

ARLINGTON COUNTY, VIRGINIA  
OFFICE OF THE PURCHASING AGENT  
2100 CLARENDON BOULEVARD, SUITE 500  
ARLINGTON, VIRGINIA 22201

NOTICE OF AWARD OF CONTRACT

TO: SOCIAL SOLUTIONS GLOBAL, INC.  
425 WILLIAMS COURT  
SUITE 100  
BALTIMORE, MD 21220

DATE ISSUED:

APRIL 17, 2012

CONTRACT NO:

507-12

CONTRACT TITLE:

DHS: CUSTOMER  
SERVICES/CASE  
MANAGEMENT COTS

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THIS IS A NOTICE OF AWARD OF CONTRACT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE  
VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.

Your firm is awarded the above referenced contract in accordance with the response submitted by you on September 8, 2011. The contract term covered by this Notice of Award is effective IMMEDIATELY and expires on APRIL 16, 2017.

The contract documents consist of the terms and conditions of Agreement No. 507-12, including any exhibits attached or amendments thereto.

CONTRACT PRICING:

REFER TO EXHIBIT C (PAYMENT SCHEDULE) OF AGREEMENT NO. 507-12

ATTACHMENT:

AGREEMENT NO. 507-12

EMPLOYEES NOT TO BENEFIT:

NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.

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VENDOR CONTACT: MATTHEW SCHUBERT

TELEPHONE NO.: 410-207-2747

VENDOR PAYMENT TERMS: NET 30 DAYS

EMAIL ADDRESS: MATT@SOCIALSOLUTIONS.COM

COUNTY CONTACT: MARTHA COELLO

TELEPHONE NO.: 703-228-1642

EMAIL ADDRESS: MCOELL@ARLINGTONVA.US

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CONTRACT AUTHORIZATION

DISTRIBUTION

  
Mr. Ashley Barnes  
Procurement Officer

4-17-12  
Date

VENDOR: 1  
BID FOLDER: 2

ARLINGTON COUNTY, VIRGINIA  
OFFICE OF THE PURCHASING AGENT  
SUITE 500, 2100 CLARENDON BOULEVARD  
ARLINGTON, VA 22201

AGREEMENT NO. 507-12

THIS AGREEMENT is made, on the date of execution by the County, between Social Solutions Global, Inc., 425 Williams Court, Suite 100, Baltimore, MD 21220 ("Contractor") a Delaware Corporation authorized to do business in the Commonwealth of Virginia, and the County Board of Arlington County, Virginia ("County"). The County and the Contractor, for the consideration hereinafter specified, agree as follows:

**1. CONTRACT DOCUMENTS**

The contract documents consist of this Agreement, Exhibit A (Scope of Work), Exhibit B (Functionality Checklist), Exhibit C (Payment Schedule), Exhibit D (County Nondisclosure and Data Security Agreement), Exhibit E (Software License Agreement), Exhibit F (Forms, Letters, Assessments, and Reports), and Exhibit G (Business Associate Agreement) (collectively referred to as "Contract Documents").

Where the terms and provisions of this Agreement vary from the terms and provisions of the other Contract Documents, the terms and provisions of this Agreement shall prevail over the other Contract Documents and the remaining Contract Documents shall be complementary to each other and if there are any conflicts the most stringent terms or provisions shall prevail.

The Contract Documents set forth the entire agreement between the County and the Contractor. The County and the Contractor agree that no representative or agent of either of them has made any representation or promise with respect to the parties' agreement which is not contained in the Contract Documents. The Contract Documents may be referred to herein below as the "Contract" or the "Agreement."

**2. SCOPE OF WORK**

The Contractor agrees to perform the services described in the Contract Documents (alternatively "Work"). The primary purpose of the Work is to install, configure, and maintain a software suite that provides Arlington County DHS with customer service, client scheduling, workflow and case management functionalities for five years. The Contract Documents set forth the minimum work estimated by the County and the Contractor to be necessary to complete the Work. It shall be the Contractor's responsibility, at the Contractor's sole cost, to provide the specific services set forth in the Contract Documents and sufficient services to fulfill the purposes of the Work. Nothing in the Contract Documents shall be construed to limit the Contractor's responsibility to manage the details and execution of the Work.

**3. CONTRACT TERM**

The Work shall commence on the date of the execution of this Agreement by the County, and the Contractor shall implement, maintain and support the System described more fully in Exhibit A for five (5) years from that date ("Initial Contract Term"), subject to any modifications as provided for in the Contract Documents. Upon satisfactory performance by the Contractor and with the

concurrence of the Contractor, the County may authorize continued operations of the Contractor, in accordance with section 5 below, for not more than five (5) additional twelve (12) month periods (Each such period shall be referred to as a "Subsequent Contract Term").

#### **4. CONTRACT AMOUNT**

The County will pay the Contractor in accordance with the terms of the Payment paragraph below, and Exhibit C for the Contractor's completion of the Work described and required in the Contract Documents. The Contractor agrees that it shall complete the Work for an amount not to exceed \$1,000,800 ("Contract Amount") regardless of the amount of hours spent in the performance of the Work. No additional compensation will be paid for work within the scope of Work of this Agreement. The Contractor agrees that it shall complete the Work for the total contract Amount specified in this section unless such amount is modified as provided in this Agreement.

#### **5. CONTRACT EXTENSIONS**

The Contract Amount/unit prices shall remain firm for at least the Initial Contract Term. The Contract Amount/unit prices for any one or more Subsequent Contract Terms, if the County elects to extend the Contract, shall be negotiated by the County and the Contractor and implemented by amendment to this contract.

If the Contractor and the County do not agree on a contract amount for a Subsequent Contract Term using the procedure set forth above by the thirtieth (30th) calendar day prior to the final day of the Initial Contract Term or any Subsequent Contract Term, the County may in its sole discretion terminate the Contract whether or not the County has previously elected to extend the term. The Contractor shall notify the County in writing six months prior to the end of the Initial Contract Term and six months prior to the end of any Subsequent Contract Term.

#### **6. CONTRACT NONRENEWAL OR TERMINATION**

In the event that this Agreement is not renewed, or is terminated pursuant to the termination provisions outlined hereafter, Contractor agrees to continue to provide services and continue the Work outlined in the Contract Documents at the following rates:

(a) For six (6) months after contract termination or nonrenewal, Contractor shall continue the Work at the same Contract Amount/Unit Price(s), plus the percentage increase indicated by the Consumer Price Index, Unadjusted, Urban Areas (CPI-U).

(b) For any additional month beyond the six months outlined in Section 6(a), the Contractor shall continue the Work on a month-to-month basis, at 120% of the Contract Amount/Unit Price(s), plus the percentage increase indicated by the Consumer Price Index, Unadjusted, Urban areas (CPI-U).

#### **7. PAYMENT**

Payment will be made by the County to the Contractor within thirty (30) days after receipt by the County Project Officer of an invoice for work done which is reasonable and allocable to the Contract and which has been performed to the satisfaction of the Project Officer, in accordance with the Payment Schedule in Exhibit C. Amounts on invoices shall not include amounts

allocated to Milestones (as shown in Exhibit C) on which no work has been done. The Project Officer will either approve the invoice or require corrections. The number of the County Purchase Order pursuant to which authority goods or services have been performed or delivered shall appear on all invoices.

**8. PROJECT OFFICER**

The performance of the Contractor is subject to the review and approval of the County Project Officer ("Project Officer") who shall be appointed by the Director of the Arlington County department or agency requesting the work under this Contract. However, it shall be the responsibility of the Contractor to manage the details of the execution and performance of its work pursuant to the Contract Documents.

**9. ADJUSTMENTS FOR CHANGE IN SCOPE**

The County may order changes in the Work within the general scope of the Work consisting of additions, deletions or other revisions. No claim may be made by the Contractor that the scope of the work or that the Contractor's services have been changed requiring adjustments to the amount of compensation due the Contractor unless such adjustments have been made by a written amendment to the Contract signed by the County and the Contractor. If the Contractor believes that any particular work is not within the scope of the Work or is a material change or otherwise will call for more compensation to the Contractor, the Contractor must immediately notify the Project Officer after the change or event occurs and within ten (10) calendar days thereafter must provide written notice to the Project Officer. The Contractor's notice must provide to the Project Officer the amount of additional compensation claimed, together with the basis therefore and documentation supporting the claimed amount. The Contractor will not be compensated for performing any work unless a proposal complying with this paragraph has been submitted in the time specified above and a written Contract amendment has been signed by the County and the Contractor and a County purchase order is issued covering the cost of the services to be provided pursuant to the amendment.

**10. ADDITIONAL SERVICES**

The Contractor shall not be compensated for any goods or services provided except those included in Exhibit A and included in the Contract Amount unless those goods or services are covered by a written amendment to this Contract signed by the County and the Contractor, and a County Purchase Order is issued covering the expected cost of such services.

Additional services agreed upon by the parties will be billed at the rates set forth in Exhibit C unless otherwise agreed by the parties in writing.

**11. SOFTWARE LICENSE TERMS**

Software license terms are covered in Exhibit E (Software License Agreement). In addition to the terms outlined in Exhibit E, the following software licensing terms shall apply:

A. Contractor understands and agrees that County may, pursuant to this Agreement, pay for licenses on behalf of external entities who provide services complementary to those provided by the County ("County Partners"). It is Contractor's responsibility to ensure that County Partners execute the

proper licensing agreement(s) and/or any other documentation required by Contractor to ensure that County Partners whose licenses have been paid for get access to the System. County Partners are not County servants, agents, or employees. The County shall not be legally responsible for any negligence or wrongdoing of County Partners, their employees, servants, or agents. The County shall not be legally responsible for ensuring that County Partners execute or comply with Contractor's licensing terms.

B. The County shall identify County Partners in writing to the Contractor. The Contractor, upon verification of payment, shall provide County Partners with all information necessary in order for County Partners to gain access to the System. If, for any reason, the Contractor is unable to grant a County Partner access to the System, the Contractor shall refund to the County the license fee paid for County Partner or, with concurrence of the County, transfer those licenses back to the County. The County will, at all times, retain administrative control over accounts given access to the System, including accounts given to County Partners.

C. The Contractor recognizes and agrees that the County, the Contractor, and County Partners are separate entities and this Agreement does not create an agency, partnership, or joint venture between any of the parties.

D. The County and Contractor recognize and agree that there are no third-party beneficiaries to this agreement.

**E. SOFTWARE WARRANTY AND MAINTENANCE**

The Contractor warrants that the software will conform to the requirements and specifications as set forth in the Contract Documents. The Contractor warrants the operation of all Software for the term of this Contract and will provide all revisions, updates, upgrades, and minor releases to both the Software and supporting Documentation during that warranty term as long as this Contract remains effective.

**12. REIMBURSABLE EXPENSES**

No expenses except those identified in this Contract as project related expenses will be reimbursed if incurred without the prior written approval of the County and the issuance of a County purchase order detailing the specific expenses to be incurred by the Contractor and their estimated amount. Payment for approved reimbursable expenses will be made within thirty (30) days after receipt by the Project Officer of a correct invoice identifying the nature of the expense. Reimbursable expenses allowed shall be charged to the County on a unit price basis at the Contractor's cost. All amounts paid for reimbursable expenses shall be considered part of the Contract Amount.

The total amount paid for project related expenses shall not exceed the amount shown in Exhibit C.

**13. REIMBURSABLE TRAVEL-RELATED EXPENSES**

No reimbursable travel-related expenses shall be allowed for employees of firms located within the greater Baltimore-Washington Metropolitan Area, as defined by the United States Office of Management and Budget (OMB). If approved by the County for employees of firms outside this area, the County's policy for reimbursement of travel-related expenses will be as follows:

Meals: The County will reimburse a contractor for the actual out-of-pocket expenses for employee meals, excluding alcoholic beverages at the per diem rate not to exceed \$41.00 or the individual meal rates not to exceed of \$8.00 for breakfast, \$11.00 for lunch, and \$22.00 for dinner. Receipts are required.

Lodging: The County will reimburse lodging expenses incurred for lodging at a reasonably priced commercial facility in the immediate area of the work, where feasible. Complete and legible itemized receipts shall accompany any request for reimbursement. No reimbursement shall be made for ineligible expenses including room service, laundry, telephone and in-room movies. If a room is shared with another person not connected with the work being performed for the County, including a spouse, the County will reimburse a contractor for no more than the cost of a single room.

Transportation:

General

Reservations shall be made in advance whenever possible to take advantage of all available discounts.

Ground Transportation

Use of public transportation is encouraged. Receipts must be submitted for any inter-city public transportation used. Reimbursement for the use of personal or company vehicles, if allowed, shall not exceed the then current mileage rates paid by the County to its employees and personal use must be excluded from the request for reimbursement. Parking expenses are reimbursable up to \$7.00 per day.

Rental of vehicles or use of taxicabs, in lieu of the use of a personal or company vehicle, may be approved if the Contractor can justify a cost savings by renting a car or using a taxicab, and obtains approval in advance from the Project Officer. For rental vehicles, the Contractor will be reimbursed for only those rental charges, insurance and/or fuel fees allocable to the Work. The Contractor will not be reimbursed for the purchase of liability insurance and/or collision/comprehensive insurance if their existing insurance coverage provides protection. Receipts are required for reimbursement.

Air Travel

Airfare will be reimbursed at the lowest cost available, typically coach rate, and must be purchased at least 7 days in advance, unless otherwise approved.

Time limit: Requests for travel reimbursement covering the above submitted more than sixty (60) days after completion of the travel shall not be honored.

Non-reimbursable Expenses: The following expenses are not allowable for reimbursement:

- Alcoholic beverages
- Personal phone calls
- Self-entertainment activities (i.e. pay TV, movies, night clubs, health clubs, theaters, bowling)

- Personal expenses (i.e. laundry, valet, haircuts)
- Personal travel insurance (i.e. life, medical, or property insurance) for air fare or rental cars.
- Auto repairs, maintenance and insurance costs for personal vehicles
- Travel expenses incurred to obtain or maintain training and/or certificates that are not associated with an employee's job requirements.
- If the County adopts different rates for its employees, the adopted rates shall prevail.

**14. PAYMENT OF SUBCONTRACTORS**

The Contractor is obligated to take one of the two following actions within seven (7) days after receipt of amounts paid to the Contractor by the County for work performed by any subcontractor under this Contract:

- a. Pay the subcontractor for the proportionate share of the total payment received from the County attributable to the work performed by the subcontractor under this Contract; or
- b. Notify the County and the subcontractor, in writing, of the Contractor's intention to withhold all or a part of the subcontractor's payment with the reason for nonpayment.

The Contractor is obligated to pay interest to the subcontractor on all amounts owed by the Contractor to the subcontractor that remain unpaid after seven (7) days following receipt by the Contractor of payment from the County for work performed by the subcontractor under this Contract, except for amounts withheld as allowed in subsection b., above. Unless otherwise provided under the terms of this Contract, interest shall accrue at the rate of one percent (1%) per month.

The Contractor shall include in each of its subcontracts, if any are permitted, a provision requiring each subcontractor to include or otherwise be subject to the same payment and interest requirements with respect to each lower-tier subcontractor.

The Contractor's obligation to pay an interest charge to a subcontractor pursuant to the above provisions may not be construed to be an obligation of the County. A Contract modification may not be made for the purpose of providing reimbursement for such interest charge. A cost reimbursement claim may not include any amount for reimbursement for such interest charge.

**15. NON-APPROPRIATION**

All funds for payments by the County under this Contract are subject to the availability of an annual appropriation for this purpose by the County Board of Arlington County, Virginia. In the event of non-appropriation of funds by the County Board of Arlington County, Virginia for the goods or services provided under this Contract or substitutes for such goods or services which are as advanced or more advanced in their technology, the County will terminate the Contract, without termination charge or other liability to the County, on the last day of the then current fiscal year or when the appropriation made for the then current year for the services covered by this Contract is spent, whichever event occurs first. If funds are not appropriated at any time for the continuation of this Contract, cancellation will be accepted by the Contractor on thirty (30) days prior written notice,

but failure to give such notice shall be of no effect and the County shall not be obligated under this Contract beyond the date of termination specified in the County's written notice.

**16. COUNTY PURCHASE ORDER REQUIREMENT**

County purchases are authorized only if a County Purchase Order is issued in advance of the transaction, indicating that the ordering agency has sufficient funds available to pay for the purchase. Such a Purchase Order is to be provided to the Contractor by the ordering agency. The County will not be liable for payment for any purchases made by its employees without appropriate purchase authorization issued by the County Purchasing Agent. Contractors providing goods or services without a signed County Purchase Order do so at their own risk and expense.

**17. PROJECT STAFF**

The County will, throughout the Initial Contract Term and any Subsequent Contract Term, have the right of reasonable rejection and approval of staff or subcontractors assigned to the project by the Contractor. If the County reasonably rejects staff or subcontractors pursuant to this section, the Contractor must provide replacement staff or subcontractors satisfactory to the County in a timely manner and at no additional cost to the County. The day-to-day supervision and control of the Contractor's employees, and employees of any of its subcontractors, shall be the sole responsibility of the Contractor.

**18. SUPERVISION BY CONTRACTOR**

The Contractor shall at all times enforce strict discipline and good order among the workers performing under this Contract, and shall not employ on the work any person not reasonably proficient in the work assigned.

**19. EMPLOYMENT DISCRIMINATION BY CONTRACTOR PROHIBITED**

During the performance of this Contract, the Contractor agrees as follows:

A. The Contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability or any other basis prohibited by state law related to discrimination in employment except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the Contractor. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

B. The Contractor, in all solicitations or advertisements for employees placed by or on behalf of the contractor, will state that such contractor is an Equal Opportunity Employer.

C. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purpose of meeting the requirements of this section.

D. The Contractor will comply with the provisions of the Americans with Disabilities Act of 1990 which prohibits discrimination against individuals with disabilities in employment and mandates their full



participation in both publicly and privately provided services and activities.

E. The Contractor will include the provisions of the foregoing paragraphs in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

**20. EMPLOYMENT OF UNAUTHORIZED ALIENS PROHIBITED**

In accordance with §2.2-4311.1 of the Virginia Code, the Contractor acknowledges that it does not, and shall not during the performance of this Contract for goods and/or services in the Commonwealth, knowingly employ an unauthorized alien as defined in the federal Immigration Reform and Control Act of 1986.

**21. DRUG-FREE WORKPLACE TO BE MAINTAINED BY CONTRACTOR**

During the performance of this Contract, the Contractor agrees to (i) provide a drug-free workplace for the Contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the Contractor that the Contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

For the purposes of this section, "drug-free workplace" means a site for the performance of work done in connection with a specific contract awarded to a contractor by Arlington County in accordance with the Arlington County Purchasing Resolution, the employees of which contractor are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.

**22. TERMINATION FOR CAUSE, INCLUDING BREACH AND DEFAULT; CURE**

The Contract shall remain in force for the Initial Contract Term or any Subsequent Contract Term(s) and until the County determines that all of the following requirements and conditions have been satisfactorily met: the County has accepted the Work, and thereafter until the Contractor has met all requirements and conditions relating to the Work under the Contract Documents, including warranty and guarantee periods. However, the County shall have the right to terminate this Contract sooner if the Contractor is in breach or default or has failed to perform satisfactorily the Work required, as determined by the County in its discretion.

If the County determines that the Contractor has failed to perform satisfactorily, then the County will give the Contractor written notice of such failure(s) and the opportunity to cure such failure(s) within at least fifteen (15) days before termination of the Contract takes effect ("Cure Period"). If the Contractor fails to cure within the Cure Period or as otherwise specified in the notice, the Contract may be terminated for the

Contractor's failure to provide satisfactory Contract performance. Upon such termination, the Contractor may apply for compensation for Contract services satisfactorily performed by the Contractor, allocable to the Contract and accepted by the County prior to such termination unless otherwise barred by the Contract ("Termination Costs"). In order to be considered, such request for Termination Costs, with all supporting documentation, must be submitted to the County Project Officer within fifteen (15) days after the expiration of the Cure Period. The County may accept or reject, in whole or in part, the application for Termination Costs and notify the Contractor of same within a reasonable time thereafter.

If the County terminates the Contract for default or breach of any Contract provision or condition, then the termination shall be immediate after notice from the County to the Contractor (unless the County in its discretion provides for an opportunity to cure) and the Contractor shall not be permitted to seek Termination Costs.

Upon any termination pursuant to this section, the Contractor shall be liable to the County for all costs incurred by the County after the effective date of termination, including costs required to be expended by the County to complete the Work covered by the Contract, including costs of delay in completing the Work or the cost of repairing or correcting any unsatisfactory or non-compliant work performed or provided by the Contractor or its subcontractors. Such costs shall be either deducted from any amount due the Contractor or shall be promptly paid by the Contractor to the County upon demand by the County. Additionally, and notwithstanding any provision in this Contract to the contrary, the Contractor is liable to the County, and the County shall be entitled to recover, all damages to which the County is entitled by this Contract or by law, including, and without limitation, direct damages, indirect damages, consequential damages, delay damages, replacement costs, refund of all sums paid by the County to the Contractor under the Contract and all attorney fees and costs incurred by the County to enforce any provision of this Contract.

Except as otherwise directed by the County in the notice, the Contractor shall stop work on the date of receipt of notice of the termination or other date specified in the notice, place no further orders or subcontracts for materials, services, or facilities except as are necessary for the completion of such portion of the Work not terminated, and terminate all vendors and subcontracts and settle all outstanding liabilities and claims. Any purchases after the date of termination contained in the notice shall be the sole responsibility of the Contractor.

In the event any termination for cause, default, or breach shall be found to be improper or invalid by any court of competent jurisdiction then such termination shall be deemed to have been a termination for convenience.

**23. TERMINATION FOR THE CONVENIENCE OF THE COUNTY**

The performance of work under this Contract may be terminated by the County's Purchasing Agent in whole or in part whenever the Purchasing Agent shall determine that such termination is in the County's best interest. Any such termination shall be effected by the delivery to the Contractor of a written notice of termination at least fifteen (15) days before the date of termination, specifying the extent to which performance of the work under

this Contract is terminated and the date upon which such termination becomes effective. The Contractor will be entitled to receive compensation for all Contract services satisfactorily performed by the Contractor and allocable to the Contract and accepted by the County prior to such termination and any other reasonable termination costs as negotiated by the parties, but no amount shall be allowed for anticipatory profits.

After receipt of a notice of termination and except as otherwise directed, the Contractor shall stop all designated work on the date of receipt of the notice of termination or other date specified in the notice; place no further orders or subcontracts for materials, services or facilities except as are necessary for the completion of such portion of the work not terminated; immediately transfer all documentation and paperwork for terminated work to the County; and terminate all vendors and subcontracts and settle all outstanding liabilities and claims.

#### **24. INDEMNIFICATION**

The Contractor covenants for itself, its employees, and subcontractors to save, defend, hold harmless and indemnify the County, and all of its elected and appointed officials, officers, current and former employees, agents, departments, agencies, boards, and commissions (collectively the "County" for purposes of this section) from and against any and all claims made by third parties or by the County for any and all losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, demands or exposure, however caused, resulting from, arising out of, or in any way connected with the Contractor's acts or omissions, including the acts or omissions of its employees and/or subcontractors, in performance or nonperformance of its work called for by the Contract Documents. This duty to save, defend, hold harmless and indemnify shall survive the termination of this Contract. If, after Notice by the County, the Contractor fails or refuses to fulfill its obligations contained in this section, the Contractor shall be liable for and reimburse the County for any and all expenses, including but not limited to, reasonable attorneys fees incurred and any settlements or payments made. The Contractor shall pay such expenses upon demand by the County and failure to do so may result in such amounts being withheld from any amounts due to Contractor under this Contract.

#### **25. INTELLECTUAL PROPERTY INDEMNIFICATION**

The Contractor warrants and guarantees that no intellectual property rights (including, but not limited to, copyright, patent, mask rights and trademark) of third parties are infringed or in any manner involved in or related to the services provided hereunder.

The Contractor further covenants for itself, its employees, and subcontractors to save, defend, hold harmless, and indemnify the County, and all of its officers, officials, departments, agencies, agents, and employees from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, or exposure, however caused, for or on account of any trademark, copyright, patented or unpatented invention, process, or article manufactured or used in the performance of this Contract, including its use by the County. If the Contractor, or any of its employees or subcontractors, uses any design, device, work, or materials covered by letters patent or copyright, it

is mutually agreed and understood, without exception, that the Contract Amount includes all royalties, licensing fees, and any other costs arising from the use of such design, device, work, or materials in any way involved with the Work. This duty to save, defend, hold harmless and indemnify shall survive the termination of this Contract. If, after Notice by the County, the Contractor fails or refuses to fulfill its obligations contained in this section, the Contractor shall be liable for and reimburse the County for any and all expenses, including but not limited to, reasonable attorneys fees incurred and any settlements or payments made. The Contractor shall pay such expenses upon demand by the County and failure to do so may result in such amounts being withheld from any amounts due to Contractor under this Contract.

**26. COPYRIGHT**

The Contractor hereby irrevocably transfers, assigns, sets over and conveys to the County all right, title and interest, including the sole exclusive and complete copyright interest, in any and all copyrightable works created pursuant to this Contract. The Contractor further agrees to execute such documents as the County may request to effect such transfer or assignment.

Further, the Contractor agrees that the rights granted to the County by this paragraph are irrevocable. Notwithstanding anything else in this Contract, the Contractor's remedy in the event of termination of or dispute over the terms of this Contract shall not include any right to rescind, terminate or otherwise revoke or invalidate in any way the rights conferred pursuant to the provisions of this paragraph. Similarly, no termination of this Contract shall have the effect of rescinding, terminating or otherwise invalidating the rights acquired pursuant to the provisions of this "Copyright" paragraph.

The use of subcontractors or third parties in developing or creating input into any copyrightable materials produced as a part of this Contract is prohibited unless the County approves the use of such subcontractors or third parties in advance and such subcontractors or third parties agree to include the provisions of this paragraph as part of any contract they enter into with the Contractor for work related to work pursuant to this Contract.

