44,123	\$50,757	\$	\$	\$	\$	\$	\$	\$0	\$390,014	\$390,014	57%
1. # of Unduplicated Participants	P	600	600	600	600	600	600							600	7,800	7,800	
	A	1607	1277	668	931	970	1069							0	9,134	9,134	117%
2. # of Unduplicated PROGRAM Served	P	700	700	700	700	700	700							150	2,300	2,300	
	A	501	173	120	179	296	259							50	2,051	2,051	
	P	50	50	50	50	50	50							50	600	600	YTD % Ach: This cell is shaded due to:
3. # of SAMTY F residential participants	A					80	70							0	775	1	Maroon (-10% deficiency)
4. # of SAMTY F associated with SAMTY F Program	P					75	100							60	1,050	1	Green (+10% excess).
	A					117	160							0	1,053	1	
5. # of SAM-LL PROGRAM activities	P					775	775							775	2,300	2	
	A					614	626	605	922	0	0	0	0	6,510	6		
6. # of financial assistance participants	P					400	400	400	300	200	150	100	100	2,800	2		
	A					677	726	802	550	0	0	0	0	4,037	4		
7. # associated with SAMTY F completion	P					275	275	275	200	100	100	100	100	2,200	2		
	A					330	543	662	410	0	0	0	0	2,461	2		
8. # of students who attended class daily	P					175	250	200	200	200	200	200	200	2,000	2,000		
	A	70	151	60	110	72	107	197	149	0	0	0	0	976	976	49%	
# Unduplicated Participants per Council District														Cumulative District			
Council District #1		757	113	61	126	85	130	122	181	0	0	0	0				1112
Council District #2		146	90	37	53	73	51	136	44	0	0	0	0				630
Council District #3		163	116	48	101	170	120	239	224	0	0	0	0				1199
Council District #4		47	45	26	33	53	42	50	45	0	0	0	0				317
Council District #5		08	182	02	150	101	126	144	140	0	0	0	0				1006
Council District #6		142	117	75	73	100	161	142	252	0	0	0	0				1064
Council District #7		131	94	04	55	94	114	111	120	0	0	0	0				615
Council District #8		112	58	27	71	66	90	70	81	0	0	0	0				515
Council District #9		72	50	18	45	28	61	43	78	0	0	0	0				408
Council District #10		74	78	67	47	46	41	68	73	0	0	0	0				494
Unknown District or Other		37	315	142	157	153	135	131	108	0	0	0	0				1515
Total Number of Unduplicated Clients		1007	1277	660	931	970	1069	1257	1355	0	0	0	0				9134
Remarks for Each Measure Over or Under a 10% Variance																	
1. Increased Outreach efforts by program staff.																	
2. Our activities have been very popular with the community and well attended.																	
3. Many clients are hoping to be assisted with the PROGRAM service to receive additional services by AGLNCY.																	
4. Many clients are in need of financial assistance and through our outreach efforts and staff we have been able to help.																	
5. Through the PROGRAM and the new SA0200 initiative we have contributed to large participant numbers.																	
6. Attendance for students has been																	
7. Through the PROGRAM and the new SA0200 initiative we have contributed to large participant numbers.																	
8. Attendance for students has been																	

Agency Rep: M. Keith
Phone Number: 210-255-1111
Monitor: Susan Jones
Phone Number: 210-257-0200

Amount Expended: This is the total dollar amount invoiced to COSA by the agency. If adjustments are made due to disallowances, supplemental, etc.; the amount expended should be updated to reflect actual reimbursements and noted in the remarks section below.

YTD % Ach: This cell is shaded due to: Maroon (-10% deficiency)
Green (+10% excess).

Remarks: Please note that you must provide a comment for any variance greater or less than 10% each month, even if the explanation is the same as the prior month. To include, modifications made in the reported numbers in the current or previous month

QUESTIONS