**27. OWNERSHIP AND RETURN OF RECORDS**

This Contract confers no ownership rights to the Contractor nor any rights or interests to use or disclose the County's data or inputs.

The Contractor agrees that all drawings, specifications, blueprints, data, information, findings, memoranda, correspondence, documents or records of any type, whether written or oral or electronic, and all documents generated by the Contractor or its subcontractors as a result of the County's request for services under this Contract, are the exclusive property of the County ("Record" or "Records"), and all such Records shall be provided to and/or returned to County upon completion, termination, or cancellation of this Contract. The Contractor shall not use, willingly allow, or cause such materials to be used for any other purpose other than performance of all obligations under the Contract without the written consent of the County. Additionally, the Contractor agrees that the Records are confidential records and neither the Records nor their contents shall be released by the Contractor, its subcontractors, or other third parties; nor shall their contents be disclosed to any person other than the Project Officer or his or

her designee. The Contractor agrees that all oral or written inquiries from any person or entity regarding the status of any Record generated as a result of the existence of this Contract shall be referred to the Project Officer or his or her designee for response. At the County's request, the Contractor shall deliver all Records to the Project Officer, including "hard copies" of computer records, and at the County's request, shall destroy all computer records created as a result of the County's request for services pursuant to this Contract.

The Contractor agrees to include the provisions of this section as part of any contract or agreement the Contractor enters into with subcontractors or other third parties for work related to work pursuant to this Contract.

No termination of this Contract shall have the effect of rescinding, terminating or otherwise invalidating this section of the Contract.

**28. DATA SECURITY**

The Contractor agrees that it shall hold all County information and data obtained as a result of its work under this Contract confidential in accordance with the Nondisclosure and Data Security Agreement attached hereto as Exhibit D. If individual employees or subcontractors of the Contractor are performing work under this Contract on County-owned property, then such individual employees or subcontractors shall be required to sign a separate Nondisclosure and Data Security Agreement, which shall be incorporated by reference into this Contract, prior to performing any work or being allowed access to County data.

**29. VIRGINIA FREEDOM OF INFORMATION ACT**

The parties understand and agree that the County is subject to the terms and provisions of Code of Virginia §§ 2.2-3700 et. seq, the Virginia Freedom of Information Act ("VFOIA"). All public records in the County's custody, possession or control shall be open to the public for inspection and copying to the extent such disclosure is required by law. Certain exemptions or exclusions may apply but it is the Contractor's obligation to assert any applicable VFOIA exclusions or exemption, to the satisfaction of the County Project officer, within the statutory deadlines. Thereafter it is the obligation of the Contractor to defend and indemnify the County from any claim or suit that may arise as a result of the withholding of records. The County Project Officer shall make available to the Contractor any VFOIA request in which the Project Officer reasonably believes the Contractor may have an interest in.

**30. ETHICS IN PUBLIC CONTRACTING**

This Contract incorporates by reference Article 9 of the Arlington County Purchasing Resolution, as well as any state or federal law related to ethics, conflicts of interest, or bribery, including by way of illustration and not limitation, the State and Local Government Conflict of Interests Act (Code of Virginia § 2.2-3100 et seq.), the Virginia Governmental Frauds Act (Code of Virginia § 18.2-498.1 et seq.), and Articles 2 and 3 of Chapter 10 of Title 18.2 of the Code of Virginia, as amended (§ 18.2-438 et seq.). The Contractor certifies that its offer was made without collusion or fraud and that it has not offered or received any kickbacks or inducements from any other offeror, supplier, manufacturer, or subcontractor and that it has not conferred on any public employee having official responsibility for this

procurement any payment, loan, subscription, advance, deposit of money, services, or anything of more than nominal value, present or promised unless consideration of substantially equal or greater value was exchanged.

**31. COUNTY EMPLOYEES**

No employee of Arlington County, Virginia, shall be admitted to any share in any part of this Contract or to any benefit that may arise there from which is not available to the general public.

**32. FORCE MAJEURE**

The Contractor shall not be held responsible for failure to perform the duties and responsibilities imposed by this Contract if such failure is due to fires, riots, rebellions, natural disasters, wars, or an act of God beyond control of the Contractor, and outside and beyond the scope of the Contractor's then current, by industry standards, disaster plan, that make performance impossible or illegal, unless otherwise specified in the Contract.

The County shall not be held responsible for failure to perform its duties and responsibilities imposed by the Contract if such failure is due to fires, riots, rebellions, natural disasters, wars, or an act of God beyond control of the County that make performance impossible or illegal, unless otherwise specified in the Contract.

**33. AUTHORITY TO TRANSACT BUSINESS**

The Contractor shall pursuant to Code of Virginia § 2.2-4311.2, be and remain authorized to transact business in the Commonwealth of Virginia during the Initial Term and any Subsequent Contract Term(s) of this Contract. A contract entered into by a Contractor in violation of this requirement is voidable, without any cost or expense, at the option of the County.

**34. RELATION TO COUNTY**

The Contractor will be legally considered as an independent contractor and neither the Contractor nor its employees or subcontractors will, under any circumstances, be considered employees, servants or agents of the County. The County will not be legally responsible for any negligence or other wrongdoing by the Contractor, its employees, servants or agents. The County will not withhold payments to the Contractor for any federal or state unemployment taxes, federal or state income taxes, Social Security tax, or any other amounts for benefits to the Contractor. Furthermore, the County will not provide to the Contractor any insurance coverage or other benefits, including workers' compensation, normally provided by the County for its employees.

**35. ANTITRUST**

By entering into this Contract, the Contractor conveys, sells, assigns and transfers to the County all rights, title, and interest in and to all causes of action the Contractor may now have or hereafter acquire under the antitrust laws of the United States or the Commonwealth of Virginia, relating to the goods or services purchased or acquired by the County under this Contract.

### **36. REPORT STANDARDS**

Reports or written material prepared by the Contractor in response to the requirements of this Contract or a request of the Project Officer shall, unless otherwise provided for in the Contract, meet standards of professional writing established for the type of report or written material provided, shall be thoroughly researched for accuracy of content, shall be grammatically correct and not contain spelling errors, shall be submitted in a format approved in advance by the Project Officer, and shall be submitted for advance review and comment by the Project Officer. The cost of correcting grammatical errors, correcting report data, or other revisions required to bring the report or written material into compliance with these requirements shall be borne by the Contractor.

When submitting documents to the County, The Contractor shall comply with the following guidelines:

- All submittals and copies shall be printed on **at least thirty percent (30%) recycled-** content and/or tree-free paper;
- All copies shall be double-sided;
- Report covers or binders shall be recyclable, made from recycled materials, and/or easily removable to allow for recycling of report pages (reports with glued bindings that meet all other requirements are acceptable);
- The use of plastic covers or dividers should be avoided; and
- Unnecessary attachments or documents not specifically asked for should not be submitted, and superfluous use of paper (e.g. separate title sheets or chapter dividers) should be avoided.

### **37. AUDIT**

The Contractor agrees to retain all books, records and other documents related to this Contract for at least five (5) years after final payment. The County or its authorized agents shall have full access to and the right to examine any of the above documents during this period and during the Initial Contract Term and any Subsequent Contract Term. If the Contractor wishes to destroy or dispose of records (including confidential records to which the County does not have ready access) within five (5) years after final payment, the Contractor shall notify the County at least thirty (30) days prior to such disposal, and if the County objects, shall not dispose of the records.

### **38. ASSIGNMENT**

The Contractor shall not assign, transfer, convey, sublet, or otherwise dispose of any award, or any or all of its rights, obligations, or interests under this Contract, without the prior written consent of the County.

### **39. AMENDMENTS**

This Contract shall not be amended except by written amendment executed by persons duly authorized to bind the Contractor and the County.

### **40. ARLINGTON COUNTY PURCHASING RESOLUTION AND COUNTY POLICIES**

Notwithstanding any provision to the contrary herein, no provision of the Arlington County Purchasing Resolution or any applicable County policy is waived in whole or in part.

**41. DISPUTE RESOLUTION**

All disputes arising under this Agreement, or its interpretation, whether involving law or fact, or extra work, or extra compensation or time, and all claims for alleged breach of Contract shall be submitted to the Project Officer for decision at the time of the occurrence or beginning of the work upon which the claim is based, whichever occurs first. Such claims shall state the facts surrounding it in sufficient detail to identify it together with its character and scope. In accordance with the Arlington County Purchasing Resolution, claims denied by the Project Officer may be submitted to the County Manager in writing no later than sixty (60) days after final payment. The time limit for final written decision by the County Manager in the event of a contractual dispute, as that term is defined in the Arlington County Purchasing Resolution, is fifteen (15) days. Procedures for considering contractual claims, disputes, administrative appeals, and protests are contained in the Purchasing Resolution, incorporated herein by reference, and available upon request from the Office of the Purchasing Agent. The Contractor shall not cause a delay in the Work pending a decision of the Project Officer, County Manager, County Board, or a court.

**42. APPLICABLE LAW, FORUM, VENUE AND JURISDICTION**

This Contract and the work performed hereunder shall be governed in all respects by the laws of the Commonwealth of Virginia and the jurisdiction, forum, and venue for any litigation with respect thereto shall be in the Circuit Court for Arlington County, Virginia, and in no other court. In performing the Work under this Contract, the Contractor shall comply with applicable federal, state, and local laws, ordinances and regulations.

**43. ARBITRATION**

It is expressly agreed that nothing under the Contract shall be subject to arbitration, and any references to arbitration are expressly deleted from the Contract.

**44. NONEXCLUSIVITY OF REMEDIES**

All remedies available to the County under this Contract are cumulative, and no such remedy shall be exclusive of any other remedy available to the County at law or in equity.

**45. NO WAIVER**

The failure of either party to exercise in any respect a right provided for in this Contract shall not be deemed to be a subsequent waiver of the same right or any other right.

**46. SEVERABILITY**

The sections, paragraphs, sentences, clauses and phrases of this Contract are severable, and if any phrase, clause, sentence, paragraph or section of this Contract shall be declared invalid by a court of competent jurisdiction, such invalidity shall not affect any of the remaining phrases, clauses, sentences, paragraphs and sections of this Contract.

**47. NO WAIVER OF SOVEREIGN IMMUNITY**

Notwithstanding any other provision of this Contract, nothing in this Contract or any action taken by the County pursuant to this Contract shall constitute or be construed as a waiver of either the sovereign or



governmental immunity of the County. The parties intend for this provision to be read as broadly as possible.

**48. SURVIVAL OF TERMS**

In addition to any numbered section in this Agreement which specifically state that the term or paragraph survives the expiration or termination of this Contract, the following sections if included in this Contract also survive: INDEMNIFICATION; RELATION TO COUNTY; OWNERSHIP AND RETURN OF RECORDS; AUDIT; COPYRIGHT; INTELLECTUAL PROPERTY INDEMNIFICATION; WARRANTY; CONFIDENTIAL INFORMATION AND DATA SECURITY.

**49. HEADINGS**

The section headings in this Contract are inserted only for convenience and are not to be construed as part of this Contract or a limitation on the scope of the particular section to which the heading precedes.

**50. NOTICES**

Unless otherwise provided herein, all notices and other communications required by this Contract shall be deemed to have been given when made in writing and either (a) delivered in person, (b) delivered to an agent, such as an overnight or similar delivery service, or (c) deposited in the United States mail, postage prepaid, certified or registered, addressed as follows:

**TO THE CONTRACTOR:**

Steve Egan, CFO  
Social Solutions Global, Inc.  
425 Williams Court  
Suite 100  
Baltimore, MD 21220

**TO THE COUNTY:**

Martha Coello, Business Systems Manager  
Arlington County, Virginia  
Department of Human Services  
Sequoia 3<sup>rd</sup> Floor IT  
2100 Washington Blvd  
Arlington, VA 22204

**AND**

Richard D. Warren, Jr., Purchasing Agent  
Arlington County, Virginia  
2100 Clarendon Boulevard, Suite 500  
Arlington, Virginia 22201

**51. NON-DISCRIMINATION NOTICE**

Arlington County does not discriminate against faith-based organizations.

**52. INSURANCE REQUIREMENTS**

The Contractor shall provide to the County Purchasing Agent a Certificate of Insurance indicating that the Contractor has in force the coverage below prior to the start of any Work under this Contract and upon any contract

extension. The Contractor agrees to maintain such insurance until the completion of this Contract or as otherwise stated in the Contract Documents. All required insurance coverages must be acquired from insurers authorized to do business in the Commonwealth of Virginia, rating of "A-" or better and a financial size of "Class VII" or better in the latest edition of A.M. Best Co., and acceptable to the County. The minimum insurance coverage shall be:

- a. Workers Compensation - Virginia Statutory Workers Compensation (W/C) coverage including Virginia benefits and employers liability with limits of \$100,000/100,000/500,000. The County will not accept W/C coverage issued by the Injured Worker's Insurance Fund, Towson, MD.
- b. Commercial General Liability - \$1,000,000 combined single limit coverage with \$2,000,000 general aggregate covering all premises and operations and including Personal Injury, Completed Operations, Contractual Liability, Independent Contractors, and Products Liability. The general aggregate limit shall apply to this Contract. Evidence of Contractual Liability coverage shall be typed on the certificate.
- c. Business Automobile Liability - \$1,000,000 Combined Single Limit (Owned, non-owned and hired).
- d. The Contractor shall carry Errors and Omissions or Professional Liability insurance which will pay for injuries arising out of errors or omissions in the rendering, or failure to render services or perform Work under the contract, in the amount of \$1,000,000.
- e. Additional Insured - Arlington County, and its officers, elected and appointed officials, employees, and agents shall be named as an additional insureds on all policies except Workers Compensation and Auto and Professional Liability; and evidence of the Additional Insured endorsement shall be typed on the certificate.
- f. Cancellation - All insurance policies required by this Contract shall be endorsed to include the following provision: "It is agreed that this policy is not subject to cancellation or non-renewal until thirty (30) days prior written notice has been given to the Purchasing Agent, Arlington County, Virginia." If there is a material change or reduction in coverage the Contractor shall notify the Purchasing Agent immediately upon Contractor's notification from the insurer. Any policy on which the Contractor has received notification from an insurer that the policy has or will be cancelled or materially changed or reduced must be replaced with another policy consistent with the terms of this Contract, and the County notified of the replacement, in such a manner that there is no lapse in coverage. Not having the required insurance throughout the Contract Term is grounds for termination of the Contract.
- g. Any insurance coverage that is placed as a "claims made" policy must remain valid and in force, or the Contractor must obtain an extended reporting endorsement consistent with the terms of this Contract, until the applicable statute of limitations has expired, such date as determined to begin running from the date of the Contractor's receipt of final payment.

h. Contract Identification - The insurance certificate shall state this Contract's number and title.

The Contractor must disclose the amount of any deductible or self insurance component applicable to the General Liability, Automobile Liability, Professional Liability, Intellectual Property or any other policies required herein, if any. The County reserves the right to request additional information to determine if the Contractor has the financial capacity to meet its obligations under a deductible. Thereafter, at its option, the County may require a lower deductible, funds equal to the deductible be placed in escrow, a certificate of self-insurance, collateral, or other mechanism in the amount of the deductible to ensure protection for the County.

The Contractor shall require all subcontractors to maintain during the term of this Contract, Commercial General Liability insurance, Business Automobile Liability insurance, and Workers' Compensation insurance in the same form and manner as specified for the Contractor. The Contractor shall furnish subcontractors' certificates of insurance to the County immediately upon request by the County.

No acceptance or approval of any insurance by the County shall be construed as relieving or excusing the Contractor from any liability or obligation imposed upon the Contractor by the provisions of the Contract Documents.

The Contractor shall be responsible for the work performed under the Contract Documents and every part thereof, and for all materials, tools, equipment, appliances, and property of any description used in connection with the work. The Contractor assumes all risks for direct and indirect damage or injury to the property or persons used or employed on or in connection with the Work contracted for, and of all damage or injury to any person or property wherever located, resulting from any action, omission, commission or operation under the Contract, or in connection in any way whatsoever with the contracted work.

The Contractor shall be as fully responsible to the County for the acts and omissions of its subcontractors and of persons employed by them as it is for acts and omissions of persons directly employed by it.

Notwithstanding any of the above, the Contractor may satisfy its obligations under this section by means of self insurance for all or any part of the insurance required, provided that the Contractor can demonstrate financial capacity and the alternative coverages are submitted to and acceptable to the County. The Contractor must also provide its most recent actuarial report and provide a copy of its self insurance resolution to determine the adequacy of the insurance funding.

**53. ACCESSIBILITY OF WEB SITE**

If any work performed under this Contract results in design, development, maintenance or responsibility for content and/or format of any County websites, or County's presence on other third party websites, the Contractor shall perform such work in compliance with the requirements set forth in the U.S. Department of Justice document entitled "Accessibility of State and Local Government Websites to People with Disabilities." The document is located at: <http://www.ada.gov/websites2.htm>

**54. HIPAA COMPLIANCE**

The Contractor shall comply with all applicable legislative and regulatory requirements of privacy, security, and electronic transaction components of the Health Insurance portability and Accountability Act of 1996, as amended ("HIPAA"). Pursuant to 45 C.F.R. §164.502(e) and §164.504(e), the Contractor shall be designated a Business Associate pursuant and will be required to execute an Arlington County Business Associate Agreement (contained herein as Exhibit G). If Contractor engages a subcontractor or subcontractors in the performance of Work under this Agreement, Contractor shall enter into an agreement with each of its subcontractors pursuant to 45 C.F.R. § 164.308(b)(1) and the Health Information Technology for Economic and Clinic Health (HITECH) Act § 13401 that is appropriate and sufficient to require each subcontractor to protect Protected Health Information to the same extent required of Contractor under Arlington County's Business Associate Agreement and in a form approved by the County. The Contractor shall ensure that its subcontractors notify the Contractor, immediately, of any breaches in security regarding Protected Health Information.

Contractor takes full responsibility for any failure to execute the appropriate agreements with its subcontractors and for the failure of its subcontractors to comply with the existing or future regulations of HIPAA and/or HITECH, and shall indemnify County for any and all loss, damages, liability, exposure, or costs resulting therefrom.

WITNESS these signatures:

THE COUNTY BOARD OF ARLINGTON  
COUNTY, VIRGINIA

SOCIAL SOLUTIONS GLOBAL, INC.

AUTHORIZED  
SIGNATURE:

*for Ashley Beard*

AUTHORIZED  
SIGNATURE:

*[Handwritten Signature]*

NAME AND RICHARD D. WARREN, JR.  
TITLE: PURCHASING AGENT

NAME AND  
TITLE:

*Stephan Butz, CEO*

DATE: 4-17-12

DATE: 4/12/12

AGREEMENT NO. 507-12

EXHIBIT A

SCOPE OF WORK

A. Purpose/Overview

The Contractor shall perform all services necessary to license, install, test, and place into production a fully functional, turnkey Customer Services and Case Management System ("System") for the Arlington County Department of Human Services ("DHS").

The System shall, at a minimum, perform the following core functions:

1. The System shall replace and consolidate existing databases into one seamless system that supports Customer Services and Case Management functions.
2. The System shall allow County workers and managers to have a comprehensive view of clients seeking and receiving services from the County.
3. The System shall measure clients' progress towards targeted areas of improvement in order to assess the effectiveness of programs and services.
4. The System shall manage workflow to ensure proper scheduling and staff, identify bottlenecks, and improve the overall efficiency of service delivery.
5. The System shall provide the County with a way to configure new programs, services, forms and reports, with similar existing functionality, as programmatic needs change or different services are being offered.

B. Contractor's Performance Requirements:

**General Performance:**

The contractor shall:

Certify deliverables as meeting the requirement specifications listed in this contract prior to turning them in for County's approval in order to minimize rework, and ineffective use of County's staff time and resources.

Obtain approval from County's Project Officer prior to making any adjustment to tasks, priorities or dates that impact project's deliverables and/or completion.

C. Contractor's Tasks and Deliverables

The County will review all deliverables submitted by the contractor and either accept or reject the deliverable.

Contractor shall not proceed to the next Task until the County has given the Contractor authorization to do so.

**TASK 1 Develop a Project Plan**

The contractor shall:

- 1.1 Assign a Project Manager to the implementation of the system within 10 business days from contract execution. The assigned Project Manager shall have sufficient knowledge about the system and experience in implementing the system in organizations comparable to Arlington County, DHS.

- 1.2 Contractor's Project Manager shall work with the County Executive Sponsor and Project Manager in a project planning phase to deliver the System Migration Strategy, Project Management Plan, Project Work Plan, and Decision Log.
- 1.3 Contractor shall use standard Project Management templates commonly used by contractors' for Custom Implementations.
- 1.4 Contractor shall use MS Project for the Project Work Plan.
- 1.5 Contractor's Project Manager, after consultation with the County's Executive Sponsor, shall lead a Project Kick-Off Call with project resources and key stakeholders for the County to review the implementation process and prepare for immediate next steps
- 1.6 Develop configuration, conversion, test and production implementation plans that contain specific tasks, dates, assignments within 10 business days from the time the Project Manager is assigned. Plans should layout key deliverables and milestones for the completion of the project.
- 1.7 Coordinate with County Project Officer all tasks that impact County resources
- 1.8 Provide weekly status reports for the duration of the project and attend bi-weekly Steering Committee meetings.
- 1.9 Maintain notes on discussions and document mutually agreed decisions regarding system implementation.

**Project Milestone Schedule**

- 1.10 The Contractor shall adhere to a seven (7) month system implementation timeline from the date of execution of this Agreement by the County.
- 1.11 The Contractor shall agree to the following Project Milestone Schedule

<b>Project Milestone*</b>	<b>Duration</b>	<b>Start</b>	<b>End</b>
Project Planning	9.5 days	4/2/2012	4/13/2012
Analyze and Validate Requirements\ETO Discovery	26 days	4/13/2012	5/18/2012
Develop Implementation Approach\ETO Blueprint	15 days	5/13/2012	6/4/2012
Update Project Plan Based on Finalized Blueprint	1 day	6/5/2012	6/5/2012
Data Conversion Discovery/Requirements	7 days	4/13/2012	4/23/2012
Update Project Plan Based on Finalized Data	1 day	4/24/2012	4/24/2012

Conversion Strategy			
Configuration\Development of Data Interfaces\Reports	120 days	5/1/2012	8/1/2012
Testing	61 days	6/5/2012	8/30/2012
Prepare Documentation	8 days	9/1/2012	9/12/2012
Provide Training	134 days	4/9/2012	10/12/2012
Pre-Go-Live Data Conversion	15 days	9/1/2012	9/22/2012
System Go-Live	0 days	9/22/2012	9/22/2012
Post Implementation Support (1 Month)	30 days	9/22/2012	10/22/2012

- 1.12 Contractor shall discuss with and obtain approval from County Project Officer for any changes the proposed Implementation Schedule

At the end of this Task, the Contractor shall provide the County the following deliverables:

System Migration Strategy  
Project Management Plan  
Project Work Plan  
Decision Log

**TASK 2 Analyze and Validate Requirements:**

- 2.1 The contractor Project Manager shall provide the County with standard requirements gathering forms called "System Program Charts" in Microsoft Word format, and host a training session with County program staff identified as responsible for providing input on data collection, reports, and system requirements.
- 2.2 Contractor's Business Analyst shall host a series of Discovery meetings to review the completed solution Program Charts and ask clarifying questions about requirements.
- 2.3 Contractor's Business Analyst shall hold additional Discovery meetings to address division-level system requirements, reporting needs, and data interface requirements.
- 2.4 Contractor's Business Analyst shall present, for data interface, system's built in data import and export tools, the formats required to use them, as well as the validation reports that are generated automatically from these tools.
- 2.5 Contractor's Project Manager shall prepare the Requirements Traceability Matrix, and Gap Analysis report.

At the end of this Task, the Contractor shall provide the County the following deliverables:

Requirement Traceability Matrix  
Gap Analysis Report

**TASK 3 Develop Implementation Approach:**

- 3.1 The Contractor shall process discovery material and write the solution Blueprint which will serve as the Application Configuration Documents.  
The Contractor shall prepare the Interface design and specifications, and Data Model specifications.
- 3.2 The Contractor shall present Application Configuration Documents, Interface Design and Specification and Data Model Specifications to County Project Team as well as explain any available configuration options to solve problems presented during the Discovery meetings.

At the end of this Task, the Contractor shall provide the County the following deliverables:  
Application Configuration Documents  
Interface Design and Specifications  
Data Model Specifications

**TASK 4 Configure the solution**

**4.1 Application Platform**

- 4.1.1 The System shall meet the following Technical Requirements:

Platform Compliance

The Contractor shall provide the County with a System that is compliant with Windows Server 2008, ASP.NET and the .NET Framework 3.5 SP1, Business Objects Enterprise, and the Crystal Reports® programming languages.

Database Compliance or Flexibility

The solution shall be a hosted software application built with Microsoft SQL Server database.

Scalability Requirements

The solution shall be a hosted, web based solution. The software shall meet or exceed a two second median and five second maximum screen refresh for standard forms through uncongested broadband connectivity.

Client Platform Compliance or Flexibility

The system shall provide full support for multiple browsers including IE, Firefox and Google Chrome amongst others. For internal staff logins the software shall be compliant with Internet Explorer 7 or higher.

Hosting Requirements

Contractor shall host the System in a world class managed and fully redundant data center infrastructure. Contractor shall utilize an operational process that manages hosting, network infrastructure, storage and security of the System. The operational structure in place shall be based on best practice and backed by an ITIL v3 service model that ensures all changes are repeatable and changes are managed in a controlled process.



The data center infrastructure and Management processes of the hosting provider shall have received SAS 70 Type II as well as ISO 9001 certification and shall be PCI DSS-compliant facilities and processes.

#### 4.1.2 System Set up

Contractor shall deploy a baseline configuration of the system and provide the County with access through a web URL

Contractor shall deploy the system using a scripted and automated process.

Contractor shall set up three full functioning Web-based environments of the licensed system for County: Test, Training and Production.

Contractor shall list, and install if necessary, any ancillary software required by the system to be fully operational. See Section C, Licenses

Contractor shall provide the County upon written request a password-protected, digital copy of all content collected by Customer or its Authorized End-Users via the Service on a CD in MS Access format at Contractor's then current fee (\$150.00 per copy as of the date of this Agreement).

The Contractor's System Set Up tasks shall not be considered accepted until the County has approved system set up in writing after testing accessibility to and operation of all three environments using accounts with different user roles.

The Contractor shall give the County access to the System in order for the County to perform these tests.

The County shall notify the Contractor in writing of whether the System has been tested and accepted. If the County tests the System and rejects it, the County shall notify the Contractor in writing of what deficiency (ies) in the System resulted in the rejection, and the Contractor shall be given an opportunity to cure the deficiency (ies).

#### 4.2 **Configured Application**

After the deployment of the Baseline Configuration, Contractor Technical Services Associate(s) shall configure the software using a set of front-end configuration tools and wizards based on the requirements outlined in the Blueprint.

##### 4.2.1 Data Accessibility and Interaction Requirements.

The Contractor shall configure the system to:

4.2.1.1. Provide a direct batch upload tool to import data in CSV format using Excel based templates that include necessary header and column information. This tool shall include full support for the custom fields and tools created within system.

4.2.1.2 Allow one time and on-going uploads of existing data in the system.

4.2.1.3 Allow data export from the system to Excel, XML, HTML, PDF or Microsoft Word.

- 4.2.1.4 Synchronize system queries with Microsoft Office products such as Excel using Live Office to refresh data.
- 4.2.1.5 Provide Public API's that allow for connections to other systems via web services.
- 4.2.1.6 Integrate, based on available and defined API's, to an external database to allow County staff to search by client last name, client first name, client birth date, source system ID, social security number, DHS-ID, or any combination of the above.
- 4.2.1.7 Display search results from a County database (the DHS Data warehouse that includes name, gender, birth date, social security number, address, and source system name.)
- 4.2.1.8 Allow record selection and import from an external database into the system while keeping multiple identifiers such as: DHS-ID from DHS source, DHS Case number, and system ID.
- 4.2.1.9 Import Client data from DHS Data warehouse on a daily basis. Imports are to run in an automated and scheduled way controllable by the Arlington County, DHS this includes the ability to operate outside normal Arlington County DHS business hours. The import process must be completed in less than eight hours. The automated process must be able to begin and conclude operation unattended by DHS staff.
- 4.2.1.10 Imported records are ready available for in-system client searches the next business day.
- 4.2.1.11 Allow imported records to be fully editable, validated, stored, and managed according to system rules.
- 4.2.1.12 Provide record counts, and error reports originated from the daily DHS data warehouse imports.
- 4.2.1.13 Generate an error file containing records rejected from the import process, and allow their re- processing, after correction, in the next data import cycle.

#### **4.2.2 Business/Program Operations**

- 4.2.2.1 The solution shall meet the following general Business/Program requirements:

##### End user Configuration

Offer an easy-to-use program configuration that allows rapid expansion of service environments by program, department or site.

##### Reporting

Provide an ad-hoc reporting tool which allows system administrators to build filtered field-level queries of virtually any data element captured in the database .

Integrate with Microsoft Office tools, embedding up-to-the-minute data from the system in Microsoft PowerPoint, Excel, and Word documents which provides self-service access to Arlington County, DHS data within familiar business tools.

##### Data Integrity Control and Remediation

Provide System Administration tools to turn on or off features in the software disable rather than delete a feature, and system utilities that allow for the correction of data errors.

#### Access and Security

Allow County Staff to login to the solution using their Active Directory user name and password, and assign each unique logon one of customizable system access levels.

#### 4.2.2.2 Scheduling

Contractor shall provide a Scheduling Module that allows the organization to manage master calendars, schedule individuals to an appointment time and then assign the individual to a particular staff person for service, and support the Waiting Room Management.

The Scheduling Module shall support functionality described in the following Use Cases:

1. Customer Service Center (CSC) setting of client appointments.
  - a) CSC responds to clients requesting appointments into one of two different program groups: Temporary Assistance to Needy Families (TANF) and Non-Temporary Assistance to Needy Families (Non-TANF).
  - b) The appointment is scheduled for a date and arrival time only.
  - c) When the appointment is set, a confirmation letter can be printed with the details of the appointment.
  - d) When the client arrives at the time of their appointment, they are assigned to a group (Intake) then Intake assigns client to an available staff member for service.
  - e) The system does not enforce any program involvement or eligibility when appointments are set and letters provided. Program staff handle eligibility, enrollment (or not) and updates any program information (event, client, etc.).
2. Setting of appointments for the Community Assistance Bureau (CAB). These clients are deemed to have an emergency issue.
  - a) CSC responds to clients requesting emergency service.
  - b) The appointment is scheduled for either morning or afternoon.
  - c) The CSC staff member selects the CAB staff person that will be assigned this client based on rotation staff or whether the client's case is open. Clients that were closed to a program within 30 days are considered open. Clients with open status are assigned to their Social Worker. New clients are assigned to a Social Worker on a rotation schedule.
  - d) Overflow of clients are assigned to a "Triage" worker by CSC staff. Occasionally, all Social Workers are assigned to Triage functions.

The Scheduling Module shall enforce the following Business Rules:

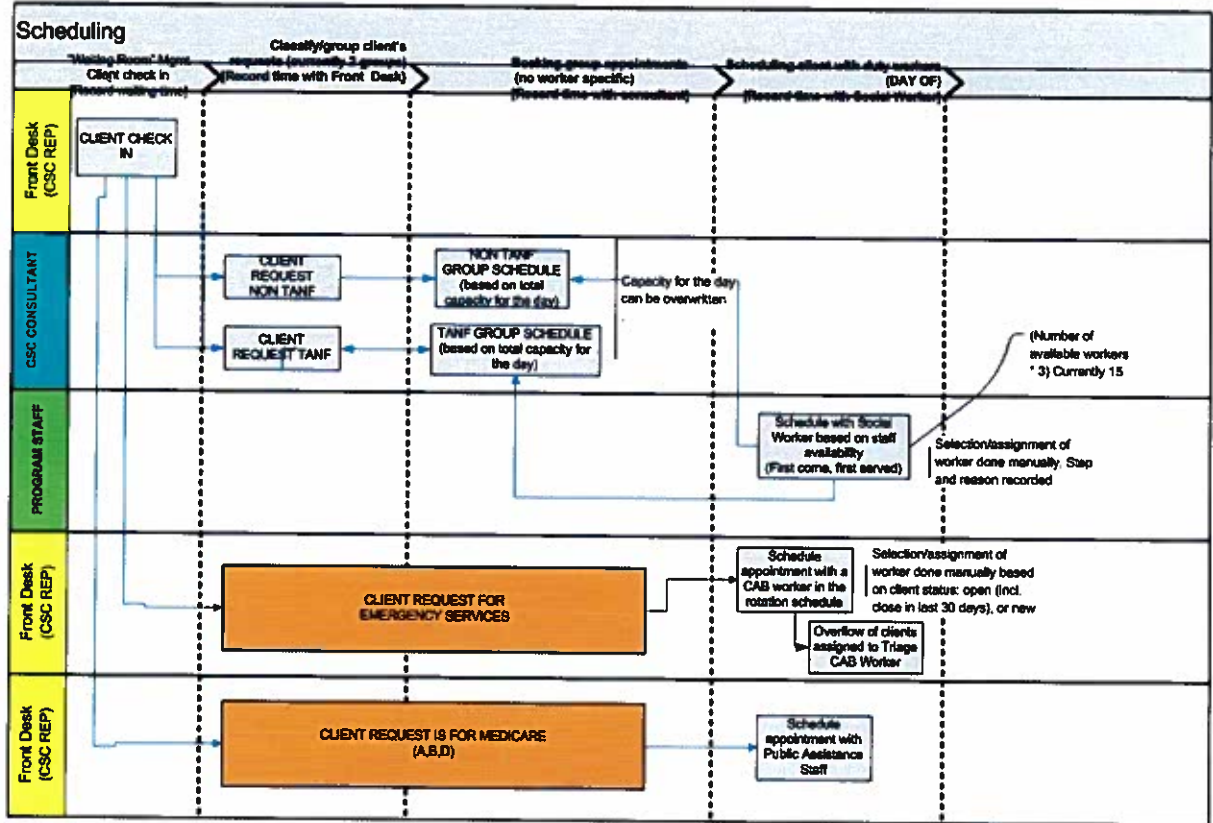
There are business rules that will manage the way the scheduling module works. These rules include managing of staff resources, master calendars, and program groups.

- a) Define staff work schedules.
- b) Define staff appointment capacity per day and per week.
- c) Calculate schedule capacity based on staff work schedules and their capacity.
- d) Allow CSC staff member to override capacity.
- e) Allow CSC to assign emergency service requests to social worker.

- f) Keep track of the number of new and open clients assigned to a social worker within a defined period of time.
- g) Allow CSC to assign overflow clients to a triage worker.

The Scheduling Module shall support the Customer Service Workflow depicted below:

**CSC Workflow**



**4.2.3 Operational Configuration**

**4.2.3.1 Overall General Requirements:**

The delivered solution shall perform the following functions:

- a) Allow visitors, clients, and providers to use three (3) self-service kiosks or portal functionality for registration and check in.
- b) Register visitors, clients and client’s household members by either entering them as new clients, unknown to the department; or by up loading client data imported from the DHS data warehouse, and updating such records with the system required information.
- c) Record, display and maintain program and service history of clients currently receiving or that have received services from the department.
- d) Allow client to be re-enrolled for services by providing access to client’s historical information, and allowing staff to continue building that client’s record.
- e) Maintain history of stated or verified client information.

- f) Record client stated or perceived needs, screen clients for programs and services, determine client's eligibility, and refer client to internal DHS programs or outside service providers.
- g) Set up appointments for clients to meet with DHS workers based on workers and program schedules, or available slots.
- h) Set up Case Management and Service plans for Community Assistance, and Workforce programs
- i) Track services statuses, costs and outcomes for Community Assistance, and Workforce Programs.
- j) Track and record client's placement information for Workforce Programs: Record services, placements, wages, status and after exiting the program follow ups.
- k) Track Program outcomes by setting up scales/indicators to evaluate program effectiveness and client's improvement in targeted areas.
- l) Generate client and program forms as illustrated or listed in Exhibit B.
- m) Capture electronic signatures in electronic forms
- n) Scan, store, index, and support upload of electronic records to County ERMS Hyland's Onbase via a one way push API call.
- o) Support mobile technology for iPhone and iPad to find a participant, record services and complete assessments.
- p) Generate client, programs, and management reports as illustrated or listed in Exhibit B.
- q) Ensure integration with the County's Active Directory authentication such that County users with licensed access to the system need only authenticate to the County ("single sign on", successful login to County network will successfully authenticate the user in the contracted system). This is authentication only ("login"), the user must still have a configured licensed account in the contracted system and levels of access are still managed within the contracted system (not via Active Directory). The contracted system must synchronize with the County's Active Directory as least nightly and there must be a means for the County to request or enact an updated synchronization in a timely fashion in cases where key users County Active Directory profile has changed.
- r) Provide role based system access, to test and training environments, that is representative of different functions in the department.
- s) Provide role based system access to production environment for all licensed users based on their job functions.
- t) Provide an automated audit trail user's interaction with the software, and allow administrator to run queries against audit trail logs, or tables.
- u) Have a "system time-out" capability that disconnects idle sessions after a pre-set time of no activity (e.g. 5 min.)
- v) Collect data on tasks routing, duration, and completion based on Customer Services and Case Management, and Workforce workflows.
- w) Notify staff of upcoming tasks such as referrals, reviews, status of services, and follow ups.
- x) Keep track of tasks status and notify supervisors on tasks exceeding threshold for completion.
- y) Allow end users, without technical assistance or custom programming, to create and modify staff security roles based on job functions, in all three environments.
- z) Allow System Administrator to use standard Administrative tools to expand and modify service offerings within a particular program or create a new program or site(s).
- aa) Allow new programs to be built, linked to all standard reporting elements and where necessary, linked with the other programs to allow cross-program referral and enrollment.

- bb) Ensure customizations done by Site Administrators affect the content of the system tables and in no way modify the code at run-time in order to prevent Arlington County, DHS changes from negatively impacting future software releases.
- cc) Allow end users, without technical assistance or custom programming, to create and modify programs, assessments, services and client forms, in test and production environments.
- dd) Allow end users, without technical assistance or custom programming, to create and modify reports on demand and by batch based on a user defined criteria.
- ee) Make reports available to users in real-time, accommodate user-defined date parameters, offer graphic enhancements and allow drill-down to client specific data where applicable.
- ff) Allow reports to be printed and exported by users .
- gg) Provide disaster recovery services that restore Arlington County, DHS system and near real time data within 24-48 hours.

**4.2.3.2 Specific Functional Requirements:**

The Contractor shall configure the licensed system in all three environments: Test, Training and Production according to the requirements listed in Exhibit B of this agreement.

At the end of this Task, the Contractor shall provide the County the following deliverables:

Application Platform set up for all three environments: Test, Training and Production

Configured Application as per requirements

Interface set up for data Import/Export

**TASK 5 Convert Data**

The Contractor shall

- 5.1 Work with designated County technical staff in a conversion discovery to define the scope of the data being converted, how that data maps to the configuration requirements established in the solution Blueprint, and what transformation may be required prior to importing the data.
- 5.2 Provide a template to Arlington, DHS to assist in the data extraction, de-duplication and mapping of County legacy systems to contractor conversion files.
- 5.3 Map, transform and load, in the test (Sandbox) Arlington County, DHS configured environment a sample of the data converted for testing.
- 5.4 Map, transform and load in the production environment, all current and historical client demographic and case management data from Arlington County, DHS final conversion files as close to the Go-live date as allowed by the duration of the estimated export and import process.
- 5.5 Provide data validation, record counts, and error reports of converted and loaded data.
- 5.6 Make corrections and reload Arlington, DHS data if necessary.
- 5.7 Certify that all Arlington, DHS data has been successfully converted and loaded and it's ready for user acceptance.

- 5.8 Provide Arlington County, DHS with three (3) iterations of conversion activities: Two preliminary conversions and a final cut- over for production conversion.

The County will:

- 5.9 Provide unduplicated client records, based on Arlington County, DHS established criteria, from County legacy systems in csv format.
- 5.10 Provide Case Management data from Arlington County, DHS legacy systems in csv format.
- 5.11 Supply default values for missing data required in the new system.
- 5.12 Correct any data errors in Arlington County, DHS produced files, and resubmit for re-processing.
- 5.13 Test and confirm accuracy of the data migrated to the new system.

At the end of this Task, the Contractor shall provide the County the following deliverables:

Data Conversion Strategy

Data Conversion Scripts

Data Validation Reports

#### **TASK 6 Test the solution**

- 6.1 The Contractor's Project Manager shall work with the County's Project Officer to create a Test Strategy document.
- 6.2 Contractor shall conduct internal testing of County solution configuration prior to demonstrating the final configured solution.
- 6.3 Contractor's Project Manager shall walk through workflows outlined in the solution Blueprint to check for configuration completeness.

The County will:

- 6.4 Jointly with the contractor develop test scripts that test all required functionality listed in this Agreement.
- 6.5 The County will conduct two user acceptance tests during a six week period. At the beginning of the first user acceptance test, at least 95% of the required functionality shall be testable. At end of the first user acceptance test, County will provide the contractor with a report identifying gaps, and errors encountered during the testing. Second user acceptance test will occur after the contractor has corrected at least 85% of gaps and errors reported during the first user acceptance test. The end of the second user acceptance test will mark the end of user acceptance; at which time the County will provide the contractor with a report listing gaps and errors to be corrected by the contractor prior to the delivery of a "production ready" system.

At the end of this Task, the Contractor shall provide Arlington County, DHS the following deliverables:

Testing Strategy

Testing Results

Tested System

#### **TASK 7 Prepare documentation**

The Contractor shall

- 7.1 Provide User Documentation via an online help-wiki will give end-users immediate access to written materials and a pre-recorded online training covering system basics
- 7.2 Use an existing system Manual template to prepare a user guide covering the Arlington County, DHS specific configuration of system. The manual shall include screenshots of the County's Specific configuration.
- 7.3 Provide one or more video training sessions the County for perpetual use.
- 7.4 Provide System Administrators with access to online configuration documentation and pre-recorded trainings on most system components through the system Software's help manual. Administrators completing the system Administrator Orientation shall be provided with a bound Administrator Guide covering frequently used system configuration tools.
- 7.5 Provide Arlington County, DHS with Technical documentation that includes, as a minimum, Data dictionary, and the final approved ERWIN data model and the identification of all components/files/modules and their functional role in the application

At the end of this Task, the Contractor shall provide Arlington County, DHS the following deliverables:

- User Documentation
- Application Administrator Documentation
- Technical Documentation
- Installation Instructions
- Technical Configurations
- Installation Media

#### **TASK 8 Provide Training**

Contractor's Project Manager shall

- 8.1 Work with the County's Project Officer to develop a Training Strategy document. The training strategy will cover sessions for end-users, system administrators, and users with reporting responsibility.
- 8.2 Provide hands- on, and on-site system administration training to all pertinent Arlington County, DHS staff members.
- 8.3 Use a hands-on and on-site "train the trainer" approach to train pertinent Arlington County, DHS staff members.
- 8.4. Provide training based on and utilizing Arlington County, DHS set up/ configuration, and data.
- 8.5 Provide system and end user training outline and documentation that reflect Arlington County, DHS set up and configuration in electronic and print format prior to any training.
- 8.6 Provide, up to a month after training, follow- up support via telephone or e-mail on questions resulting from system or train the trainer sessions.



- 8.7 Offer 30+ hours of free training for all authorized users every month via live online and in an on-demand streaming web environment.

At the end of this Task, the Contractor shall provide the County the following deliverables:

Training Strategy

Training Courses

Trained Users (Train the trainer), and Administrators

The County will:

- 8.8 Identify staff members attending to system administration and train the trainer sessions.
- 8.9 Facilitate room and equipment for on-site training.
- 8.10 Review and certify that documentation provided is complete, reflects Arlington County, DHS system configuration, and is in an acceptable electronic format.

**TASK 9 Provide go live support and Post Implementation Support**

Contractor's Project Manager and Technical Services shall

- 9.1 Provide Go- live (cut over) support to address critical issues that will prevent a successful migration to the new system.
- 9.2 Provide one (1) month of Post-Go live support to address critical or emergency problems encountered during the Post go live "shake-out" period.

At the end of this Task, the Contractor shall provide the County the following deliverables:

Operational System

Post Production Implementation Support

**TASK 10 Provide Ongoing Production Maintenance and Support.**

The Contractor shall:

- 10.1 Use single code base and include all enhancements in contractor's configuration management process to ensure that future updates are maintained properly and that the code is included as part of contractor test processes.
- 10.2 Deploy all system upgrades following best practices that are currently used to deploy upgrades to existing production environment
- 10.3 Communicate proactively and establish maintenance windows to minimize downtime and disruption of services consistent with Service Level Agreement.
- 10.4 Provide for Arlington County, DHS sign-off a mutually agreed acceptance criteria for system upgrades that ensures and preserves operability of County configuration.

- 10.5 Provide software maintenance and troubleshooting support to Arlington, DHS configured system. Any changes made by the contractor to meet the configuration here are to be identified to the County and are covered by this support (they are not additional, extra, or excluded from the contractor's support).
- 10.6 Deploy all system upgrades after obtaining approval from the County project manager on schedule of deployment, and on a mutually acceptance criteria.
- 10.7 Support, at a minimum, one previous version of the software should there be product upgrades since going live.
- 10.8 Ensure upward compatibility of Arlington, DHS configured system with new system upgrades.
- 10.9 Provide product upgrades as they become available for general production release
- 10.10 Provide support to all authorized users at no additional charge during Arlington County, DHS regular business hours. Support will be available via phone and email from 8am-8pm EST Monday – Thursday and 8am-6pm on Friday.
- 10.11 Provide full access to all licensed users to production environment twenty-four hours, seven days a week.
- 10.12 Ensure no less than 99.9% up-time for all functions and products included in the system (e.g. EWC same up-time as Portals.) Contractor guarantees a 99.9% uptime. In the event that that Contractor falls below its Standard uptime of 99.9% during the course of the month (excluding scheduled downtime or maintenance which the County has been made aware of in writing prior to the event) the County will be eligible to receive a credit for a prorated portion of that month's fees up to 10% of the entire monthly cost of service for the customer (Ex. If the website is down for 2% of the month, then County will be reimbursed 2% of the monthly subscription fee). The County must exercise this option by submitting a formal request in writing to the Contractor (Sales Operations Department) within 15 days of the close of the month. The letter must document the outage event and request a credit for the hours of non-service within the month.
- 10.13 Ensure contractor's infrastructure, including WEB Hosting, and System Hosting, supports screen refresh rate and application response time to be:  
  
between 2 – 5 seconds for all environments.  
  
on an average of 20 seconds for Complex and voluminous reports
- 10.14 Provide access to test and training environments during Arlington County, DHS core business hours: 8:00 a.m. to 5:00 p.m. EST.
- 10.15 Ensure all three environments are part of regular maintenance activities such as backup, restore and recovery.
- 10.16 Ensure that all three environments are kept up to date with operating system and application upgrades.

- 10.17 Refresh training (Sandbox) environment on a weekly basis with a complete copy of production data and forms when requested or scheduled by Arlington County, DHS (to allow on-going staff training.)
- 10.18 Restore test (Administrative) environment to previous data and forms based on Arlington County, DHS needs (e.g. during testing, in order to re-start from consistent set of data).

At the end of this Task, the Contractor shall provide Arlington County, DHS the following deliverables:

List of services provided by contractor for system fixes and for maintenance releases

Troubleshooting Support Plan that describes and establishes procedures to obtain problem resolution in case of system malfunction.

#### D. Licenses

The contractor grants the County the use of a System that includes all products necessary to meet the requirements stated in this Agreement.

Included in the System is a full license to the following products:

- a. *ETO Impact – Case management, reporting and services tracking system, designed for daily use by both frontline staff and management for recording and reporting information related to participants – such as demographics, assessments, etc.*
- b. *ETO HMIS - ETO HMIS is a set of ETO Impact templates that provides complete support for Continuum of Care (CoC), domestic violence, and many other programs. These data collection templates, reports and HUD export formats, can be quickly and easily deployed, and are specifically designed for CoC, HMIS, domestic violence (including the QPR report for HPRP and HPRP-DV).*
  - i. Built in support to track the statistics required for the HMIS AHAR and APR reports
  - ii. Ability to quickly and easily import and export data in a variety of formats
  - iii. Quick, easy data aggregation
  - iv. Unduplicated participant counts
  - v. Data validation and data quality reporting
  - vi. Tracking of all HPRP, HMIS, and HPRP-DV related efforts and outcomes
- c. *EWC Suite:*
  - i. *Kiosk – allows participants to check themselves in and out of services on location through a touch screen or computer by swiping a card or through biometric scanning.*
  - ii. *Classroom Management –This module allows staff to manage class sessions and attributes. You will have the ability to view class size allowed and enrolled, location, instructors, and any prerequisites that participants must first acquire.*
  - iii. *Self-Registration – This module allows a participant to create their own record in ETO through an external website. They can add and update their demographic*

*information and have the ability to register for classes according to the prerequisites they've acquired.*

- iv. Learning Management – This module allows staff to deploy basic online class presentations (for example a guided powerpoint with embedded audio and video) and includes the resume builder.*
- v. Employer Portal – This module enables employers to create new jobs and to search for potential candidates, job developers can flag candidates for employers to review.*
- vi. Notification Engine – The module allows staff to set notification reminders that generate ETO Dashboard and email notifications to staff and consumers based on specific event driven criteria related to appointments, assessments and pos tasks.*

**Productivity tools:**

The Contractor shall acquire licenses for the County for the following productivity tools with the System:

SAP Business Objects  
Crystal Reports,  
Live Office  
Web Intelligence.

**Enterprise Licensing**

The licensing provided to the County includes:

- An unlimited number of *sites* within the configured System. Sites are a means of organizing program information in the contractor's product, including by organizational entities, and may apply in other licensing arrangements by the Contractor; the functionality will exist within the system and there is no additional cost or licensing required by the County.
- An unlimited number of API calls or transactions. Such calls/transactions involve interconnections from external systems or other products to the system and additional charges may apply in other licensing arrangements by the Contractor based on the execution of such calls; the execution of such calls/transactions will not incur any additional charges to the County based on number (type) of calls used or number of individual transactions performed.

**Licenses counts**

The contractor shall grant enterprise licenses that include:

User licenses to provide system access to persons supporting programs on behalf of or funded by Arlington County DHS. The first yearly license period contains 100 user licenses. The second yearly license period contains 150 user licenses. The remaining years include 200 user licenses. [See Exhibit C, cost schedule for full breakout.]

Unlimited number of Public Licenses to access Public and Vendor portal functionality; such use shall count only as one (1) of the contracted number of user licenses.

The County will take reasonable measures to ensure the access to the system does not exceed the license count at any time. Such use of the system is not a constraint on the number of user access accounts.

In any one-month period where the contractor detects excessive access to the system (over the license count of simultaneous use of the system by different end-user accounts for a sustained period or several such incidents over the monthly period), the contractor will issue a warning to the County for that calendar month and provide system data and a summary of that data to support the warning. If the County receives warnings for three consecutive months or any four months in an annual period the Contractor may require additional licenses or implement more stringent controls (concurrent use lockout based on license count number of end user accesses). This approach does not rule out the Contractor implementing such concurrent use restrictions as part of its business; it sets out the mutual expectations for license counts in this agreement.

**System Metrics**

Metric	Amount Included
<p>Content Storage</p> <p>Content refers to document storage; it does not refer to the system database records or space.</p>	<p>100 GB (additional GB may be purchased for \$360 per GB, per year)</p>
<p>Authorized End-Users</p>	<p>See Exhibit A and Exhibit C.</p>
<p>SCOPE OF USE</p>	<p>Arlington County Department of Human Services (DHS) Programs and Initiatives which provide services or are funded by DHS (including employers in the workforce area and clients or potential clients/applicants in all areas)</p>

The contractor shall:

Provide unlimited database storage (excludes document storage)

Provide 100 GB per content storage to accommodate document storage.

County, at it's sole discretion, may purchase additional content storage as stated in the cost schedule (Exhibit C).

**Glossary**

**Blueprint:** Detailed System Configuration options which will be used to meet all specified requirements in the contract.

**Client Portal:** Internet based system access available to clients to check in and view program general information (e.g. some configuration components in Section 4.2.3.1).

**Data Model:** Detailed information about logical and data structures used in the configured system

**Discovery:** Review and Validation of all system requirements.

**Interface Design:** Detailed description of the process and data to be exchanged between systems.

**Public Licenses:** Unlimited access to Client and Vendor Portals.

**Vendor Portal:** Internet based system access available to Employers to some configuration components in Section 4.2.3.1.

**Upgrades:** System changes such as patches, bug fixes, releases and new versions of the software.

AGREEMENT NO. 507-12

EXHIBIT B

FUNCTIONALITY CHECKLIST

THE CONTRACTOR AGREES TO PROVIDE THE COUNTY WITH A SYSTEM THAT MEETS, AT A MINIMUM, ALL THE FOLLOWING FUNCTIONAL REQUIREMENTS LISTED ON THIS EXHIBIT:

<b>1. Client Check in and Visits:</b>
These functions entail accounting for each time a citizen contacts DHS looking for services provided by the department or external entities.
The system shall support the following functions:
a) Allow Visitors to sign in (self or assisted). This is a visit; visitor may or may not be a client
<p>Three kiosks shall be set up and configured to allow clients to check in upon arrival. Client checks in shall be time stamped, and an online intake form can be completed at that time.</p> <p>Intake form shall create a record in the system, and if the person already exists in the system, person shall be able to sign in using a username/password combination.</p> <p>A staff portal shall allow staff to accept clients from a waiting queue. Once a staff begins working with a client, a timestamp shall be made. Staff shall be able to complete an assessment and record any services/efforts made while working with the client through the staff portal.</p> <p>Below are some examples of the proposed solutions. The screen shots below are just representations but during implementation Contractor will configure these screens fully meet the needs outlined in the Scope of Work.</p> <p>Example of proposed Kiosk login and new account screens:</p>



Welcome. Please sign in or create a new account

User Name

Password



New Account

First Name

Last Name

DOB

Address

Example of staff view for working with clients waiting for services:



Client Wait List

	First Name	Last Name	Time Checked In
<input type="button" value="Manage"/>	John	Smith	8:45 AM
<input type="button" value="Manage"/>	Susan	Jones	8:53 AM
<input type="button" value="Manage"/>	Jenna	Barnes	9:12 AM





Working with: John Smith

Intake    Screening    Schedule

Data elements for Intake Screening/Assessment will be displayed here

b) Capture visitor's information:

- Last Name
- First Name
- Date and Time in (client's arrival time)
- Time when seen
- Time when done (worker entry)
- Time out (client entry)
- Ethnic Origin
- Hispanic/Latino (y/n)
- Language preferred (y/n)
- Language (e.g. French, Spanish, Chinese, German)

c) Link visit information to client information, if exists

d) Capture reasons why they are here, including Program(s) and services requested

e) Record when client left without being seen

f) Record number of documents being dropped off by client, client's name, date and time, and to whom the documents are going

g) Track, on a daily basis, applications received by recording applicant's name, date, time and staff receiving the application (e.g. Excess Medicaid applications)

h) Track application status (received, forwarded to), name of person forwarded to, and dates (e.g. Excess Medicaid)

i) Calculate length of client's visits (e.g. Resource Center)

j) Provide a Reporting utility that generates Client and Management Reports based on user defined criteria. **See Exhibit F: Forms, Letters, Assessments, and Reports.**

The system shall:

- a) Support self-service kiosks set up(s) for clients to conduct activities such as: self check in, self referrals, and retrieve program/services information
- b) Support mobile technology (e.g. smart phones or tablet-like devices such as I-pads) with an

appropriately designed interface and functionality for the device
System mobile devices shall support staff users working with participants and conducting business development activities; with the exception of Resume Building and Generating Reports from the mobile device.
c) Support scanning, storage and indexing of electronic records
d) Ability to interact with County Electronic Records Management system (Hyland-OnBase)
System shall support the upload, attachment, and push integration to Hyland's OnBase via a one way push API call.
<b>2. CLIENT INTAKE/REGISTRATION and PRELIMINARY SCREENING</b>
For these functions, the system shall:
a) Search for a client, regardless if client is the head of household or a child living in the household , using at a minimum any of the following: full or partial name, phonetic search, social security number, or any of their combination
The system shall support a "like search" criteria as an alternative to phonetic search. "Like search" criteria shall be automatically performed as part of the record duplicate check process.
b) Allow data import from other external sources to manage client searches either:
• Real time OR
• Nightly Import (loading about 30,000 records)
c) Allow searching of external database by Client Last Name, Client First Name, Client Birth date, Source System Id, Social Security, DHS-ID or any of their combination
d) Display search results from external database to include:
• Client Last Name
• Client First Name
• Client Gender
• Client Birth date
• Social Security Number
• Residence Street Number
• Residence Street Name
• Residence Direction Indicator
• Residence Street Type

<ul style="list-style-type: none"> <li>• Residence Apt. Number</li> </ul>
<ul style="list-style-type: none"> <li>• Residence 5-digit Zip Code</li> </ul>
<ul style="list-style-type: none"> <li>• Source System Name (view for context; NOT for input)</li> </ul>
e) Allow import client data into client demographic tables or fields once client is determined, by user, to be a match.
f) Provide a distinct highlight or view of clients records search results created in the system (i.e. entered manually by a user as a client record in this system, or inserted from search results) to distinguish them from interfaced/imported records (“only”) used for searching.
g) Allow real time data import from other external sources into client demographic tables or fields once client is determined, by user, to be a match. Prioritize display of records already in the system
h) Allow recording of external client ids (Case Number)
i) Retrieve possible matches and perform validation of key fields to avoid record duplication (e.g. ssn, name and dob, or any other combination)
j) Allow updates with new visit information if client is determined to be known to the system. See requirement 1.a
k) Identify when client was served last
l) Refer client to previous worker if case was closed in the last 30 days
m) Record acceptance of client’s application, including date and time
n) Record screening date and time
o) Record appointment date and time
p) Record type of appointment (walk in/phone)
q) Record type of service (s) requested
r) Record special needs: language, pregnancy, physical barriers, legal provisions, or alerts
s) Capture Worker’s (e.g. screener, consultant, intake, case worker) name
t) Register client, using proper name formatting (Upper and Lower case), by collecting or updating client’s demographic information
<ul style="list-style-type: none"> <li>• Last name</li> </ul>
<ul style="list-style-type: none"> <li>• First name</li> </ul>
<ul style="list-style-type: none"> <li>• Middle name</li> </ul>
<ul style="list-style-type: none"> <li>• Aliases</li> </ul>
<ul style="list-style-type: none"> <li>• Address (field formatted: apt, street name, city, state, zip)</li> </ul>
<ul style="list-style-type: none"> <li>• Date of birth</li> </ul>
<ul style="list-style-type: none"> <li>• Social Security Number for applicant</li> </ul>
<ul style="list-style-type: none"> <li>• Temporary Identification Number (Tin #)</li> </ul>
<ul style="list-style-type: none"> <li>• Gender</li> </ul>
<ul style="list-style-type: none"> <li>• Race</li> </ul>
<ul style="list-style-type: none"> <li>• Ethnic Origin</li> </ul>
<ul style="list-style-type: none"> <li>• Hispanic/Latino (y/n)</li> </ul>
<ul style="list-style-type: none"> <li>• Relationship role</li> </ul>
<ul style="list-style-type: none"> <li>• Primary language spoken</li> </ul>
<ul style="list-style-type: none"> <li>• Record contact information (full 10 digits phone number (s) and e-mail)</li> </ul>
<ul style="list-style-type: none"> <li>• Household composition <ul style="list-style-type: none"> <li>○ Related/Unrelated</li> <li>○ Other household members</li> </ul> </li> </ul>

• HIPAA release
○ Signed (y/n)
○ Attached (y/n)
• Release of information Confidentiality
○ Signed (y/n)
○ Attached (y/n)
• Employment Status
• Date of recent Income termination
• Citizenship/Right to work
• Voter Registration offered (y/n)
• Selected Service Registration (y/n)
• Education level/Type of position seeking
• Certifications/License held
• Military/Veterans status
• Self-assessed barriers to employment
• Services Requested
• Disability status
• SSI Recipient
• Length of unemployment
• Housing status
u) Indicate client's identity as verified, and record name of worker who verified the information, as well as date and time
v) Display list of services client is currently receiving or have received from the department including:
• Date of application for services or program
• Date of program enrollment
• Date of services provided
• Service type
• Service status (e.g. open, close, unknown)
• Date of services terminated and reasons
• Name of case worker assigned if any
w) Record program participation outside Arlington jurisdiction
▪ Jurisdiction (e.g. Washington DC, Silver Spring, MD)
▪ Program Name
▪ Program enrollment date
▪ Program end date
▪ Services requested
▪ Services provided
▪ Service status
▪ Service end date
▪ Termination reasons
x) Maintain history, and indicate as verified or stated, the following "Point in time" client information:
▪ Address

	▪ Housing situation
	▪ Educational level
	▪ Visits
	▪ Services Requested
	▪ Disability status
	▪ SSI Recipient
	▪ Income and assets
y)	Record Point of Contact (POC) Information
	• Name
	• Address
	• Phone
	• Social Security Number
	• E-mail
	• Indicate if point of contact is a client in the system
z)	Record Client Household information
	• Names of people living in the house
	• Age (s) of people living in the house
	• Number of adults in the household
	• Number of children in the household
	• Relationship to client
	• Total number of people in the household
	• Number of single adults
	• Currently receiving assistance
	• Type of current assistance
	• Social Security numbers
aa)	Record Client Income and Asset Information
	• Record client earned and unearned income information
	• Record income of members of the household
	• Record value of client's assets
	• Record value of assets of household members
bb)	Ability to merge/consolidate client records, without losing historical information, once multiple client records have been determined to belong to the same individual
cc)	Ability to print, on demand, Intake Eligibility Screening
dd)	Provide a Reporting utility that generates Client and Management Reports based on user defined criteria. <b>See Exhibit F: Forms, Letters, Assessments, and Reports.</b>
The system shall:	
a)	Support scanning, storage and indexing of electronic records
b)	Ability to interact with the County Electronic Records Management System (Highland-OnBase)

The system shall support the upload , attachment, and push integration to Hyland's OnBase via a one way push API call

**3. CLIENT SCREENING**

Client Screening entails taking client's service requests, identifying client needs through interviews or assessments, determining eligibility for services and programs, scheduling client to meet with a Case worker for further assessment and case management, and likely making internal and/or external referrals.

The system shall:

- a. Record client stated and assessed needs based on services and Program specific **templates** (e.g. Customer Services, Community Assistance, Employment). These assessment templates should contain pre-populated data, and program specific questions with comment area for each, pre-set quantifiable field, and user input field. **. See Exhibit F: Forms, Letters, Assessments, and Reports.**
- b. Categorization of assessment instruments by type (e.g. intake, generic, payments, shelter, employment programs, clinical, social)
- c. Allow creation of additional forms, and assessment templates based on specific program needs
- d. Determine client's program eligibility based on program specific assessments
- e. Record client's eligibility for services
- f. Record results of tests and skills/interest assessments
- g. Record needs, services requested and provided, as well as maintaining a history of client's requests
- h. Record services status (e.g. pending, open, close, unknown)and dates
- i. Date and time stamp screening or assessments
- j. Record worker's name and phone number (e.g. screener, case worker)
- k. Schedule client's appointment with worker based on staff availability
- l. Indicate type of appointment (walk in, phone, scheduled)
- m. Indicate if referrals will be made
- n. Provide a form generation engine that can:
  - Pre-populate data already collected such as: client's demographics, income and assets, household information, household income and assets, client expenses and deductions.
  - Do basic arithmetic operations(e.g. to calculate client's monthly income, total client's income and assets, total household income, total household assets)
  - Allow to select or deselect data to be used in tabulations or calculations
  - Allow updates and data input in user defined fields
  - Capture updated data fields only at the form level
  - Save, date, and attach forms and/ or assessments to client record once

determined to be complete . See Exhibit F: Forms, Letters, Assessments, and Reports.
o) Allow, on demand and batch, printing of forms and letters
p) Send e-mail notifications, including attachments, to client, workers or external partners
q) Provide a Reporting utility that generates Client and Management Reports based on user defined criteria. See Exhibit F: Forms, Letters, Assessments, and Reports.
The system should:
a) Support self-service kiosks set up(s) for clients to conduct activities such as: self referrals and or retrieval of program/service information
b) Support scanning, storage and indexing of electronic records
c) Ability to interact with to County Electronic Records Management System(Hyland-OnBase)
The system shall support the upload , attachment, and push integration to Hyland's OnBase via a one way push API call
d) Support mobile technology (e.g. smart phones or tablet-like devices such as I-pads with an appropriately designed interface and functionality for the device)
The system ETO mobile application for iPhone, and iPad shall allow staff to find a participant, record services and complete assessments. The system ETO mobile application for iPhone and iPad will not support client self-registration or client self check-in.
e) Support the use of signature pads to capture electronic client's signature needed in forms
<b>4. CLIENT SCHEDULING</b>
Client scheduling entails setting up appointments to meet with Eligibility or Case Workers, and scheduling clients for orientation sessions and workshops.
<b>Client and Staff scheduling</b>
The system shall have automated scheduling functions to allow:
a. Development of weekly, daily and hourly rotating schedules based on staff and group (pool of resources) availability
b. Real time updates of daily and weekly calendars of staff showing their availability to see clients
c. Generation of separate schedules based on services requested and program staffing needs (e.g. Temporary Assistance for Needed Families (TANF), Food Stamps (FS), Community Assistance Bureau (CAB), Arlington Employment Center (AEC))
The system shall provide a Scheduling Module that allows Arlington County, DHS to manage master

calendars, schedule individuals to an appointment time, then assign the individual to a particular staff person for service, and support the Waiting Room Management.

d. Set up daily threshold of available slots to meet with clients and adjust, in real time, slots available if a worker is out, or if a client is removed or added to that day's schedule

e. Display available slots per day, and per week; based on a pre-determined threshold

Below are some representations of the scheduling functionality. The Contractor shall tailor the County's solution to the exact needs specified in the Scope of Work during implementation.



Working with: John Smith

Intake Screening Schedule

Week of October 24, 2011

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 AM		●	●	●	●	●	
9:00 AM		●	●	●	●	●	
10:00 AM		●	●	●	●	●	
11:00 AM		●	●	●	●	●	
12:00 PM		●	●	●	●	●	
1:00 PM		●	●	●	●	●	
2:00 PM		●	●	●	●	●	
3:00 PM		●	●	●	●	●	
4:00 PM		●	●	●	●	●	
5:00 PM		●	●	●	●	●	

● TANF  
 ● PS  
 ● CAB  
 ● AEC



Working with: John Smith

Intake Screening Schedule

Week of October 24, 2011

Staff with availability for TANF on Wednesday, October 26, 2011 at 11 AM

Schedule Jill Johnson

Schedule Beth Richardson



f. Display a warning; but allow override of daily threshold by adding another client to be seen on that day.

g. Set up client's appointment (s) based on staff or group availability

h. Sending a meeting invite to worker's county e-mail, after setting up a client's appointment

This would be covered through a Notifications rule engine. Example of proposed functionality below but your solution will be tailored to your needs during implementation.

The system's Notifications Rule Engine shall be tailored to exactly meet specific County's requirements.

**Add Notification:**

Save Cancel

Notification Name:

Description:

Date:

To:

Phone Area Code:

Client Area Code:

Apply Rules:

- Name Sample A
- Name Sample B
- Name Sample C
- Name Sample D

Apply Recipients:

- Client
- Person
- Staff
- Interviewer
- Case Manager

Individual:

- Individual A
- Individual B

Save Cancel

i. Enforcement of client's program participation with specific program schedule (e.g. TANF client with TANF schedule)

j. Sending e-mails to clients, workers, external partners, including attachments

The Notification Module shall be used to send email alerts based on defined actions. Notifications with attachments shall be supported with a link to a file that can be downloaded.

k. Adding or removing of clients from the schedule and allow re-scheduling of client's appointments

l. Selection of several calendar display options: daily, weekly, and monthly

m. Identification and selection of one or multiple categories of services being requested for each available slot. (e.g. TANF, Supplemental Nutrition Assistance Program (SNAP), Expedite SNAP, Refugee Cash, General Relief, General Relief Emergency, Adult Medicaid, Medicaid F&C –PG, Refugee Medicaid, State and Local Hospitalization (SLH), Employment Services, Community Assistance)
n. Record client's attendance at the meeting with worker
o. Record length of client's visit with worker
p. Record results of the client's visit/meeting with worker (no show, next visit scheduled, completed as scheduled, other)
q. Provide a Reporting utility that generates Client and Management Reports based on user defined criteria . See Exhibit F: Forms, Letters, Assessments, and Reports.
<b>Client Orientations and Workshop scheduling</b>
The system shall have automated scheduling functions to allow:
a) Creation of schedules for orientation sessions and workshops
b) Set up number of seats available for each workshop and orientation session
c) Adjust seats available as clients sign up or drop from orientation sessions or workshops
d) Record client's enrollment, attendance/or lack of to orientations and or workshops
e) Additions/Removals of clients from the calendar and/or reschedule them to a different day
<b>5. CLIENT REFERRALS</b>
Clients can be referred to other internal DHS divisions or to External agencies. Referrals are linked to a client record and to service requests. Referrals can be done independent from case/program enrollment or program specific service plans.
To support these functions, the system shall:
a) Record if the referral is incoming (Referred from) or External (Referred to)
b) Record service/referral type(e.g. Housing, employment, Public Service Program (PSP)) and services requested
c) Record date and time when referral is received or made
d) Record name or agency to where the referral is going to or coming from
e) Allow generation of multiple referrals for a client
f) Notify staff about incoming internal referrals
g) Send e-mails to clients, workers, external partners, including attachments
h) Record acknowledgment of referral (yes/no/unknown)
i) Record name of staff acknowledging incoming referral
j) Record referral outcome
k) Maintain history and status of referrals done by or for a client
l) Record feedback from service provider referrals
m) Allow on demand and batch printing of referrals
n) Provide a Reporting utility that generates Client and Management Reports based on user defined criteria . See Exhibit F: Forms, Letters, Assessments, and Reports.

<b>6. CLIENT CASE MANAGEMENT, PROGRAMS AND SERVICE PLANS</b>
Case Management functions are linked to assessments and eligibility to a program. Case Management entails setting up short term and long term goals for the client, developing service plans based on assessment needs, and tracking outcomes of activities completed by client or worker.
The system shall:
a) Allow setting up Case Management plans that include short and long term goals for the client
b) Record date and time when a Case Management plan was established
c) Generate, notify staff, and maintain up to date weekly and monthly ticklers of upcoming due dates (e.g. assessments, follow ups, reviews)
d) Evaluate and track progress on client's short term and long term goals
e) Record date, time and the name of the worker setting up the Service plan
f) Generate and categorize program specific service plans (e.g. Employment Services, Community Assistance) that list needs and activities to be completed by client or worker
g) Allow selection of funding source (s) that will pay for such activity (s)
h) Record review dates for tasks and activities to be completed
i) Record results of tests and skills/interest assessment(s)
j) Adjust activities, and service plans as needed
k) Maintain statuses of activities from initial request to closure
l) Record and maintain quantitative and qualitative outcomes of services, appointments, tasks, and activities
m) Maintain history of services provided, tasks and activities in a service plan
n) Create and maintain snap shots of client situation at specific intervals of Case Management continuum
o) Allow client to participate in multiple services plans, receive services from multiple funding sources (programs)
p) Record termination of services and termination from a program, including reasons and dates
q) Send e-mails to clients, workers, external partners, including attachments
<b>For Employment programs:</b>
a) Track and record placement information such as:
• Placement date
• Position Type
• Employer Name
• Employer Address
• Employer phone #
• Job Category
• Permanent, temporary employment or Public Service Placement (PSP)
• Placement Wages and number of hours
• Benefits
b) Set up tickler for follow up after exiting program to record employment status, wages and hours increase

<b>7. CLIENT and PROGRAM OUTCOMES</b>
The department is interested in assessing the effectiveness of programs and the client's improvement in targeted areas.
In order to support these functions, the system shall:
a) Allow setting target areas of evaluation based on programs or population (e.g. Employment, Housing, Life skills, Income, Gender, Ethnicity, Age)
b) Identify goals for each target area in quantitative or qualitative language (e.g. short term, intermediate, long term)
c) Set up scales/indicators that evaluate client's progress toward identified goals in targeted areas
d) Allow setting up specific data collection points (e.g. beginning/end of a program, after 3 months, 6 months, a year)
e) Generate ticklers for workers to measure client's progress at specific data collection points
f) Generate customer surveys to gather information on quality of services provided and suggestions
g) Provide a Reporting utility to generate management reports based on a user defined criteria (e.g. date ranges, programs outcomes, subset of clients, or any of their combination)
<b>8. BUSINESS/EMPLOYMENT DEVELOPMENT</b>
For Employment Development, workers, and Business Developers would conduct field visits to identify potential outside business partners.
In order to support these functions, the system shall:
a) Record field activity to include:
• Name of Company
• Company's address, phone number, e-mail
• Company's Website
• Person seen at the company and his/her contact information
• Date and time of visit
• Results of visit
• Comments
b) Record and maintain employer information
c) Collect job orders from employers that include:
• Job title
• Job requirements
• Job description
• Salary
• How to apply
d) Have Resume building capability

e) Track number of job orders posted and filled
f) Provide a report utility that will generate client and management reports based on a user specified criteria. <b>See Exhibit F: Forms, Letters, Assessments, and Reports.</b>
The system should:
Support mobile technology (e.g. smart phones or tablet-like devices such as I-pads) with an appropriately designed interface and functionality for the device (s)
In our initial proposal we included pricing for our ETO mobile application for iPhone and iPad which enables staff to find a participant, record services and complete assessments. In the updated 2 <sup>nd</sup> Round of Questions, we have also included the ability to meet the requirements for business developers as listed in section 8, excluding 8D & F (Resume Builder & Reporting Utility) which do not appear to be appropriate for mobile devices.  The system, ETO mobile application for iPhone, and iPad shall allow staff to find a participant, record services and complete assessments.  The system, ETO mobile application for iPhone, and iPad for business developers shall meet all the requirements listed in this section, with the exception of Resume Building and generation of reports from a mobile device.
<b>9. CLIENT TRAINING AND FINANCIAL ASSISTANCE TRACKING</b>
The system shall:
a) Track cost of activities provided, date of activities and funding source (s) (e. g. Virginia Initiative for Employment not Welfare (View), Workforce Investment Act (WIA), Snapet, Carter Jenkinson Fund, General Relief Emergency (GRE))
b) Maintain client's record of payments to include:
a. Vendor' name
b. Tax id
c. Type of service paid
d. Amount owed
e. Amount paid
f. Funding source
g. Date of payment
c) Maintain records of any financial item distributed to client, including cost and funding source paying for such item (i.e. transportation passes, gift cards)
d) Provide a Report utility that generates client and management reports based on a user specified criteria (e.g. dates, client counts, funding source, type of services, costs, or any of their combination)
<b>10. WORKFLOW</b>
Three kiosks shall be set up and configured to allow clients to check in upon arrival. Client checks in

shall be time stamped, and an online intake form can be completed at that time.

Intake form shall create a record in the system, and if the person already exists in the system, person shall be able to sign in using a username/password combination.

A staff portal shall allow for staff to accept clients from a waiting queue. Once a staff begins working with a client, a timestamp shall be made. Staff shall be able to complete an assessment and record any services/efforts made while working with the client through the staff portal.

Staff shall be able to create tasks and set notifications. An administrative function shall be created to allow thresholds to be created for certain defined tasks. These thresholds will be added to the Notification Module that will allow for alerts to go to managers/supervisors based as defined.

The system shall include an Arlington County, DHS customized workflow that meets the requirements listed in this contract.

The system shall:

- a) Keep track of staff availability for scheduling and task assignments
  - b) Alert managers and supervisors about staff availability and conflicting schedules
  - c) Notify staff about incoming tasks
  - d) Route task to appropriate staff and indicate next step in a task
  - e) Track and collect: date and time spent from beginning to end of the following:
    - Client's waiting time before seen by staff
    - Check in process
    - Intake/Registration
    - Screening/Assessment process
    - Referrals received/made and completed
    - Service requested and provided
    - Meetings with Case worker
  - f) Track task status through its duration: acceptance, processing, and disposal
  - g) Set up ticklers to remind workers of due tasks (e.g. appointments, reviews, follow ups)
  - h) Alert managers and supervisors of tasks exceeding processing time threshold level
- These alerts occur through email or the dashboard
- i) Track number of client visits, date, time, type of visit, and frequency
  - j) Provide a Report utility that generates reports based on user defined criteria (e.g. date, count of clients seen, left without been seen, departmental units, counts of completed and outstanding tasks by worker, by service requests, service type, by program, processing time, or any of their combination)

<b>11. SECURITY</b>
The system shall:
a) Prevent unauthorized access to data, ensure data confidentiality and at the same time be flexible to grant appropriate access based on staff functional roles
b) Supply a simple Graphical User Interface (GUI) to set up and administer security options
c) Allow setting of different levels of system access based on security groups (e.g. customer services staff, case workers, managers, supervisors, system administrators, etc.)
d) Grant or restrict access to functions within a security group
e) Allow view, updates and deletions of security groups
Each unique logon in the system shall be assigned one of the nine levels of access; these levels shall be configured to allow users access to a particular set of features in the system. Access levels cannot be deleted.
System administrator shall be able to change or delete individual user's level at anytime.
f) Ability to assign staff to one or more security groups
g) Have clear definitions of security statuses (e.g. allow, deny, etc)
h) Have clear definitions of user actions (add, edit, delete, read only, etc)
i) Maintain and provide access to system log(s) containing user's name, date, time and type of updates to client records

FORMS, LETTERS, ASSESSMENTS AND REPORTS (SEE EXHIBIT F. FOR correspondent sections and items.)

The System shall be able to perform the following functions:

1. Generate and populate, in real time, client documents (form, letters, assessments) using data already collected in the system (e.g. name, address, client id, income data)
2. Allow user updates (e.g. Fill out, select and deselect items)
3. Do basic arithmetical operations
4. Record, on the form, results of calculations
5. Copy and modify existing forms and templates to generate new ones with same functionality; but different contents or layouts
6. Have a save, print, and cancel option
7. Incorporate County's letterhead on printed documents
8. Display and print on documents client's identifier (e.g. client's name and client-id)
9. Attach documents to client's record
10. Secure forms so only staff with appropriate rights can update client's documents
11. Have a lock feature by which no further updates are allowed to the documents
12. Date and time stamp complete/locked documents
13. Save electronic copies of client's documents once they are locked
14. Group forms, assessments and service plans templates by departmental units and programs/funding sources (e.g. Customer Services, Community Assistance, Employment Center)
15. Allow capture of client and worker's signatures
16. Allow on demand and batch forms printing

The System shall provide the County with the following form types:

1. Forms with pre-populated system data, and standard text
  - a. Example form
  - b. Nine (9) listed forms
2. Forms with pre-populated system data, standard text, user input, and user selection options (residing only on the form-not stored back into the database)
  - a. Example forms (3, including in Spanish)
  - b. Four (4) listed forms
3. Forms with pre-populated data, standard text, user selection options, and user structured data input- stored back into the database
  - a. Example form
  - b. Fifteen (15) listed forms
4. (See also item 6) Forms with pre-populated data, user selection options, user structured and unstructured data input, and basic computation (results of computation will reside only on the specific form)
  - a. Example forms (2)
  - b. One listed form
5. Forms with pre-populated data, user selection options, basic computation, and user structured (e.g. date form completed), and unstructured (e.g. text) data input
  - a. Example form
  - b. Four (4) listed forms
6. (See also item 4) Forms with pre-populated data, user selection options, user structured and unstructured data input, and basic computation (results of computation will reside only on



the specific form)
a. Example forms (2)
b. Two (2) listed forms
7. Assessments and Service Plans Template Samples
a. Have the capability of configure assessments and service plans templates using different types of forms, or any of their combination
b. Group assessments and service plans according to units (Customer Services, Community Assistance, Employment Services)
c. Have the capability to copy and modify templates to generate new assessments, and service plan with similar functionality.
d. Examples (6)
e. Four (4) listed
8. Reports
a. Generate on demand, and batch client reports based on date ranges and user defined criteria (e.g. Demographic data, services requested, etc.)
b. Generate on demand and batch statistical reports based on date ranges and user defined criteria (e.g. clients served, category of services provided, clients enrolled, clients served, clients placed, program outcomes etc.)
c. Provide ability to export data into standard file outputs (office tools, cvs, flat files, email) for further data manipulation and reporting
d. Examples (10)
9. Workflow Reports
a) Average wait time to be served by staff (Customer Service Representative, Intake worker, case worker)
b) Percentage of clients seen within 5 minutes (95/5 rule)
c) Percentage of time schedule fully available - basically no one out on vacation or sick leave based (program, date ranges)
d) Percentage of time schedule filled to capacity
e) Number of clients seen, average screener time, grouped and sorted by screener's names, and total of client seen, average wait time to be seen, and average time spent with client for unit
f) Client wait time based on date range selection showing counts for over 15 minutes, under 15 minutes, percentage under 15 minutes, the overall average wait time, and total clients
g) Monthly application assignments to each worker (Customer Service Consultant, Intake worker, Case worker)
h) Monthly case load by worker (open, close, pending)
i) Monthly list of outstanding/incomplete ticklers (assessments, reviews, closure, program outcomes)
j) Report reflecting percentage and number of client's and no-shows using date, or date range parameters (daily, weekly, monthly, yearly)

EXHIBIT C

PAYMENT SCHEDULE

**Table of Contents**

- 1. Contractor Pricing**
- 2. Future/Additional Licenses Pricing**
- 3. Additional Services**
- 4. System Metrics**
- 5. Implementation Cost Payment Schedule**

**1. CONTRACTOR PRICING**

<b>CONTRACTOR PRICING</b>		
	<b>Dollar Amount</b>	
<b>Configuration:</b>		
1.) Application set up (test, training and production environments)	\$33,480	
2.) Application configuration (test, training, and production environments)	\$55,480	
3.) Interface with DHS data warehouse	\$21,480	
4.) Application engines/tools needed for: forms, reports, data import/export	\$42,960	
<b>ALL REPORTS and FORMS</b>	46,400	

<b>CONFIGURATION TOTALS</b>		<b>\$199,800</b>
<b>Conversion:</b>		
1.) Data conversion: all clients, all demographics	\$3,480	
2.) Data conversion: all case management data	\$11,020	
<b>CONVERSION TOTALS</b>		<b>\$14,500</b>
<b>Training</b>		
1.) System Administration	\$10,200	
2.) Train the trainer	\$6,800	
3.) End user	-	
<b>TRAINING TOTALS</b>		<b>\$17,000</b>
<b><u>Additional Capabilities:</u></b>		
1. Scanning, storage and indexing of electronic records	INC	
2.) Interface/Interaction with County Electronic Records System (excludes two-way exchange & indexing)	INC	
3.) Mobile Technology (excludes client registration and check-in)	INC	
4.) Electronic signature/Signature pads (excludes encryption)	INC	
5.) Self-service (3 kiosks)	INC.	
<b>ADDITIONAL CAPABILITIES TOTALS</b>		<b>\$0</b>
<b>6.) Other Implementation Services:</b>		
Traveling Expenses and	\$14,500	

Training class fees		
<b>OTHER IMPLEMENTATION SERVICES TOTALS</b>		<b>\$14,500</b>
<b>TOTAL ONE-TIME COSTS</b>		<b>\$245,800</b>
<b>On-going costs (YEAR 1)</b>	<b>100 USERS</b>	
1.) User Licenses	\$123,000	
2.) Public Licenses	INC.	
<b>Hosting:</b>		
3.) County hosted	\$0	
4.) Vendor hosted	INC.	
5.) Disaster recovery, if vendor hosted	INC.	
6.) Maintenance	INC.	
7.) Upgrade support for major releases	INC.	
8.) Troubleshoot support	INC.	
<b>Total On-going costs (YEAR 1):</b>	<b>\$123,000</b>	
<b>TOTAL 1ST YEAR COST (ONE TIME AND YEAR 1 ON-GOING)</b>		<b>\$368,800.00</b>
<b>On-going costs (Year 2)</b>	<b>150 USERS</b>	
1.) Licenses	\$143,000	
2.) Hosting	INC.	
3.) Disaster recovery, if vendor hosted	INC.	
4.) Maintenance	INC.	
5.) Troubleshoot support	INC.	
<b>Total On-going costs (YEAR 2)</b>	<b>\$143,000</b>	

<b>On-going costs (Year 3 through Year 5) )</b>	<b>200 USERS</b>	
1.) Licenses	\$163,000	
2.) Hosting	INC.	
3.) Disaster recovery, if vendor hosted	INC.	
4.) Maintenance	INC.	
5.) Troubleshoot support	INC.	
<b>Total On-going costs (YEAR 3 through Year 5)</b>	<b>\$163,000</b>	

**2. FUTURE/ADDITIONAL LICENSES PRICING**

<b>FUTURE /ADDITIONAL USER LICENSES</b>
<p>Pricing for future/additional licenses</p> <p>The County may acquire additional licenses under the enterprise licensing model covered in this contract.</p> <p>Additional licenses will be available to the County in blocks of 10 user licenses for \$2,000 per year. Partial years will be pro-rated by month to be determined at the time of purchase by the County.</p>

**3. ADDITIONAL SERVICES**

Additional work or services may be pursued under this agreement, by amendment, using the Contractor's GSA rate schedule (2009-12-16 GSA Mod adding annual ETO Community document.) Specifically, sections: SINS 132-50, & 132-51.

**TERMS AND CONDITIONS APPLICABLE TO PURCHASE OF  
TRAINING COURSES FOR GENERAL PURPOSE COMMERCIAL  
INFORMATION TECHNOLOGY EQUIPMENT AND SOFTWARE  
(SPECIAL ITEM NUMBER 132-50)**

**1. SCOPE**

- a. The Contractor shall provide training courses normally available to commercial customers, which will permit ordering activity users to make full, efficient use of general purpose commercial IT products. Training is restricted to training courses for those products within the scope of this solicitation.
- b. The Contractor shall provide training at the Contractor's facility and/or at the ordering activity's location, as agreed to by the Contractor and the ordering activity and at the same price as training at the Contractor's facility.

**2. ORDER**

Written orders, EDI orders (GSA Advantage! and FACNET), credit card orders, and orders placed under blanket purchase agreements (BPAs) shall be the basis for the purchase of training courses in accordance with the terms of this contract. Orders shall include the student's name, course title, course date and time, and contracted dollar amount of the course.

**3. TIME OF DELIVERY**

The Contractor shall conduct training on the date (time, day, month, and year) agreed to by the Contractor and the ordering activity.

**4. CANCELLATION AND RESCHEDULING**

- a. The ordering activity will notify the Contractor at least seventy-two (72) hours before the scheduled training date, if a student will be unable to attend. The Contractor will then permit the ordering activity to either cancel the order or reschedule the training at no additional charge. In the event the training class is rescheduled, the ordering activity will modify its original training order to specify the time and date of the rescheduled training class.
- b. In the event the ordering activity fails to cancel or reschedule a training course within the time frame specified in paragraph a, above, the ordering activity will be liable for the contracted dollar amount of the training course. The Contractor agrees to permit the ordering activity to reschedule a student who fails to attend a training class within ninety (90) days from the original course date, at no additional charge.
- c. The ordering activity reserves the right to substitute one student for another up to the first day of class.
- d. In the event the Contractor is unable to conduct training on the date agreed to by the Contractor and the ordering activity, the Contractor must notify the ordering activity at least seventy-two (72) hours before the scheduled training date.

**5. FOLLOW-UP SUPPORT**

The Contractor agrees to provide each student with unlimited telephone support for a period of one (1) year from the completion of the training course. During this period, the student may contact the Contractor's instructors for refresher assistance and answers to related course curriculum questions.

**6. PRICE FOR TRAINING**

The price that the ordering activity will be charged will be the ordering activity training price in effect at the time of order placement, or the ordering activity price in effect at the time the training course is conducted, whichever is less.

**7. INVOICES AND PAYMENT**

Invoices for training shall be submitted by the Contractor after ordering activity completion of the training course. Charges for training must be paid in arrears (31 U.S.C. 3324). PROMPT PAYMENT DISCOUNT, IF APPLICABLE, SHALL BE SHOWN ON THE INVOICE.

**8. FORMAT AND CONTENT OF TRAINING**

- a. The Contractor shall provide written materials (i.e., manuals, handbooks, texts, etc.) normally provided with course offerings. Such documentation will become the property of the student upon completion of the training class.
- b. **\*\*If applicable\*\*** For hands-on training courses, there must be a one-to-one assignment of IT equipment to students.
- c. The Contractor shall provide each student with a Certificate of Training at the completion of each training course.
- d. The Contractor shall provide the following information for each training course offered:
  - (1) The course title and a brief description of the course content, to include the course format (e.g., lecture, discussion, hands-on training);
  - (2) The length of the course;
  - (3) Mandatory and desirable prerequisites for student enrollment;
  - (4) The minimum and maximum number of students per class;
  - (5) The locations where the course is offered;
  - (6) Class schedules; and
  - (7) Price (per student, per class (if applicable)).
- e. For those courses conducted at the ordering activity's location, instructor travel charges (if applicable), including mileage and daily living expenses (e.g., per diem charges) are governed by Pub. L. 99-234 and FAR Part 31.205-46, and are reimbursable by the ordering activity on orders placed under the Multiple Award Schedule, as applicable, in effect on the date(s) the travel is performed. Contractors cannot use GSA city pair contracts. The Industrial Funding Fee does NOT apply to travel and per diem charges.

**9. "NO CHARGE" TRAINING**

The Contractor shall describe any training provided with equipment and/or software provided under this contract, free of charge, in the space provided below.

Social Solutions Global, Inc. provides various web-based and online training at no additional charge to the customer. The online training schedule can be found on our website at [www.socalsolutions.com](http://www.socalsolutions.com). The online no charge training consists of a 10 minute pre-recorded modules of intense focused instruction including screen shots and walk-throughs of functionality.

Social Solutions Global, Inc.  
 Awarded GSA Pricelist  
 SIN 132-50: Training Courses  
 GS-35F0262U



SIN	Course Title	Min/Max No. of Students	Duration	GSA Price
132-50	Basic Site Administration	1-25	4 hours	\$488.64
132-50	Basic Site Administration	1-25	8 hours	\$977.28
132-50	Simplify the User Experience	1-25	4 hours	\$488.64
132-50	Simplify the User Experience	1-25	8 hours	\$977.28
132-50	Management Reports	1-25	4 hours	\$488.64
132-50	Management Reports	1-25	8 hours	\$977.28
132-50	Entities	1-25	4 hours	\$488.64
132-50	Entities	1-25	8 hours	\$977.28
132-50	Intermediate Query Wizard	1-25	4 hours	\$488.64
132-50	Intermediate Query Wizard	1-25	8 hours	\$977.28
132-50	Fresh Tracks	1-25	4 hours	\$488.64
132-50	Fresh Tracks	1-25	8 hours	\$977.28
132-50	Reports	1-25	4 hours	\$488.64
132-50	Reports	1-25	8 hours	\$977.28
132-50	Outcome Wizard	1-25	4 hours	\$488.64
132-50	Outcome Wizard	1-25	8 hours	\$977.28
132-50	Service Plans	1-25	4 hours	\$488.64
132-50	Service Plans	1-25	8 hours	\$977.28
132-50	Beginner Query Wizard	1-25	4 hours	\$488.64
132-50	Beginner Query Wizard	1-25	8 hours	\$977.28
132-50	Batch Upload	1-25	4 hours	\$488.64
132-50	Batch Upload	1-25	8 hours	\$977.28
132-50	Tracking Employment in ETO Software	1-25	4 hours	\$488.64
132-50	Tracking Employment in ETO Software	1-25	8 hours	\$977.28
132-50	Family Functionality	1-25	4 hours	\$488.64
132-50	Family Functionality	1-25	8 hours	\$977.28
132-50	Assessment Wizard	1-25	4 hours	\$488.64
132-50	Assessment Wizard	1-25	8 hours	\$977.28
132-50	Enterprise Management	1-25	4 hours	\$488.64
132-50	Enterprise Management	1-25	8 hours	\$977.28
132-50	Taking Attendance	1-25	4 hours	\$488.64
132-50	Taking Attendance	1-25	8 hours	\$977.28
132-50	Composite Query Wizard	1-25	4 hours	\$488.64
132-50	Composite Query Wizard	1-25	8 hours	\$977.28
132-50	Composite Query Building	1-25	4 hours	\$488.64
132-50	Composite Query Building	1-25	8 hours	\$977.28
132-50	Basic Site Administrator Review	1-25	4 hours	\$488.64
132-50	Basic Site Administrator Review	1-25	8 hours	\$977.28
132-50	ETO Reports 102	1-25	4 hours	\$488.64
132-50	ETO Reports 103	1-25	8 hours	\$977.28

Note: Please see attached Training Course Descriptions



**Social Solutions Global, Inc.**  
**Awarded GSA Pricelist**  
**SIN 132-51: Information Technology Professional Services**  
**GS-35F-0262U**



SIN	Labor Category	GSA Hourly Rate
132-51	Senior Project Manager	\$141.70
132-51	Implementation and Training Specialist	\$87.95
132-51	Implementation Specialist	\$122.18

#### 4.SYSTEM METRICS

Metric	Amount Included
Content Storage	100 GB (additional GB may be purchased for \$360 per GB, per year)
Authorized End-Users	See Exhibit A and Exhibit C.
SCOPE OF USE	Arlington County Department of Human Services (DHS) Programs and Initiatives and partners which provide services or are funded by DHS (including employers in the workforce area and clients or potential clients/applicants in all areas)

#### 5. IMPLEMENTATION COSTS PAYMENT SCHEDULE

IMPLEMENTATION COSTS PAYMENT SCHEDULE			
<b>CONFIGURATION TOTALS (\$199,800)</b>	<b>Percentage to be paid at the time the deliverable is approved by County Project Officer</b>		<b>Implementation Task Cross reference</b>
Completion of SaaS Configuration	0.0%	\$0	
Complete Configuration for Testing	20%	\$ 19,980.00	Tasks: 1, 2, 3
End of system user acceptance test (support)	25%	\$ 59,940.00	Task: 6
Delivery of Ready for Production system	25%	\$ 59,940.00	Tasks: 4
System in Production use	30%	\$ 59,940.00	Tasks: 7, 9
		\$ 199,800.00	

<b>CONVERSION TOTALS (\$14,500)</b>			<b>Task: 5</b>
Start of Data conversion	50%	\$ 7,250.00	
Final Data conversion for Production Implementation	50%	\$ 7,250.00	
		\$ 14,500.00	
<b>TRAINING TOTALS (\$24,250)</b>			<b>Tasks: 8</b>
Start Training	50%	\$ 8,500.00	
<i>Training class fees</i>	100%	\$7,250	
End Training, and Documentation	50%	\$ 8,500.00	
		\$ 24,250.00	
<b>Travel Expenses</b>		\$6,750*	<b>Budgeted and billed as expense incurred.</b>
<b>LICENSE PAYMENT SCHEDULE</b>			
Payment of user licenses within 15 days after SaaS configuration completed (10%)		\$12,300.00	<b>Task: 10</b>
Payment of user licenses 90 days after SaaS configuration completed (90%)		\$ 110,700.00	

Note: SaaS Configuration occurs within 72 hours of the executed contract and generation of purchase order; SaaS configuration includes deploying our standard enterprise software in the Production, Stage and Test environments and creating the first set of user accounts.

AGREEMENT NO. 507-12

EXHIBIT D

NONDISCLOSURE AND DATA SECURITY AGREEMENT

The undersigned, an authorized agent of the Contractor and on behalf of Social Solutions Global, Inc. (Contractor) hereby agree that the Contractor will hold County provided information, documents, data, images, records and the like (hereafter "information") confidential and secure and to protect it against loss, misuse, alteration, destruction or disclosure. This includes but is not limited to the information of the County, its employees, contractors, residents, clients, patients, taxpayers and property as well as information that the County shares with Contractor for testing, support, conversion or other services provided under Arlington County Agreement No.507-12 (the "Project" or "County Agreement" as applicable) or which may be accessed through other County owned or controlled databases (all of the above collectively referred to herein as "information" or "County information").

In addition to the DATA SECURITY obligations set in the County Agreement, the Contractor agrees that it will maintain the privacy and security of the County information, control and limit internal access and authorization for access to such information and not divulge or allow or facilitate access to County information for any purpose or by anyone unless expressly authorized. This includes but is not limited to information that in any manner describes, locates or indexes anything about an individual including, but not limited to, his/her (hereinafter "his") Personal Health Information, treatment, disability, services eligibility, services provided, investigations, real or personal property holdings, and his education, financial transactions, medical history, ancestry, religion, political ideology, criminal or employment record, social security number, tax status or payments, date of birth, address, phone number or that affords a basis of inferring personal characteristics, such as finger and voice prints, photographs, or things done by or to such individual, and the record of his presence, registration, or membership in an organization or activity, or admission to an institution (also collectively referred to herein as "information" or "County information").

Contractor also agree that it will not directly or indirectly use or facilitate the use or dissemination of information (whether intentionally or by inadvertence, negligence or omission verbally, electronically, through paper transmission or otherwise) for any purpose other than that directly associated with its work under the Project. Contractor acknowledges that any unauthorized use, dissemination or disclosure of information is prohibited and may also constitute a violation of Virginia or federal laws, subjecting it or its employees to civil and/or criminal penalties.

The Contractor agrees that it will not divulge or otherwise facilitate the disclosure, dissemination or access to or by any unauthorized person, for any

purpose, of any information obtained directly, or indirectly, as a result of its work on the Project. Contractor shall coordinate closely with the County Project Officer to ensure that its authorization to its employees or approved subcontractors is appropriate, tightly controlled and that such person/s also maintain the security and privacy of information and the integrity of County networked resources.

Contractor agrees to take strict security measures to ensure that information is kept secure, properly stored, that if stored that it is encrypted as appropriate, stored in accordance with industry best practices and otherwise protected from retrieval or access by unauthorized persons or unauthorized purpose. Any device or media on which information is stored, even temporarily, will have strict security and access control. Any information that is accessible will not leave the Contractor's work site or the County's physical facility, if working onsite, without written authorization of the County Project Officer. If remote access or other media storage is authorized, Contractor is responsible for the security of such storage device or paper files.

Contractor will ensure that any laptops, PDAs, netbooks, tablets, thumb drives or other media storage devices, as approved by the County, and connected to the County network are secure and free of all computer viruses, or running the latest version of an industry standard virus protection program. Contractor will ensure that all passwords used by its employees or subcontractors are robust, protected and not shared. No information may be downloaded except as agreed to by the parties and then only onto a County approved device. Downloading onto a personally owned device is prohibited. Contractor agrees that it will notify the County Project Officer immediately upon discovery, becoming aware or suspicious of any unauthorized disclosure of information, security breach, hacking or other breach of this Agreement, the County Contract, County policy, Contractor's security policies, or any other breach of Project protocols. The Contractor will fully cooperate with the County to regain possession of any information and to prevent its further disclosure, use or dissemination. The Contractor also agrees, if requested, to promptly notify others of a suspected or actual breach.

Contractor agrees that all duties and obligations enumerated in this agreement also extend to its employees, agents or subcontractors who are given access to County information. Breach of any of the above conditions by Contractor's employees, agents or subcontractors shall be treated as a breach by Contractor. Contractor agrees that it shall take all reasonable measures to ensure its employees, agents and subcontractors are aware of and abide by the terms and conditions of this Agreement and related data security provisions in the County Agreement.

It is the intent of this *NonDisclosure and Data Security Agreement* to ensure that the Contractor has the highest level of administrative safeguards, disaster recovery and best practices are in place to ensure confidentiality, protection, privacy and security of County information and County networked resources and to ensure compliance with all applicable local, state and

federal law or regulatory requirements. Therefore, to the extent that this NonDisclosure and Data Security Agreement conflicts with the County Agreement or with any applicable local, state, or federal law, regulation or provision, the more stringent County Contract requirement, law, regulation or provision shall control.

At the conclusion of the Project, Contractor agrees to return all County information to the County Project Officer. These obligations remain in full force and effect throughout the Project and shall survive any termination of the County Agreement.

Authorized Signature:  \_\_\_\_\_

Printed Name and Title: Stephen Butz, CEO

Date: 4/12/12

AGREEMENT NO. 507-12

EXHIBIT E

SOFTWARE LICENSE AGREEMENT

The parties to this Software License Agreement ("Agreement") are:

Contractor Global, Inc. ("SSG")	Full Legal Name: County Board of Arlington County, VA ("Customer")
425 Williams Court, Suite 100	2100 Clarendon Blvd, Suite 500
Baltimore, MD 21220	Arlington, VA 22201
Telephone: 443/ 460- 3375	Invoices Contact: Martha Coello
Facsimile: 443/ 460- 3473	Invoices Telephone : 703- 228-1642
Legal notices to: Sales Operations Department	Invoicing Email: mcoell@arlingtonva.us
TIN: 52-2277149	TIN:

The parties hereby agree as follows:

1. Scope of this Agreement: SSG offers a variety of Software as a Service solutions. This Agreement will apply to any services ordered in the Contract Documents.

Value: The total amount due under this Agreement is defined in Exhibit C.

2. Definitions:

"Authorized End-Users" means Customer's employees, personnel, agents or consultants who are authorized by Customer to access and use the Service concurrently at any one time during the Term. A Person identified in this definition as an "Authorized End-User" shall not be considered an "Authorized End-User" unless and until he, she, or it has accepted the terms and conditions of SSG's online, "click-through" End-User License Agreement (EULA) accessible through the Website, as the same may be amended, modified, or restated from time to time by SSG.

"Content" means any and all data collected, stored, transmitted, and retrieved by a Customer or its Authorized End-Users, in and through the Service.

"Party" or "Parties" means each of SSG and Customer individually, or SSG and Customer collectively.

"Person" means any individual or entity, including, without limitation, partnership, corporation, limited liability company, limited liability partnership, association, trust, joint venture, unincorporated organization.

"Update," means a modification, upgrade or update to the Software that is completed according to SSG's exclusively determined timeline and specifications. Updates exclude new services for which SSG charges separately.

"Website" means one or more exclusively available, secure URLs established by SSG for Customer based upon the terms and provisions of the applicable Schedule(s).

### 3. Grant of Rights; Scope of Use:

- A. Subject to the terms and conditions of this Agreement, SSG grants to Customer, a worldwide, non-exclusive and non-transferable limited right and license to access and use the Service solely through SSG's hosted environment via SSG's website for the Term and solely for Customer's internal business purposes.
- B. Fees for the Service are based upon the project described in the Contract Documents and are listed in Exhibit C.
- C. Customers purchasing any product labeled ETO Software Enterprise shall limit administrative user licenses to the staff of the Arlington County DHS. General end-user licenses shall be limited to the staff of the Arlington County and its contractors or partners participating in DHS programs and services. Customers purchasing any product labeled ETO Software Workforce Connections shall limit usage to consumers, partners, contractors and staff for programs of the Arlington County DHS. Under no circumstance shall the Customer allow employees or personnel of another agency, organization or corporation to utilize the Customer's website and license to track or report on data specific to any agency, organization or corporation other than the Customer. The license types and counts are delineated in Exhibit A (Scope of Work, section 8.4) and Exhibit C (Pricing, under Contractor Pricing).

### 4. Features of a Software as a Service Solution:

SSG's Software as a Service solutions (the "Service") include the following as part of the subscription fee:

- A. SSG shall host the Service via a SSG-controlled Website;
- B. SSG shall provide help desk, error correction, and maintenance services for the Solution as per its most-current published Maintenance Policy;
- C. SSG shall update the Service to the most recent version on a periodic basis without additional cost to Customer. SSG will ensure the continued functioning of existing interfaces in either circumstance a) where they were configured by SSG or, b) for the portions of the Service used by interfaces configured by the County.
- D. SSG shall use industry standard accepted security protocols to prevent unauthorized access to the Content and to prevent transmission of any malicious software to Customer.
- E. SSG shall back up data and maintain a disaster recovery plan in accordance with its most-current Maintenance Policy.



5. Payment Terms:  
See Exhibit C for payment schedule.

Customer shall promptly pay the fees identified in Exhibit C.

6. Assignments and use by Third Parties:

- A. Neither party shall assign any of its rights or obligations under this Agreement, in whole or in part, without the prior written consent of the other party, which consent shall not be unreasonably withheld. Notwithstanding the generality of the preceding sentence, the foregoing sentence shall not prohibit (i) the assignment by either party of all of its rights and obligations under this Agreement in connection with a sale of substantially all of the assets of the assigning party, or (ii) any acquisition of all of the stock of either party and/or the statutory merger of either party into any other entity. SSG shall alert Customer, in the manner provided in paragraph 6 of this Agreement, ninety (90) days prior to such sales or acquisition.

7. Confidentiality:

- A. Each party hereto shall hold all non-public information received from the other party as confidential and shall not disclose such information to third parties unless (i) such information becomes generally available to the public other than as a result of disclosure by the party wishing to disclose such information; (ii) such information was known to the party wishing to disclose such information or available to such party on a non-confidential basis, prior to its disclosure by the other party; (iii) such disclosure is reasonably necessary to such party's performance under this Agreement; or (iv) such disclosure is required by law, including but not limited to disclosures mandated by public records laws. Customer recognizes all ETO Software™ products as Vendor proprietary software information. If Customer denies a request for disclosure based on this Agreement as to the proprietary nature of the software and the denial is challenged in court, SSG shall indemnify, hold harmless and defend the Customer, its respective officers and employees from any and all costs, damages, fees and penalties (including attorney's fees and other costs related to litigation) relating thereto. In the case of disclosures required by law, when such notice is not prohibited by law, the party holding the confidential information shall give the owner of the confidential information prompt notice of the disclosure requirement and an opportunity to defend against or limit such disclosure.
- B. Customer's Content is presumed to be confidential. The software underlying the Services and the user interface used for the Services is presumed to be confidential.
- C. To the extent that the Customer's Confidential Information received by SSG pursuant to this Agreement falls within the definition of the Gramm Leach Bliley Act and/or the Health Insurance Portability and Accountability Act, SSG will comply with such laws and their implementing regulations.
- D. SSG shall not utilize Customer's Confidential Information for any purpose other than the purpose for which it was supplied. Notwithstanding the foregoing, SSG shall be entitled to use data supplied by Customer in creating statistical compilations of data that do not contain information permitting the data to be traced to Customer or any individual person. Such compilations will not include

sensitive data such as social security numbers or bank account numbers and shall be in compliance with all applicable data privacy laws.

- E. SSG shall maintain all personal information in compliance with applicable data privacy laws. In the event that there is a breach of SSG's security measures resulting in the disclosure of personally identifiable data, SSG will comply with all statutory requirements concerning the provision of notice of such breach to the impacted persons and to appropriate agencies (if applicable) and will be responsible for any remedial measures required by statute.

8. Ownership:

- A. Customer shall not store any Content via the Service unless it has the right to use such Content. SSG obtains no ownership rights in Customer's Content.
- B. Customer obtains no ownership rights in the Service or any software SSG uses to operate the Service. The Service is highly configurable and many of SSG's customers may use configurations similar to ones used by Customer. SSG reserves the right to offer any configuration it has made for any particular customer as a template for other customers.

9. Monitoring Use of the Service: SSG reserves the right to monitor Customer's and its Authorized End-Users' access and usage of the Service and the Website to ensure Customer's and its Authorized End-Users' compliance with the terms and conditions of this Agreement. SSG does not monitor the Content unless it has been provided with information suggesting that the Content violates law. Customer will use commercially reasonable efforts to ensure that the information Customer and its Authorized End-Users transmit through the Service complies with all applicable laws and regulations, whether now in existence or hereafter enacted and in force. Notwithstanding any term or provision to the contrary contained in this Agreement, or the applicable Schedule, SSG reserves the right, in its sole and absolute discretion, to suspend or terminate Customer's or any of its Authorized End-User's access to the Service for any violation of the material terms and conditions of this Agreement by Customer or its Authorized End-Users. In the event of such suspension or termination, SSG will provide written notice of the action and the reason for such action. If a cure of the violation is possible, SSG will restore access within 24 hours following the cure. In the event of repeated violations by the same Authorized End-User, SSG may reasonably refuse to restore access to such Authorized End-User. Except where monitoring indicates a violation of law, SSG's monitoring is subject to the confidentiality restrictions of this Agreement.

10. Indemnification and limitation of liability:

- A. SSG hereby agrees to indemnify and hold the Customer harmless from any and all losses, damages, penalties, fines, liabilities and expenses, including reasonable attorney's fees and expenses, arising out of any acts of fraud or criminal action on the part of SSG.
- B. SSG shall indemnify and defend the Customer against any claims that any software, materials or data ("materials") supplied by SSG or used by SSG in the course of delivering the Services infringes any United States or Canadian patent or copyright, provided that SSG is given prompt written notice of such claim and is given information, reasonable assistance (which shall not include additional monies or legal services), and sole authority to defend or settle the claim. In

the defense or settlement of the claim, SSG shall, in addition to the indemnification and defense obligations set forth above, in its reasonable judgment and at its option and expense: (i) obtain for the Customer the right to continue using the materials; or (ii) replace or modify the materials so that they become non-infringing while giving equivalent performance. There shall be no liability to indemnify or defend the Customer to the extent the alleged infringement is based on: (i) a modification of the materials by anyone other than SSG; (ii) use of the materials other than in accordance with the Documentation; or (iii) use of the materials other than in conjunction with the Service.

11. General: This Agreement is made in and shall be governed by the laws of the Commonwealth of Virginia. Venue for any action arising out of this Agreement or a Contract hereunder shall be in the state and federal courts for the Commonwealth of Virginia and both parties consent to such venue. The section headings herein are provided for convenience only and have no substantive effect on the construction of this Agreement. The parties agree that SSG's employees and clients and the Customer's employees and clients are not intended to be third party beneficiaries of this Agreement. Neither party shall be liable for any failure to perform due to causes beyond its reasonable control. If any provision of this Agreement is held to be unenforceable, this Agreement shall be construed without such provision. The failure by a party to exercise any right hereunder shall not operate as a waiver of such party's right to exercise such right or any other right in the future. This Agreement may be amended only by a written document executed by a duly authorized representative of each of the parties. This Agreement may be signed in multiple counterparts, each of which shall have the force and effect of an original.

12. Subscription Pricing and Payment Schedule:

Both parties agree to the pricing and payment terms outlined in the Attached SOW (Exhibit A) and Pricing (Exhibit C). Subscription fees are invoiced and paid annually in advance.

For the items labeled "services" under "item category" in the attached SOW, customer shall receive one-time services outlined in the attached SOW, for the indicated fees and payment schedule.

Implementation/Professional Services may include all planning correspondence and communications, documentation, integration of Customer data elements into the System, System review and training activities. Standard Implementation Services will be provided by SSG only if there are fees listed in the attached SOW. Services and training schedules are determined on a "first-come, first-served" basis. Meetings and training sessions are often held via conference call and an online webinar meeting tool (free to the Customer). SSG may make training available at Customer's principal place of business or at a location to be mutually agreed upon by Customer and SSG.

**AGREEMENT NO. 507-12**

**EXHIBIT F**

**FORMS, LETTERS, ASSESSMENTS, AND REPORTS**

THE CONTRACTOR AGREES TO PROVIDE THE COUNTY WITH FORMS, LETTERS, AND REPORTS INCLUDED IN THIS EXHIBIT.

**FORMS TYPES AND ILLUSTRATIVE SAMPLES**

There are several forms types:

10. Forms with pre-populated system data, and standard text
11. Forms with pre-populated system data, standard text, user input, and user selection options (residing only on the form- not stored back into the database)
12. Forms with pre-populated data, standard text, user selection options, and user structured data input- stored back into the database
13. Forms with pre-populated data, user selection options, user structured and unstructured data input, and basic computation (results of computation will reside only on the specific form)
14. Forms with pre-populated data, user selection options, basic computation, and user structured (e.g. date form completed), and unstructured (e.g. text) data input

The sample forms below are indicatives of the structured information requirements in this area, both for data input and output. In evaluating the offer, the County will seek understanding of the information management capabilities of the system in this area, including:

- a) data is part of the standard configuration/off-the-shelf of the system
- b) data is fixed in structure in the system (e.g. a key field, required field)
- c) data field and/or values (selections) can be configured
- d) data that is typically calculated, derived, or generated based on other information in the standard configuration
- e) standard restrictions on data editing (e.g. key fields, linked to workflow steps, locked as part of a one-time evaluation)
- f) data is simply open text (in standard configuration)

**1. FORMS WITH PRE-POPULATED SYSTEM DATA, and STANDARD TEXT**

<p><b>Pre-populated (Req. from Client Intake/Registration)</b></p>
--

Commonwealth of Virginia  
Department of Social Services  
Temporary Assistance for Needy Families

AGENCY USE ONLY
Case Name
Case Number
Eligibility Worker Number

Standard text

#### NOTICE OF INTENTIONAL PROGRAM VIOLATIONS AND PENALTIES

Virginia law requires TANF applicants and recipients to let the local department of social services know of certain changes that might cause a change in his or her assistance. If you withhold information or give false information, you may be prosecuted for perjury, larceny, or welfare fraud. You may be subject to a disqualification hearing. If you are found guilty, you will be ineligible to receive TANF for yourself for six months for the first offense, 12 months for the second offense, and permanently for the third offense.

The following changes must be reported within 10 days of the day they occur, but at the latest, you have until the 10th day of the following month to report the change. If you are not sure whether to report a particular change, please discuss the change with your worker.

1. Change of address.
2. An eligible child leaves your home.
3. Changes that may affect VIEW participation including changes in the need for transportation, child care, or any other supportive services.
4. Income from your household goes over the limit below.

Number of People in your Household	Gross Income Limits			
	Monthly	Weekly	Every 2 weeks	Twice a month
1	\$1,174	\$273.02	\$ 546.04	\$ 587.00
2	1,579	367.20	734.41	789.50
3	1,984	461.39	922.79	992.00
4	2,389	555.58	1,111.16	1,194.50
5	2,794	649.76	1,299.53	1,397.00
6	3,200	744.18	1,488.37	1,600.00
7	3,605	838.37	1,676.74	1,802.50
8	4,010	932.55	1,865.11	2,005.00
For each additional member add	+ \$406	+ \$94.41	+ \$188.83	+ \$203.00.00

These amounts are good through 9/30/2011.

I have read this notice and understand my responsibility to report the above changes by the 10th day of the month following the change.

Capture  
signatures  
and dates

Applicant/Client Signature

Date

Worker Signature

Date

List of forms in this category not included in the samples

EMPLOYMENT AND EARNINGS VERIFICATION
SCHOOL ATTENDANCE VERIFICATION
CONSENT RELEASE FORM
HIPPA FORM
NOTICE OF INTENTIONAL PROGRAM VIOLATION
TIME AND ATTENDANCE RECORD
STATEMENT OF REQUIRED PRESENCE OF CAREGIVER
SHELTER AND RESIDENCE EXPENSE VERIFICATION
GENERAL RELEASE FORM
Total 9

2. FORMS WITH PREPOPULATED SYSTEM DATA, STANDARD TEXT, USER INPUT, AND USER SELECTION OPTIONS



2100 Washington Blvd., 1st Floor  
 Arlington, Virginia 22204  
 (703)228-1350 . FAX (703)228-1011  
 TTY (703)228-1398

DEPARTMENT OF  
 HUMAN SERVICES

Thursday, April 14, 2011

Dear: Customer Service Form

We have scheduled an appointment for you on Wednesday, April 27, 2011

- at this office - 1st floor (703) 228-1350 and
- on the phone - your worker will call you at

User selects or adds requirements prior to printing

Pre-populated  
 (Required from Client  
 Intake & Registration)

Plan on spending 1-1.5 hours at your appointment. An application is enclosed which must be filled out prior to your interview. For telephone interviews, you must return your application prior to your interview appointment time. The following verifications are needed; please bring as much as you can to your interview, but DO NOT miss your appointment if you don't have everything. More may be required as determined by your interviewer.



2100 Washington Blvd., 1st Floor  
 Arlington, Virginia 22204  
 (703)228-1350 . FAX (703)228-1011  
 TTY (703)228-1398

DEPARTMENT OF  
 HUMAN SERVICES

Thursday, April 14, 2011

Estimado (a) Customer Service Form

Hemos programado una cita para usted en Wednesday, April 27, 2011

- en esta oficina - primer piso (703) 228-1350 a las 9:30:00 AM
- por por teléfono - su trabajador le llamará a las

La entrevista puede durar de 1-1.5 horas. Estamos incluyendo una aplicación, la cual debe completar antes de su entrevista. Si no tiene quien le ayude a completar la solicitud puede llamar a una de las siguientes agencias para que le asista: Comité Hispano (703) 243-3033, Hogar Hispano (703) 979-1705. Para una entrevista por teléfono, usted debe devolver su aplicación antes de la fecha programada para su entrevista. Las siguientes verificaciones son necesarias: propoea los documentos que usted pueda el día de su entrevista, pero NO PIERDA su cita si usted no tiene todos los documentos. Mas verificaciones podrían ser requeridas por la persona que lo(a) entreviste.

- Prueba de todo ingreso bruto (sin deducciones): por los meses de January, February, March (colillas de pago o carta del empleador).
- Prueba de cualquier otra fuente de ingreso que usted recibe. Esto incluye: a) beneficios del Seguro Social; beneficios por: b) desempleo, c) retiro/jubilación, d) veteranos, e) dinero que recibe de familiares o amigos, f) pagos de mantenimiento de niños (Child Support).
- Formulario de terminación de empleo o carta del empleador, incluyendo la fecha y el monto total del último pago.
- Verificación de su dirección (contrato de vivienda, recibo de renta, o carta del arrendatario o factura de utilidades).
- Una identificación con su fotografía o otra prueba de identidad
- Partidas de nacimiento de sus hijos.
- Su número de Seguro Social y números de sus hijos y esposo.
- Tarjetas de Residencia (Green Card), Forma I-94, Certificado de Naturalización, Pasaporte de los Estados Unidos, permiso de trabajo, cualquiera de estos documentos que usted tenga en su poder.
- Tarjeta de Medicare o cualquier otro seguro médico que usted posea.
- Si usted no puede trabajar por problemas de salud, pídale a su medico que complete la forma adjunta
- Otro Free form field
- Otro \_\_\_\_\_
- Otro \_\_\_\_\_

Si necesita cambiar la fecha o la hora de su cita, por favor llame al teléfono (703) 228-1350

Atentamente,

Consultante de Servicio al Client



VERIFICATION OF ASSISTANCE RECEIVED

Date: (enter today's date)

← System date

System pre-populates (from Client Registration Req.)

To Whom It May Concern:

This is to confirm that (enter client name), who resides at (enter client address) is a recipient of:

User Input

TANF	\$ (Enter Amount) per month
SNAP (Food Stamps)	\$ (Enter Amount) per month
General Relief	\$ (Enter Amount) per month
Housing Grant	\$ (Enter Amount) per month
Other	\$ (Enter Amount) per month

Sincerely,

User Input

For Eligibility Worker

(Enter Eligibility Worker Name)

703-228-(enter 4 digit worker extension)

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
VIEW PROGRAM

VIEW WORK SITE AGREEMENT (CWEP or PSP)

User input



\_\_\_\_\_ Department of Social Services  
(hereafter referred to as the Agency) and  
\_\_\_\_\_ (hereafter referred to as the Work  
Site) enter into this agreement in good faith to provide work experience  
and/or training to participants of the Virginia Initiative for Employment not  
Welfare Program (VIEW).

THE AGENCY AGREES AS FOLLOWS:

1. To refer appropriate participants to the Work Site for consideration.
2. To provide a detailed explanation of VIEW and the necessary paperwork for reporting requirements.
3. To provide necessary services to enable the participant to participate in VIEW.

THE WORK SITE AGREES AS FOLLOWS:

1. To provide work experience and/or training for participants chosen by the Work Site.
2. To not use participants to displace current employees or to fill vacant established positions or perform tasks that would have the effect of reducing regular employee's work hours.
3. To not use participants to perform political, electoral or partisan activities or in response to any strike, lock-out or other bona fide labor dispute.
4. To provide reasonable working conditions which do not violate federal, state or local health or safety standards.
5. To provide competent supervision to participants.
6. To prepare evaluation and time sheets for each participant and submit this information to the Agency by the fifth working day of each month during the designated training period.

7. To furnish necessary materials to allow participants to perform assigned task.

User input



This agreement will be in effect from \_\_\_\_\_  
to \_\_\_\_\_

---

Authorized Signature (organization)

Date



---

Agency Representative

Date

Capture  
signatures  
and dates

List of forms in this category not included in samples

NOTICE OF HARDSHIP EXCEPTION
VIEW NOTICE OF SANCTION/TERMINATION
WIA ELIGIBILITY CHECKLIST
CDBG/CSBG ELIGIBILITY CERTIFICATION
TOTAL 4

3. FORMS WITH SYSTEM PRE-POPULATED DATA, USER SELECTION, USER INPUT  
(STRUCTURED) DATA

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
SNAP EMPLOYMENT AND TRAINING (SNAPET)

Form contains: system pre-populated  
data, user field selection and user  
input (structured) data.

TO: \_\_\_\_\_ Agency \_\_\_\_\_  
(Name)  
Date \_\_\_\_\_  
\_\_\_\_\_  
(Address)  
Case Number \_\_\_\_\_  
\_\_\_\_\_  
(City State & ZIP)

**SNAPET NOTICE OF SANCTION**

You are out of compliance with rules for receiving SNAP benefits.

You did not participate as required in the SNAP Employment and Training.  
Because of this, your SNAP benefits may be reduced or closed for up to six  
(6) months or until you comply, whichever is longer. This is called a  
sanction.

**YOU ARE BEING SANCTIONED BECAUSE:**

- You did not keep your scheduled appointment on \_\_\_\_.
- You did not complete your assignment to \_\_\_\_.
- Other \_\_\_\_.

In order to avoid this sanction, you must contact your SNAPET Worker/Case Manager by \_\_\_\_ to give good reason why you did not complete the activity checked above.

If we do not hear from you on or before \_\_\_\_, your SNAP benefits will be reduced or closed.

SNAPET Worker/Case Manager:\_\_\_\_\_

Telephone Number:\_\_\_\_\_

**List of forms in this category not included in samples**

VIEW AGREEMENT OF PERSONAL RESPONSIBILITY
COMMONWEALTH OF VIRGININA DEPARTMENT OF SOCIAL SERVICES EMPLOYMENT SERVICES PROGRAMS COMMUNICATION FORM
NOTICE OF HARDSHIP EXCEPTION
VIEW JOB FOLLOW UP FORM
VIEW JOB SEARCH FORM
VIEW NON COMPLIANCE CHECKLIST
VIEW NOTICE OF SANCTION/TERMINATION

VIEW REFERRAL TO WORK SITE (FEP, CWEP, PSP)
VIEW PROGRAM SURVEY
YOUTH EMPLOYMENT PROGRAM SELF-ATTESTATION FORM
WIA YOUTH ELIGIBILITY VERIFICATION CHECKLIST
SNAP PRE-ASSESSMENT FORM
VIEW ASSESSMENT FORM
VIEW PROGRAM SELF SUFFICIENCY ASSESSMENT FORM
DRESS FOR WORK SUCCESS PROGRAM
<b>TOTAL 15</b>

4. FORMS WITH PRE-POPULATED DATA, USER SELECTION, USER DATA INPUT, AND BASIC CALCULATION

NAME: \_\_\_\_\_ Date Completed \_\_\_\_\_

MONTHLY SPENDING PLAN

Form contains: system pre-populated data, user field selection and basic calculation.

TABLE I: FIXED EXPENSES

<u>EXPENSE ITEM</u>	<u>AMOUNT</u>
Housing (rent or mortgage payment) _____	\$ _____
<b>Insurance</b>	
Life _____	\$ _____
Disability _____	\$ _____
Health _____	\$ _____
Auto _____	\$ _____
Homeowner or Renter _____	\$ _____
	<b>TOTAL INSURANCE</b> _____ \$
<b>Installment Loans</b>	
Car Payment _____	\$ _____
Furniture Payment _____	\$ _____

Appliances ..... \$  
 \_\_\_\_\_  
 Other ..... \$  
 \_\_\_\_\_  
 TOTAL INSTALLMENT LOANS ..... \$  
 \_\_\_\_\_

Day Care ..... \$ \_\_\_\_\_

Allowance (s) ..... \$ \_\_\_\_\_

Other (Specify)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL OTHER ..... \$ \_\_\_\_\_

Savings ..... \$ \_\_\_\_\_

\_\_\_\_\_

TOTAL FIXED EXPENSES ..... \$ \_\_\_\_\_

\_\_\_\_\_

TABLE 2: FLEXIBLE EXPENSES

<u>EXPENSE ITEM</u>	<u>AMOUNT</u>
Food	
Groceries ..... \$	\$ _____
_____	
Food Away from Home ..... \$	\$ _____
_____	
TOTAL FOOD ..... \$	\$ _____
_____	



**Utilities**

Electricity	.....	\$
<hr/>		
Gas or Oil	.....	\$
<hr/>		
Water	.....	\$
<hr/>		
Telephone	.....	\$
<hr/>		
Waste Disposal	.....	\$
<hr/>		
		<b>TOTAL UTILITIES</b>
.....	\$	.....

**Household**

Household Items

(e. g. sheets, towels, rugs or kitchens' accessories)

\$ \_\_\_\_\_

Repairs and Improvements

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL HOUSEHOLD**

**Clothing (purchase and care)**

.....\$ \_\_\_\_\_

**Transportation**

Gas and Oil .....\$ \_\_\_\_\_

Repair and maintenance .....\$ \_\_\_\_\_

Other .....\$ \_\_\_\_\_

**TOTAL TRANSPORTATION**

.....\$ \_\_\_\_\_

**Medical Expense** .....\$ \_\_\_\_\_

**Recreation and Entertainment**

.....\$ \_\_\_\_\_

**Personal Care** .....\$ \_\_\_\_\_

**Personal Improvement** .....\$ \_\_\_\_\_

**Vacations**

.....\$ \_\_\_\_\_

**Church and Charity** .....\$ \_\_\_\_\_

**Gifts**

.....\$ \_\_\_\_\_

**Charge Accounts** .....\$ \_\_\_\_\_



ITEM

AMOUNT

Income from table 3  
.....\$ \_\_\_\_\_

Expenses from Table 1  
.....\$ \_\_\_\_\_

Expenses from Table 2  
.....\$ \_\_\_\_\_

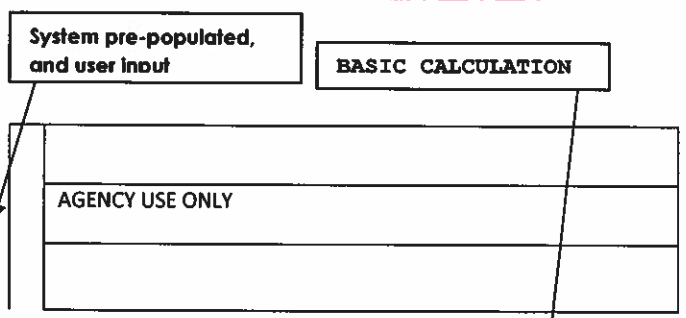
Total expenses  
.....\$ \_\_\_\_\_

Difference between income and expenses  
.....\$ \_\_\_\_\_

(if a minus number, you must adjust either income or expenses)

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM  
(SNAP)  
**EXPEDITED SERVICE CHECKLIST**

System pre-populated data, user input and basic calculation



NAME: Customer Service Form DATE: Thursday, April 4, 2011

I. ( ) YES ( ) NO Has anyone for whom you are applying received SNAP benefits this month?

If YES, who: \_\_\_\_\_

where: \_\_\_\_\_

II. INCOME BEFORE DEDUCTIONS this month for everyone in your household. Count money already received plus any money expected to be received during this month.

Type of Income

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

III. RESOURCES for everyone in your household:

Cash on Hand \$ 50.00

Checking Accounts \$ 100.00

Savings Accounts \$ 25.00

Savings Accounts \$ 25.00

IV. SHELTER EXPENSES this month.

Rent/Mortgage \$ 350.00

Utility expenses this month \$ 150.00

Which utilities do you pay? (check all that apply)

Heat  Lights  Telephone

Electricity for Air Conditioning  Sewer

Garbage  Other

V. ( ) YES  NO Is anyone in your household a Migrant or a Seasonal Farm worker?

WAS APPLICATION FILED AFTER 15<sup>TH</sup> OF THE MONTH?

   Y  N

IF YES, WAS APPLICATION SCREEN FOR EXPEDITED SERVICES FOR THE FOLLOWING MONTH? \_\_\_\_\_.

1. ( ) YES ( ) NO Is income less than \$150 AND resources \$100 or less?

IF YES, EXPEDITE

2. ( ) YES ( ) NO Is income plus resources less than shelter?

Income \$ \_\_\_\_\_

Resources \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Shelter \$ \_\_\_\_\_

IF YES, EXPEDITE

NOTE: If the household is entitled to the Utility Standard, apply the Standard to determine

Shelter, unless the household chooses to use actual shelter costs.

FOR MIGRANT & SEASONAL FARMWORKERS

3A. ( ) YES ( ) NO Are resources \$100 or less

AND, in the next 10 days, \$25 or less is expected from new income source?

IF YES, EXPEDITE

3B. ( ) YES ( ) NO Are resources \$100 or less

AND no income is expected from a terminated source this month or next month?

IF YES, EXPEDITE

DETERMINATION

( ) EXPEDITED ( ) NOT EXPEDITED

Screened by:

List of forms in this category not included in samples

YOUTH INCOME CALCULATION WORKSHEET
TOTAL 1

5. FORMS WITH PRE-POPULATED DATA, USER SELECTED, USER INPUT FIELDS, AND UNSTRUCTURED DATA FIELDS (TEXT)

COMMONWEALTH OF VIRGINIA To \_\_\_\_\_, EW  
DEPARTMENT OF SOCIAL SERVICES From \_\_\_\_\_,  
ESW

EMPLOYMENT SERVICES PROGRAMS Date \_\_\_\_/\_\_\_\_/\_\_\_\_

COMMUNICATION FORM- From ESW to EW Reply Needed By  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Copy Sent to Child Care Worker

=====

Name of Participant \_\_\_\_\_ Participant's Client ID  
# \_\_\_\_\_

Case Name \_\_\_\_\_  SNAPET  TANF  TANF-UP

Case Number \_\_\_\_\_

=====

Volunteer signed APR on \_\_\_\_\_. Please update AEGNFS screen and run ED/BC.

Reevaluation of non-exempt/mandatory status is requested. Reason:  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer no longer wishes to participate. Please update AEGNFS screen and run ED/BC.

=====

Individual will enter education or training activity on  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

Individual will be a participant in work experience. Please provide the  
SNAP amount for the month of \_\_\_\_\_.

=====

Individual will enter/entered employment on\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

Employer\_\_\_\_\_

Scheduled # of Hours/week: \_\_\_\_\_ Rate of pay: \$ \_\_\_\_\_  
per \_\_\_\_\_.

Frequency of pay: \_\_\_\_\_ Date of First Pay:  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

Please send verification of employment.

=====

Individual has failed to comply with program requirements of  
\_\_\_\_\_  
\_\_\_\_\_. Good  
cause does not exist.

Notify ESW if aware of good cause reason.

Sanction for (check appropriate answer)

1 month and compliance  3 months and compliance  6 months and  
compliance

Comparability exists.

Please provide the dollar amount of SNAP reduction due to employment or  
sanction.

Please notify when the sanctioned individual has been added back to SNAP  
unit.

Please notify when suspended TANF case has been reinstated.



=====

VIEW Transitional Payment enrollment opened effective \_\_\_\_/\_\_\_\_/\_\_\_\_.

VIEW Transitional Payment enrollment closed effective \_\_\_\_/\_\_\_\_/\_\_\_\_.

Reason:

\_\_\_\_\_

.

=====

Hardship denied on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Hardship granted from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

Hardship terminated on \_\_\_\_/\_\_\_\_/\_\_\_\_.

=====

Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of forms in this category not included in samples

MONTHLY SPENDING PLAN
WIAT INCOME CALCULATION WORKSHEET
WIA APPLICATION

WIAT REGISTRATION FORM
------------------------

TOTAL 4
---------

6. FORMS WITH PRE-POPULATED DATA, USER SELECTED, DATA INPUT FIELDS, BASIC CALCULATION, AND UNSTRUCTURED DATA FIELDS (TEXT)

REQUEST FOR TRAINING (RFT)

Arlington Employment Center

(NOT for reimbursements)

<p>FIRST NAME: _____</p> <p>SS#: _____</p> <p>ADDRESS: _____</p>	<p>LAST NAME: _____</p> <p>PHONE #: _____</p>
--	---

<p>SCHOOL NAME: _____</p> <p>TaxID (not required if vendor is in PRISM): _____</p> <p><b>BILLING ADDRESS:</b> _____</p> <p>CONTACT NAME: _____</p> <p>EMAIL: _____</p>	<p style="color: red;">New county vendors MUST complete W-9 FORM.</p> <p>PHONE: _____</p> <p>FAX: _____</p>
--	---

FY2011

COURSE NAME/COURSE #:	Number of Training Hours	COST	START DATE	END DATE

--	--	--	--	--

NOTE: Total # of hours participant will spend in training

ESL CLASSES AT REEP

<p>\$235 for 180 hours training</p>		<p>12 week Morning</p>	<p>\$50 for e</p>	<p>non- intensiv</p>
<p>\$175 for 120 hours training</p>		<p>12 week Afternoon</p>		<p>12 week Evening</p>
<p>\$100 for 44 hours training</p>		<p>11 week Conversatio n</p>		<p>11 week Writing</p>

Clarendo \_\_\_\_\_ Jefferson \_\_\_\_\_ OTHER: \_\_\_\_\_ (specify)

Registration date(s) for this REEP session: \_\_\_\_\_

PROGRAM FUNDING THIS TRAINING:

<p>CDBG</p> <p>CSBG</p> <p>CSBG</p> <p>-</p> <p>TANF</p> <p>SNAP</p> <p>ET</p> <p>BRAC</p>	<p>-</p> <p>TANF</p> <p>VIEW Education</p> <p>VIEW Job Readiness</p> <p>VIEW Skills Training</p> <p>Other specify _____</p>	<p>WIA Adult</p> <p>WIA Dislocated Worker</p> <p>WIA In-School Youth</p> <p>WIA Out-of-School</p>
--	---	---

Is this training funded by ARRA - Stimulus Funds?

Yes

No

<u>AEC COST CALCULATION</u>	
TUITION/COU RSE COST (+)	-
FEEES (+)	_____
BOOKS (+)	_____
TOTAL TRAINING COST (=)	\$0.00
LESS: Co- Payment (- )	_____
LESS: Discount (-)	_____
AEC TOTAL COST (=)	\$0.00

<u>DUAL ENROLLMENT</u>	
Is the participant enrolled in any other AEC program(s)?	
YES	NO
_____	_____
If yes, specify other program(s).	
_____	

BOOKS: Include books only if payment will be to the same vendor.

Case Manager's Signature: \_\_\_\_\_

Date:

06/  
18/  
10

Supervisor's  
Signature  
(Approval): \_\_\_\_\_

Date:

Director's  
Signature  
(Approval): \_\_\_\_\_

Date:

FINANCE  
SOF

Task

Sub-  
Ledger

Access

ONLY

Req#

P  
O  
#

PO  
lin  
e

**NOTE: Remember to leave sufficient time for creation and approval of requisition and purchase order in PRISM. Purchase Orders requiring DMF approval take a minimum of three days.**

**Client Reimbursement Request Form**

Arlington Employment Center  
(Note: Original Receipts Required)

FIRST NAME: _____	LAST NAME: _____
SS#: _____	PHONE #: _____
COMPLETE ADDRESS: _____	
W-9 FORM not needed for client reimbursement	

DETAILED DESCRIPTION <small>If the reimbursement is for client training, the description MUST include the total # of hours participant will spend in training</small>	COST
<b>TOTAL</b>	<b>\$ -</b>

PROGRAM FUNDING THIS EXPENSE:		
CDBG _____	TANF _____	WIA Adult _____
CSBG _____	VIEW Education _____	WIA Dislocated Worker _____
CSBG-TANF _____	VIEW Job Readiness _____	WIA In-School Youth _____
SNAPET _____	VIEW Skills Training _____	WIA Out-of-School _____
BRAC _____	Other specify _____	
Is this training funded by ARRA - Stimulus Funds?      Yes <input type="checkbox"/> No <input type="checkbox"/>		

DUAL ENROLLMENT	
Is the participant enrolled in any other AEC program(s)?	YES _____ NO _____
If yes, specify other program(s). _____	

Case Manager's Signature: _____	Date: 05/04/11
Supervisor's Signature (Approval): _____	Date: _____
Director's Signature (Approval): _____	Date: _____
FINANCE ONLY      SOF _____      Task _____      Sub-Ledger _____      Access _____	Req# _____      PO# _____      PO line _____

Revised for FY2010

List of forms in this category not included in samples

Individual Service Strategy (ISS)
Individual Employment Plan (IEP)
<b>TOTAL 2</b>

---

## ASSESSMENTS AND SERVICE PLANS TEMPLATE SAMPLES

Assessments and Service Plans fall into the any of the form types listed above and are based on program specific eligibility and report requirements.

The system shall:

- a) Have the capability of configure assessments and service plans templates using different types of forms, or any of their combination
- b) Group assessments and service plans according to units (Customer Services, Community Assistance, Employment Services)
- c) Have the capability to copy and modify templates to generate new assessments, and service plan with similar functionality.

The sample templates below are indicatives of the structured information requirements in this area, both for data input and output. In evaluating the offer, the County will seek understanding of the information management capabilities of the system in this area, including:

- a) data is part of the standard configuration/off-the-shelf of the system
- b) data is fixed in structure in the system (e.g. a key field, required field)
- c) data field and/or values (selections) can be configured
- d) data that is typically calculated, derived, or generated based on other information in the standard configuration
- e) standard restrictions on data editing (e.g. key fields, linked to workflow steps, locked as part of a one-time evaluation)
- f) data is simply open text (in standard configuration)



All information captured from intake and registration with the client is captured, printed and provided with the client's application to eligibility.

## INTAKE ELIGIBILITY SCREENING

Appt. Dates

04/27/2011

Thursday, April 14, 2011

Assistance Requested

19      15      34

### CLIENT REPORT

SSN 112-23-3334

Screener **Nicole Buckles**

Unit :  SLAP  TANF  AGED  Other

Name : **Customer Service Form**

Citizenship: USC

H-Phone: (703) 123-4567

DOB 12/02/1990

Gender: Female

Work-phone: (703) 222-1111

Address: 12345 Testing Avenue

22201

Email form@arlingtonva.us

Responsible person:

Relation:

Sp-SSN:

DOB:

Sp-Citizenship:

Responsible Person - in home?

Contact Name:

Contact Phone:

Rent: \$450.00

#### Children Living With Applicant

<u>Relation</u>	<u>Age</u>	<u>Citizenship</u>	<u>ARP/PF</u>
Daughter	3	USC	
Son	5	USC	

#### Other House Hold Members

<u>Name</u>	<u>Relation</u>
Bob Tester	Children's Father

Express Needs: FS, MED

Past/Present assistance    Assistant type    Worker    Date: 01/11  
 FS                                  Status                                  Cases Closed in PA  
 TANF

Recent Hospitalization    Name of Hospital: **Arlington Hospital**    Date: 01/2011

Pregnant:    # of Months : **5**

Earned Income: **YES**

<u>Name</u>	<u>Employer</u>	<u>Wage</u>	<u>Frequency</u>	<u>Monthly</u>
Bob Tester	Giant	\$150.00	Bi-weekly	\$322.50

SSN 112-23-3334

Screener **Nicole Buckles**

Unit :  SLAP  TANF  AGED  Other

Customer Service Form Giant \$100.00 Bi-weekly \$215.00

Unearned Income: YES

<u>Name</u>	<u>Source</u>	<u>Amount</u>	<u>Frequency</u>	<u>MONTHLY</u>
Customer Service Form	Child Support	\$50.00	Weekly	\$215.00

**Recent Income Termination**

<u>Name</u>	<u>Source</u>	<u>Term date</u>	<u>Last pay date</u>	<u>Last pay amount</u>	<u>Reason</u>
Customer Service Form	Safeway	03/01/2011	03/15/2011	\$200.00	Layoff

Resources: YES

<u>Name</u>	<u>Bank</u>	<u>Bank Name</u>	<u>Account Type</u>	<u>Amount</u>
Customer Service Form	Yes	Chevy Chase	Savings	\$50.00
Bob Tester	Yes	Suntrust	Checking	\$100.00

Own Vechile: YES

<u>Name</u>	<u>Car</u>	<u>Make/Model</u>	<u>Year</u>
Customer Service Form	Yes	Nissan Sentra	2005

Utility: \$75.00  Gas  Electric  Phone  Water  Heat/Cool

Expedite

Rent	\$450.00	Utility	\$75.00
------	----------	---------	---------

**Appointment Schedule**

1st Appt. 1st Sch. 2nd sch.

04/27/2011

Date Notes

04/27/2011 Test form - CSC CM Requirements

Staff's Name \_\_\_\_\_ Client's Name \_\_\_\_\_

Form contains: system pre-populated data, user field selection and open unstructured text.

**COMMUNITY ASSISTANCE ASSESSMENTS AND SERVICE PLANS-SAMPLES**

**PSYCHOSOCIAL ASSESSMENT**

**Demographics:**

Social Security #:	Date:
Current address:	Phone #:
Street	Home
City/State	Work
Zipcode	Cell
Date of Birth:	Martial/Relationship status:
Present status: <input type="checkbox"/> Citizen <input type="checkbox"/> Resident:            A# <input type="checkbox"/> Other:	
Ethnicity:	Primary Language

**Current Status**

Income (list amount)	Residential	Legal involvement
<input type="checkbox"/> Earned income	<input type="checkbox"/> Own apartment	<input type="checkbox"/> On Probation/Parole Name of PO:
<input type="checkbox"/> SSI/SSDI/SSA	<input type="checkbox"/> Own home	<input type="checkbox"/> CPS/APS
<input type="checkbox"/> Child support/Alimony	<input type="checkbox"/> Shared situation	<input type="checkbox"/> Fraud case
<input type="checkbox"/> TANF	<input type="checkbox"/> Transitional housing location:	<input type="checkbox"/> Legal hx Please describe offense:

Staff's Name	Client's Name	Disability
<input type="checkbox"/> General Relief	<input type="checkbox"/> Treatment facility	
<input type="checkbox"/> Housing Grant	<input type="checkbox"/> Shelter Resident ---- DWSH    ---- DWF ---- AACH    ---- RPC	<input type="checkbox"/> Physical
<input type="checkbox"/> Food Stamp	<input type="checkbox"/> Temporary situation	<input type="checkbox"/> Mental
<input type="checkbox"/> Medicare/ Medicaid	<input type="checkbox"/> Other	<input type="checkbox"/> Developmental
<input type="checkbox"/> Other Income  Please explain:	Please explain:	<input type="checkbox"/> Learning

**Family of Origin:**

Where were you born (country)? \_\_\_\_\_

Who raised you? \_\_\_\_\_

When did you move to Arlington? \_\_\_\_\_

Type of Trauma:  Abuse     Losses     Violence

If you checked any of the above types of trauma please explain:

\_\_\_\_\_

Staff's Name \_\_\_\_\_ Client's Name \_\_\_\_\_

Family Relationships: (next to the name please add the following letters):

(b) biological (a) adopted (f) foster (s) stepchild

**Household:**

Name	Age	DOB	Sex	Custody (Y/N)	Lives with

Who else supports with the client? (spouses, partners, siblings, parents, relatives & friends)

Extended family & friends (please add the following letters for types of support)

E - emotional F - financial T - transport N - none

Name	Age	Sex	Relationship	Additional Information

Primary language of household:

**Housing:**

Staff's Name _____	Client's Name _____
Housing Barriers	Proof of Homelessness
<input type="checkbox"/> No rental history	<input type="checkbox"/> Eviction notice
<input type="checkbox"/> Poor credit history	<input type="checkbox"/> Statement from person providing housing
<input type="checkbox"/> Poor rental history >2 evictions	<input type="checkbox"/> Statement from client
<input type="checkbox"/> Immigration issues	<input type="checkbox"/> 5 Day Pay or Quit
<input type="checkbox"/> Criminal History	<input type="checkbox"/> Referral from community agency
<input type="checkbox"/> Active chemical dependency	<input type="checkbox"/> Shelter resident
<input type="checkbox"/> Mental Health issues	<input type="checkbox"/> Foreclosure notice
<input type="checkbox"/> Physical disabilities	<input type="checkbox"/> Other: Please explain -
r -	

**Housing History:**

Previous Address (prior to current living address): \_\_\_\_\_

Rent: \$ \_\_\_\_\_ How long did you reside there: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Previous Address (if history given so far is less than 6 months):

\_\_\_\_\_

Rent: \$ \_\_\_\_\_ How long did you reside there: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever had a lease in your name? If so when did the lease end?

\_\_\_\_\_

Staff's Name \_\_\_\_\_ Client's Name \_\_\_\_\_  
Have you ever been evicted? If so, when & why: \_\_\_\_\_

Do you know if you have any judgments on your credit for evictions: \_\_\_\_\_

Have you ever been in a shelter?  Yes  No If yes, where? \_\_\_\_\_

Name of shelter & how long did you stay there? \_\_\_\_\_

Arlington Resident:  Yes  No

**Employment History:**

Current Employer: \_\_\_\_\_

Length of current employment: \_\_\_\_\_

Wages: \_\_\_\_\_ Hours per week \_\_\_\_\_

Position: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Length of current employment: \_\_\_\_\_

Wages: \_\_\_\_\_ Hours per week \_\_\_\_\_

Position: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Length of current employment: \_\_\_\_\_

Wages: \_\_\_\_\_ Hours per week \_\_\_\_\_

Position: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Length of current employment: \_\_\_\_\_

Staff's Name \_\_\_\_\_ Client's Name \_\_\_\_\_

Wages: \_\_\_\_\_ Hours per week \_\_\_\_\_

Position: \_\_\_\_\_

Current means of transportation: \_\_\_\_\_

<input type="checkbox"/> Never employed	<input type="checkbox"/> Disabled	<input type="checkbox"/> Student	<input type="checkbox"/> Vocational
Have you ever served in the US military?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been fired from a job?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:			

**Educational History:**

<input type="checkbox"/> Did not complete High School	<input type="checkbox"/> Is still attending school
<input type="checkbox"/> High School/GED	<input type="checkbox"/> Graduate school
<input type="checkbox"/> Some college	<input type="checkbox"/> Post graduate school
<input type="checkbox"/> College graduate	<input type="checkbox"/> Other training/ certifications
<input type="checkbox"/> Technical/Vocational school	<input type="checkbox"/> Other:

**Mental Status Exam:**

Category	Selections



Staff's Name \_\_\_\_\_

Client's Name \_\_\_\_\_

Appearance	<input type="checkbox"/> Well groomed <input type="checkbox"/> unkempt <input type="checkbox"/> Disheveled <input type="checkbox"/> Malodorous
Demeanor	<input type="checkbox"/> Cooperative <input type="checkbox"/> Hostile <input type="checkbox"/> Guarded <input type="checkbox"/> Withdrawn <input type="checkbox"/> Preoccupied
Speech	<input type="checkbox"/> Clear <input type="checkbox"/> Slurred <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> Monotone
Thought	<input type="checkbox"/> Delusions <input type="checkbox"/> Hallucinations <input type="checkbox"/> Self-Abuse <input type="checkbox"/> Aggressive
Mood	<input type="checkbox"/> Depressed <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable
Affect	<input type="checkbox"/> Flat <input type="checkbox"/> Inappropriate <input type="checkbox"/> Labile <input type="checkbox"/> Congruent with Mood
Behavior	<input type="checkbox"/> No behavior issues <input type="checkbox"/> Aggressive <input type="checkbox"/> Resistant <input type="checkbox"/> Restless <input type="checkbox"/> Agitated
Cognition	<input type="checkbox"/> Orientation <input type="checkbox"/> Memory <input type="checkbox"/> None reported <input type="checkbox"/> Attention/Concentration
	Describe:

**Medical History:** (to include diagnosis, medications, hospitalizations & treatment being received. To include any accidents or disabilities that impact daily functioning).

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**Substance abuse history:** (to include drug of choice, past & present treatment)

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**Contact Information:** (Secure consents when needed)

Staff's Name \_\_\_\_\_

Client's Name \_\_\_\_\_

Name of caseworker	Agency	Phone number

**Referrals**

Name of caseworker	Agency	Phone number

**Form contains: system pre-populated data, user field selection and open unstructured text.**

**SOCIAL WORKER ASSESSMENT**

\*Please complete all of the following

**Client's situation, underlying causes/contributing factors and prognosis for change:** (please address each point)

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Staff's Name \_\_\_\_\_ Client's Name \_\_\_\_\_

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**Client's strengths/functioning:**

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**Issues to be addressed/Areas to be developed:**

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**Special circumstances or other issues to note: Prognosis for change**

(Note: Case management please complete a service plan to include actions with each issue to be addressed)

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Staff's Name \_\_\_\_\_ Client's Name \_\_\_\_\_

Client's Current Financial Situation

**Applicant**

Income Source	Monthly Net Income
Wages/Salary	
Benefits	
Food Stamps	
Child Support	
Other	
<b>Total Amount</b>	

**Essential Monthly Living Expenses**

Expense	Amount
Rent/mortgage	
Property Taxes	
Property Insurance	
Gas/Elec./Utility	
Water/Sewage/Garbage	
Telephone	
Groceries	
Work/school Expenses	
Health Insurance	
Prescriptions	
Health care other	
Car Payment (s)	
Gas/Vehicle Repairs	
Tolls/bus fare/parking	
Auto Insurance	
Taxes/Registration	
Child Day Care	
Alimony/Child Support	
Credit Card Loans	
Other Loans	
Other:	
<b>TOTAL</b>	

**Co-Applicant**

Income Source	Monthly Net Income
Wages/Salary	
Benefits	
Food Stamps	
Child Support	
Other	
<b>Total Amount</b>	

**Other Household Members > 18 yrs.**

Income Source	Monthly Net Income
Wages/Salary	
Benefits	
Food Stamps	
Child Support	
Other	
<b>Total Amount</b>	

Staff's Name \_\_\_\_\_ Client's Name \_\_\_\_\_

6. Discretionary Monthly Expenses

Beauty/Barber Shop	
Cable	
Entertainment	
General Recreation	
<u>Clothing Purchases</u>	
<u>Laundry/Dry cleaning</u>	
<u>Pet Care</u>	
<u>Pager/Cell Phones</u>	
<u>Cigarettes/Alcohol</u>	
<u>Religious Organizations</u>	
<u>Gifts</u>	
<u>Other:</u>	
<b><u>TOTAL</u></b>	

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Staff signature

\_\_\_\_\_  
Date

<i>Income/Expense Summary</i>	
Total Income	
Total Expenses	
Monthly difference	
Total Income	
<b>Total Expenses</b>	
<u>Monthly difference</u>	

NOTES

Community Assistance Bureau Client Assessment and Closing Summary

Case Name :		Case #:	Marital Status:
Age: DOB:	EmEMP.	Worker:	Date Opened:
# Adults:	# and Age of Children:		

Living Situation:

Dates of Contact :

A. Client's Statement of Presenting Problem (s) :

B. Worker's Assessment :

C. Service Plan:

D. Case Summary/Service Outcome:

E. Case Closed Effective Date:

**EMPLOYMENT SERVICES ASSESSMENT AND SERVICE PLANS-SAMPLES**

COMMONWEALTH OF VIRGINIA

Participant: \_\_\_\_\_

DEPARTMENT OF SOCIAL SERVICES Case ID#: \_\_\_\_\_

TANF PROGRAM

Date: \_\_\_\_\_

# Months Accrued on VIEW Clock: \_\_\_\_\_

VIEW/VTP

TWA

TET

**ACTIVITY AND SERVICE PLAN**

<b>CURRENT PROGRAM</b>	<b>Planned</b>	<b>Planned</b>	<b>Planned</b>
<b>ACTIVITY ASSIGNMENT</b>	<b>Begin Date</b>	<b>End Date</b>	<b>Weekly Hrs/Pay</b>
			<b>&amp; Location</b>

**Core Activities - minimum assignment of 20 hrs per wk**

Currently employed full-time

\_\_\_\_\_

Currently employed part-time

\_\_\_\_\_

Job Search

\_\_\_\_\_

Job Readiness

\_\_\_\_\_

Full Employment Program (FEP)

\_\_\_\_\_

\_\_\_\_\_

On-The-Job-Training (OJT)

\_\_\_\_\_  
\_\_\_\_\_

Community Work Experience (CWEP)

\_\_\_\_\_

Public Service Program (PSP)

\_\_\_\_\_

Vocational Education and Training

\_\_\_\_\_

**Non-Core Activities - countable only after minimum 20 hrs/wk completed in Core Activities**

Job Skills Training

(Includes Education Above Post-Secondary when it is Directly Related to Employment)

Education Below Post-Secondary

\_\_\_\_\_

**Other Work Activities - these hours are not counted toward the participation requirement**

Other Locally Developed

\_\_\_\_\_

Pending (Assign for a maximum of 60 days - 30 days per assignment)

Inactive (Assign up to 3x -

List reasons for assignment to Pending or Inactive and the steps necessary to resolve problem

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SUPPORTIVE /TRANSITIONAL SERVICES**

- Child Care                       Transportation                       TET     VTP  
 Other (please describe)
- 

VTP Period                      From \_\_\_\_\_ to \_\_\_\_\_

**AGENCY RESPONSIBILITIES**

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**PARTICIPANT RESPONSIBILITIES FOR CURRENT COMPONENT ASSIGNMENT(S)**

**FOR ALL PARTICIPANTS**

I understand that I am responsible for keeping the agency informed of my progress and needs. I agree to call my Employment Services Worker (ESW) if I have a problem that makes it impossible to keep an appointment or if I wish to discuss or change an activity. I agree to continue in my current activity until I have discussed any problem I may have with my ESW. **I will notify my ESW of any changes in my employment status (such as obtaining new employment).** I will inform my child care worker of any changes that affect my current activity.

I understand that if I fail to participate without a good reason my TANF benefits/support services will be stopped, and my SNAP benefits may be affected.

**FOR PARTICIPANTS WHO ARE EMPLOYED**

I will contact the Employment Services Worker (ESW) to discuss any problems that may affect my employment. I will not quit my job or put myself in a position to be fired without discussing the situation with my worker. I will notify my ESW of any changes in my employment status (such as obtaining new employment or changing jobs). I will complete the required monthly follow-up contact (by phone or by mail) with my ESW prior to the 15<sup>th</sup> of each month.

**FOR PARTICIPANTS ASSIGNED TO JOB SEARCH**

I will carry out the responsibilities as agreed upon on my VIEW Job Search form.

**FOR PARTICIPANTS ASSIGNED TO CWEP or PSP**

I will carry out the responsibilities as agreed to on my VIEW Work Site Position form. I will make sure that my Supervisor has provided the VIEW Attendance/Performance Rating Sheet to my ESW by the 5th of each month.

**FOR PARTICIPANTS ASSIGNED TO EDUCATIONAL OR TRAINING ACTIVITIES**

I will provide the VIEW Attendance Sheet to my ESW by the 5th of each month. I will provide a copy of my grades at the end of each semester/ quarter/activity.

**FOR PARTICIPANTS ASSIGNED TO THE FULL EMPLOYMENT (FEP) PROGRAM**

I understand that I will not receive monthly TANF benefits while I am employed in a FEP placement. I will call my FEP placement supervisor and my worker if I will be absent from work.

**FOR PARTICIPANTS ASSIGNED TO PENDING**

I understand that I am not actively participating at this time, but that the months during which I am assigned to this component will count toward my two year time period. I also understand that I must keep all appointments and answer all calls and letters from agency staff since I may be required to participate in the future.

**FOR PARTICIPANTS ASSIGNED TO INACTIVE**

I understand that I will not actively participate at this time. I also understand that I must keep all appointments and answer all calls and letters from agency staff since I may be required to participate in the future.

**FOR PARTICIPANTS ASSIGNED TO VTP**

I will complete the 6 month job follow-up and return the verification of my employment to my ESW by \_\_\_\_\_.

ADDITIONAL PARTICIPANT RESPONSIBILITIES NOT LISTED ABOVE

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EXCHANGE OF INFORMATION CONSENT (ALL PARTICIPANTS)

I understand that my worker may contact employers, service agencies, and others to assist me in connection with my assignments. By signing this form, I give permission to my ESW to share information from my case record when necessary to provide or coordinate services on my behalf.

PARTICIPANT'S  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WORKER'S  
SIGNATURE \_\_\_\_\_

PHONE \_\_\_\_\_

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
SNAP EMPLOYMENT AND TRAINING  
(SNAPET)

Registrant Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Case Number: \_\_\_\_\_

Date: \_\_\_\_\_

Assessment \_\_\_\_\_  
(Date)

ABAWD

Reassessment \_\_\_\_\_  
(Date)

SNAPET ASSESSMENT FORM

A. EDUCATIONAL BACKGROUND

1. Last Grade Completed \_\_\_\_\_ Date \_\_\_\_\_
  
2. Other (test results, date given, type, etc.): \_\_\_\_\_  
\_\_\_\_\_
  
3. Other training/special schooling and dates: \_\_\_\_\_  
\_\_\_\_\_

B. EMPLOYMENT HISTORY\* (Begin with the most recent job):

\*(Note: This information will be used to identify jobs into which participants may be placed immediately)

1. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Left \_\_\_\_\_ Highest Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
  
2. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Left \_\_\_\_\_ Highest Pay \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
  
3. Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date Started \_\_\_\_\_ Left \_\_\_\_\_ Highest Pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_

4. Employer \_\_\_\_\_  
Duties \_\_\_\_\_

Job Title \_\_\_\_\_

Date Started \_\_\_\_\_

Left \_\_\_\_\_

Highest Pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Most favorite job? \_\_\_\_\_

Why? \_\_\_\_\_

Least favorite job? \_\_\_\_\_

Why? \_\_\_\_\_

C. VOLUNTEER WORK/HOBBIES/ABILITIES (Transferable Skills):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Do you have a current driver's license? \_\_\_\_\_

2. Do you have access to a car? \_\_\_\_\_  
transportation?

If not, what do you do for

\_\_\_\_\_

3. Have you ever been convicted of a felony? \_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

4. Do you have an illness or disability (as diagnosed by a doctor) that would prevent you from accepting a job? \_\_\_\_\_ Explain \_\_\_\_\_

5. What type of child care could you arrange to help you accept a job? \_\_\_\_\_

6. Have you registered with the Virginia Employment Commission (VEC)? \_\_\_\_\_

If so, when was the last time you contacted the VEC? \_\_\_\_\_

7. Have you registered with WIA (Workforce Investment Act) or like programs? \_\_\_\_\_

8. Are you scheduled to begin an education or training program in the next sixty (60) days? \_\_\_\_\_

If so, where? \_\_\_\_\_

D. Which of the following are barriers to your finding and/or keeping a job? (Circle all that apply):

Family Circumstances

Homeless

Substance Abuse

Legal/Criminal

Child Care

Transportation

Other: \_\_\_\_\_

List ways that you can help to overcome each barrier circled: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. CONSIDERATIONS IN EMPLOYMENT PLANNING: (check all that apply)

No prior Work History/Intermittent Work History

Homeless

Lack of Credentials/Certifications

Child Day Care

Limited English Speaking/Reading Ability

Migrant Worker

Lack of Transportation

Legal/Criminal

Lack of HS Diploma/GED

Substance Abuse

Lack of Job Skills

Disability \_\_\_\_\_

Other \_\_\_\_\_

F. JOB INTERESTS/EMPLOYMENT GOAL: \_\_\_\_\_

G. GENERAL COMMENTS/SUMMARY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST OF EMPLOYMENT SERVICES ASSESSMENTS AND SERVICE PLANS**

SNAPET PLAN OF PARTICIPATION
PRE-ASSESSMENT FORM (SNAPET)
VIEW ASSESSMENT
VIEW PROGRAM SELF SUFFICIENCY UNIT ASSESSMENT FORM
<b>TOTAL 4</b>



## REPORTS

The report utility shall be able to:

- a) Generate on demand, and batch client reports based on date ranges and user defined criteria (e.g. Demographic data, services requested, etc.)
  
- b) Generate on demand and batch statistical reports based on date ranges and user defined criteria (e.g. clients served, category of services provided, clients enrolled, clients served, clients placed, program outcomes etc.)
  
- c) Provide ability to export data into standard file outputs (office tools, cvs, flat files, email) for further data manipulation and reporting

### Reports Samples

The samples below are indicatives of the structured information requirements in this area, both for data input and output. In evaluating the offer, the County will seek understanding of the information management capabilities of the system in this area, including:

- a) data is part of the standard configuration/off-the-shelf of the system
- b) data is fixed in structure in the system (e.g. a key field, required field)
- c) data field and/or values (selections) can be configured
- d) data that is typically calculated, derived, or generated based on other information in the standard configuration
- e) standard restrictions on data editing (e.g. key fields, linked to workflow steps, locked as part of a one-time evaluation)
- f) data is simply open text (in standard configuration)

## CUSTOMER SERVICES REPORTS

## Consultant Statistics

Between Dates: 03/01/2011 AND 03/31/2011

Screener Initial	# of clients seen	Average Screener
IC	79	33
JL	118	36
ML	111	32
NB	87	34
TG	90	35

Total Client Seen 485

Average wait time to be seen 10

Average Time spent with client for unit 34

Total Clients who left before being seen 18

### Client Wait Times

Over 15 Min.	Under 15 Min.	Total Clients	Pct. Under 15 Min.
71	414	485	85.4

**Daily Front Desk Registration**

**Tuesday, April 26, 2011**

<b>Last Name</b>	<b>First Name</b>	<b>Spanish</b>	<b>Program</b>	<b>In</b>	<b>seen</b>	<b>out</b>	<b>Screener</b>
1 . Crandal	Bryan		Info	8 :57 AM	8 :58 AM	9 :11	AMTG
2 . Randall	Betty		MED-FS	9 :04 AM	9 :08 AM	9 :31	AMIC
3 . Padilla (tony Glaze)	Karina	Other	MED	9 :05 AM	9 :11 AM	9 :38	AMTG
4 . Royce	Valerie	Food	Other	9 :14 AM	9 :19 AM	9 :31	AMJL
5 . Samuels	Jamia		TANF	9 :29 AM	9 :30 AM	9 :43	AMNB
6 . Calle	Lourdes		FS	10:18 AM	10:19 AM	10:57	IC
7 . Valles Lopez	Eufemia		FS-Food	10:19 AM	10:19 AM	10:53	JL
8 . Sobran	Michael		FS	10:26 AM	10:27 AM	10:47	NB
9 . Khan	Abia		MED	10:32 AM	10:45 AM	10:53	TG
10 . Bonilla Rios (iris)	Digna		Denta	10:38 AM	10:57 AM	11:05	IC
11 . Martinez	Sandra		Denta	10:43 AM	11:05 AM	11:15	IC
12 . Kibret	Solomon		MED	10:46 AM	10:56 AM	10:59	NB
13 . Ramos	Ana		MED-FS-Other	10:49 AM	10:56 AM	11:28	JL
14 . Pierre	Fednel		MED-FS	11:12 AM	11:16 AM	11:44	TG
15 . Lujar	Cecilia		MED	11:23 AM	11:29 AM	11:54	JL
16 . Rice	Tiffany		Other	11:26 AM	11:27 AM	11:27	IC
17 . Perez	Edna		MED	11:49 AM	11:54 AM	12:11	NB
18 . Tarasco	Jane		FS-MED-GR	12:05 PM	12:11 PM	12:54	TG
19 . Bengura	Jahanna		FS -TANF-GR	12:12 PM	12:15 PM	12:28	NB
20 . Sutton	Jetsie		TANF	12:24 PM	12:57 PM	1 :29	PMJL
21 . Bengura	Jahanna (nicole)		FS	12:36 PM	12:36 PM	12:57	NB
22 . Nelson	Earl		FS-MED	1 :16 PM	1 :25 PM	1 :54	PMIC
23 . Lucyana (left)	Francisca		MED	1 :25 PM			
24 . Tabor	Biruk		FS -MED	1 :26 PM	1 :38 PM	2 :08	PMJL
25 . Borebor	Aschalew		FS -MED-REF	1 :53 PM	1 :53 PM	2 :31	PMTG

26 . Batol (Iris)

Carmela

MED

1 :59 PM

1 :59 PM

2 :13 PMIC

**Wednesday, April 27, 2011**

**Page 1 of 2**



Non-TANF ScheduleDate of appt: 03/11/2011

Last name	First name	Apt.time	Tel. Appt.	Tel. Apt.time	1st res.	2nd res.
1. AHMED	SEMIRA	8:30				19 34
2. BISHOP	SHANEVA	9:00				19 34
3. CARPANO	JUAN	9:00				19
4. CONTRERAS	MARIA	9:00				19 34
5. FALCON	DORIS	9:00				19
6. Harris	Gloria	9:00				21
7. Jeet	Uma	9:00				19 34
8. LOPEZ	SONIA	9:00				19 34
9. LOPEZ	JENNI	9:00			03/07/11	19
10. MELENDEZ BAHIZA	DEBBIE	9:00				19
11. MELGAR	CINTHIA	9:00				19
12. NIEVES	RODYS	11:00				19
13. Romero	Gladys	9:00				19
14. ROWE	LESLIE	9:00			03/04/11	19
15. WOMBLE	KIMBERLY		√		9:00 AM	19

**COMMUNITY ASSISTANCE REPORTS**

FY11	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL	MAY	JUNE	Total	Average	Change
<b>INDICATOR</b>															
Rent/mortg/sec dep	127	119	127	94	104	132	183	107	112						
Shelter	43	30	40	27	23	26	24	14	24						
Utilities	56	91	81	74	66	38	67	57	85						
Housing info	22	42	17	36	21	12	27	35	16						
Counseling/Info	9	11	11	6	2	8	10	2	15						
Food	56	86	71	67	70	48	85	56	79						
Furniture	2	5	7	1	6	1	3	6	0						
Clothing	5	4	1	7	4	6	6	4	3						
Med/Dental/Visi on	50	33	49	45	46	48	54	44	44						
Rx	9	10	8	18	21	19	13	10	18						
Transportation	8	10	6	9	6	5	8	6	11						

Other	89	64	115	112	65	75	87	57	79			
<b>Total</b>	<b>476</b>	<b>505</b>	<b>533</b>	<b>496</b>	<b>434</b>	<b>418</b>	<b>567</b>	<b>398</b>	<b>486</b>	<b>0</b>	<b>0</b>	<b>431</b> <b>3</b>
<b>Total Visits to CAB</b>	452	462	521	449	410	415	520	371	452			405 2
<b>Total seen by SWU</b>	407	385	448	390	342	369	446	321	381			348 9
<b># return (triage)</b>	29	12	18	12	35	23	66	10	20			225
<b>Total households served by CJ</b>	66	61	21	40	30	53	43	53	46			413
<b>Date CJ exhausted</b>	23-Jul	5-Aug	17-Sep	na	na	na	na	na	na			
<b># on Family Shelter waitlist at end of month</b>	19	23	29	15	17	23	14	17	19			
<b>AVG length of wait</b>	87	40	72	28	51	55	75	57	65			



**Section 8 Loan**

	# Single Adult	# Families or Couples	Total Spent
JULY	1	0	300
AUGUST	3	1	1800
SEPTEMBER	1	1	795
OCTOBER	0	2	800
NOVEMBER	1	0	500
DECEMBER	0	0	0
JANUARY	1	1	1500
FEBRUARY	0	1	700
MARCH	1	1	1000
Total			7395

**Motel Spending**

Month	# Adults	# Children	#Nights	Total Spent
JULY	20	13	58	9061.38
AUGUST	7	4	78	5884.75

Month	6	9	42	4498.95
SEPTEMBER	6	9	42	4498.95
OCTOBER	5	9	30	6057.54
NOVEMBER	5	4	9	992.08
DECEMBER	7	8	51	5065
JANUARY	8	7	41	4794
FEBRUARY	4	3	14	1386
MARCH	4	3	13	1432.47
Total	66	60	336	39172.2
Average				

Month	# Single Adult	Amount	# in Family	# of Families	Amount	Total Spent	Helped	Annual % Change
JULY	24	16469	149	42	29982 .1	46451.1	66	
AUGUST	20	8043.34	150	41	28012 .3	36055.6	61	
SEPTEMBER	7	2677		14	8647.	11324.2	21	

									24		
OCTOBER	17	6747.95	82	23	10708	17456	40				
NOVEMBER	12	5226.67	49	16	7601.52	12828.2	30				
DECEMBER	19	8937.44	111	34	16776.5	25713.9	53				
JANUARY	13	3927	87	30	###	19610.5	43				
FEBRUARY	17	8983.26	133	36	19291.4	28274.7	53				
MARCH	19	8835.4	83	28	14696.3	23532.3	46				
APRIL											
MAY											
JUNE											
Total						221246	413				
Average											

GRE Funds

Month	# Households	# Declined	Rent	Utilities	Medical	Total \$ Distributed
July	64	1	4	1	4	3916.41

August	82	5	48	7	19	36799.8
September	68	5	38	11	15	30283.4
October	61	2	27	26	10	28153
November	61	5	39	15	10	26951.5
December	72	6	36	24	14	29139.9
January	61	3	42	4	16	27948.9
February	43	1	27	7	9	19997.1
March	74	2	72	24	14	33219.6
April						
May						
June						
<b>Total</b>	<b>586</b>	<b>30</b>				

**EMPLOYMENT SERVICES REPORTS**

**Monthly Activity Report**

<b>CDBG</b>	<b>Goal</b>	<b>This Month</b>	<b>Last Month to Date</b>	<b>Year to Date</b>
Assessed	180	13	128	141
Enrollment	85 (YR)	8	66	74

Placement	68 (YR)	6	46	52
Retention (3 months)	12 (Qtr)	15	38	53
Wage	\$9.00 hr	\$9.60	\$10.52	\$9.60

**INDIVIDUALIZED TRNG**

	This Month	Last Month to Date	Year to Date
Assessed	4	26	30
Enrollment	4	26	30
Completed	2	14	16
Placed	1	12	13
Improved Emp	0	0	0

WIA Youth	Goal	This Month	Last Month to Date	Year to Date
Assessed	n/a	6	21	27
Enrolled	n/a	0	8	8
Placed	n/a	1	6	7

ARRA Youth	Goal	This	Last Month to	Year to Date

	Month	Date	
Assessed	n/a	12	21
Enrolled		12	21
Placed in Training		12	21
Placed in Employment/Temp Employment			

ARRA Adult	Goal	This Month	Last Month to Date	Year to Date
Assessed	n/a	3	14	17
Enrolled		4	14	18
Placed in Training		0	0	0
Placed in Employment		0	7	7

General Public Youth	Goal	This Month	Last Month to Date	Year to Date
Interviewed & Assessed	n/a	4	11	15
Placed in Temp Employment		0	0	0
Enrolled		3	7	10

Placed in Employment

3

3

6

Job Club/Workshop

33

70

103

Attendance

March 2011 Placement Report

Client Name	Program	Employer	Position	Hourly Wage	Hours per Week	Application Date	Start Date	Case Manager	Placement Type (Direct=1, Indirect=2)
Windy Sky	Z	Argonaut Restaurant	Line Cook	\$10.00	40	09/20/10	03/01/11	Howard	1
Mark Penn	Z	Macy's	Retail Support Assoc.	\$ 7.50	25	02/15/10	03/14/11	Howard	1
Grace Grace	P	Arlington Public School	Extended Day Aide	\$ 12.61	15	10/12/10	03/01/11	Jones	1
Larry Lewis	Z	Office Team	Admin. Assistant	\$ 11.00	40	01/03/11	03/01/11	Johnson	1

Client Management Report

Case Manager \_\_\_\_\_

Client	Beginning Time	Ending Time	Length	Scheduled Visit
First Client	1:10	2:03	53 min	Yes -- No --
First Client	1:10	2:03	53 min	Yes -- No --
First Client	1:10	2:03	53 min	Yes -- No --
First Client	1:10	2:03	53 min	Yes -- No --
First Client	1:10	2:03	53 min	Yes -- No --
First Client	1:10	2:03	53 min	Yes -- No --
First Client	1:10	2:03	53 min	Yes -- No --
First Client	1:10	2:03	53 min	Yes -- No --
First Client	1:10	2:03	53 min	Yes -- No --
First Client	1:10	2:03	53 min	Yes -- No --
<b>Total</b>			<b>90</b>	

Employer Contact Report

MARKETING CONTACT LOG



Business Developer \_\_\_\_\_

Date Contact Type	Company	Contact Person	Phone
			Visit E-Mail Call Other _____ Duration
			Visit E-Mail Call Other _____ Duration
			Visit E-Mail Call Other _____

				Duration
				Visit
				E-Mail
				Call
			Registered	Yes
			E-Mail	No Visit
			Call	
			Other	_____
				Duration

Comments

Total Time \_\_\_\_\_

**MONTHLY UNIT REPORT**

**General Public/Homeless Program/Hispanic Program/WIA Adult/WIA DLW**

November-10

<b>MONTHLY UNIT REPORT</b>	<b>Previous Year to Date</b>	<b>This Month</b>	<b>FY 11 Year to Date</b>
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<b>WIA Adult Program</b>				
Current WIA Adult Cases	39	32	40	
WIA Adult Enrollments	0	1	1	
WIA Adult Placements	0	2	2	
WIA Adult Average Salary	\$0.00	\$8.30	\$8.30	
WIA Adult Clients in Training	0	1	1	
<b>WIA DLW Program</b>				
Current WIA DLW Cases	74	70	75	
WIA DLW Enrollments	4	1	5	
WIA DLW Placements	15	2	17	
WIA DLW Average Salary	\$19.29	\$16.42	\$17.85	
WIA DLW Clients in Training	3	1	4	
<b>General Public (GP) Program</b>				
Number of Clients Scheduled for Orientation	219	59	278	
Number of Clients Attended Orientation	135	42	177	
Current GP Cases	316	207	355	
General Public Enrollments	103	39	142	
General Public Placements	37	16	53	

General Public Average Salary	\$18.19	\$11.08	\$14.63
GP Clients in Training	1	0	1
<b>Homeless Program</b>			
Current Homeless Cases	20	13	25
Homeless Program Enrollments	5	5	10
Homeless Program Placements	4	1	5
Homeless Program Average Salary	\$10.59	\$7.25	\$8.92
Homeless Clients in Training	0	1	1
<b>Hispanic Program</b>			
Number of Clients Scheduled for Orientation	84	23	107
Number of Clients Attended Orientation	38	12	50
Current Hispanic Cases	142	125	151
Hispanic Program Enrollments	31	9	40
Hispanic Program Placements	6	1	7
Hispanic Program Average Salary	\$10.41	\$7.50	\$8.95
Hispanic Clients in Training	1	0	1

For this report, data for all programs represent new fiscal year (FY10) information.

N/A - Not Available

Arlington County, Virginia Community Services Block Grant Program Evaluation (-)	
Arlington County, Virginia Community Services Block Grant Program Evaluation (Exhibit A)	Adult Employment Services
AGENCY:	AEC- Department of Human Services
ALLOCATION:	\$125,000
GRANT YEAR:	FY2010 (CSBG ARRA)
CONTRACT STAFF:	Rolda Nedd
EVALUATION PERIOD:	July 1, 2009- September 2010
EVALUATION COMPLETED:	
PROGRAM GOAL: To provide emergency food for families in need.	

<b>TYPE OF ACTIVITY:</b> (This is CSBG type - childcare, community organization, etc.)	Employment								
<b>KEY INDICATORS:</b>	Number of adults who obtain employment								Expected/Actual*
	Number of adults who complete employment training								50/
<b>LEVERAGING:</b>									
	Federal								
	State								
	Local								
	Private								
	TOTAL								

\*Quarterly cumulative unduplicated count

1. Total unduplicated number of persons about whom <u>one or more</u> characteristics were obtained:	
2. Total unduplicated number of persons about whom <u>no</u> characteristics were obtained:	
3. Total unduplicated number of families about whom <u>one or more</u> characteristics	

<p>were obtained:</p> <p>4. Total unduplicated number of families about whom <u>no</u> characteristics were obtained:</p>	
---	--

5. GENDER	# of Persons
a. Male	
b. Female	
<b>Total</b>	<b>0</b>
6. AGE	# of Persons
a. 0 - 5	
b. 6 - 11	
c. 12 - 17	
d. 18 - 23	
e. 24 - 44	
f. 45 - 54	
g. 55 - 69	
h. 70 +	
<b>Total</b>	<b>0</b>
7. ETHNICITY	# of Persons
a. Hispanic or Latino	

11. FAMILY TYPE	# of Families
a. Single parent/female	
b. Single parent/male	
c. Two-parent household	
d. Single person	
e. Two adults/no children	
f. Other	
<b>Total</b>	<b>0</b>
12. FAMILY SIZE	# of Families
a. One	
b. Two	
c. Three	
d. Four	
e. Five	
f. Six	
g. Seven	

b. <u>Not</u> Hispanic or Latino		
<b>Total</b>	0	<b># of Persons</b>
<b>8. RACE</b>		
a. Black/African American		
b. White		
c. Other *see note below		
d. Multi-Race (any 2 or more of the above)		
<b>Total</b>	0	<b># of Persons</b>
<b>9. EDUCATION LEVEL OF ADULT</b>		
a. 0 - 8		
b. 9 - 12 - non-graduate		
c. high school grad/GED		
d. 12 + some post secondary		
e. 2 or 4 yr college graduates		
<b>Total</b>	0	

h. Eight or more		
<b>Total</b>	0	<b># of Families</b>
<b>13. SOURCE(S) OF FAMILY INCOME</b>		
a. Unduplicated # of Families Reporting One or More Sources of Income		
b. No Income		
c. TANF		
d. SSI		
e. Social Security		
f. Pension		
g. General Assistance		
h. Unemployment Insurance		
i. Employment + other source(s)		
j. Employment only		
k. Other		
<b>14. Level of Family Income (% of Poverty)</b>		<b># of Families</b>



10. Other Characteristics	# of Persons
a. Have <u>No</u> health Insurance	
b. Have Health Insurance	
c. Total Surveyed for Health Ins.	0
d. Are Disabled	
e. Are <u>Not</u> Disabled	
f. Total Surveyed for Disability	0

\*Note: Race - Other (8.c.) - Include American Indian, Alaskan Native, Asian, Native Hawaiian, Other Pacific Islander, and All Others. Please note that Hispanic/Latino is no longer considered to be a race but an ethnicity only. Hispanic/Latino clients should self select the race with which they identify themselves.

a. Up to 50%	
b. 51% to 75%	
c. 76% to 100%	
d. 101% to 125%	
e. 126% to 150%	
f. 151% and over	
<b>Total</b>	<b>0</b>
<b>15. HOUSING</b>	<b># of Families</b>
a. Own	
b. Rent	
c. Homeless	
d. Other	
<b>Total</b>	<b>0</b>

- b) Average wait time to be served by staff (Customer Service Representative, Intake worker, case worker)
- c) Percentage of clients seen within 5 minutes (95/5 rule)
- d) Percentage of time schedule fully available - basically no one out on vacation or sick leave based (program, date ranges)
- e) Percentage of time schedule filled to capacity
- f) Number of clients seen, average screener time, grouped and sorted by screener's names, and total of client seen, average wait time to be seen, and average time spent with client for unit
- g) Client wait time based on date range selection showing counts for over 15 minutes, under 15 minutes, percentage under 15 minutes, the overall average wait time, and total clients
- h) Monthly application assignments to each worker (Customer Service Consultant, Intake worker, Case worker)
- i) Monthly case load by worker (open, close, pending)
- j) Monthly list of outstanding/incomplete ticklers (assessments, reviews, closure, program outcomes)
- k) Report reflecting percentage and number of client's and no-shows using date, or date range parameters (daily, weekly, monthly, yearly)

AGREEMENT NO. 507-12

EXHIBIT G

BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement ("Agreement") is entered into on, by and among the County Board of Arlington County, Virginia (herein "Covered Entity") and Social Solutions Global, Inc. (herein "Business Associate") in order to comply with 45 C.F.R. §164.502(e) and §164.504(e), governing protected health information ("PHI") and business associates under the Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) ("HIPAA"), 42 U.S.C. Section 1320d, et. seq., the Health Information Technology for Economic and Clinical Health Act (P.L. 111-005) ("HITECH ACT") and any regulations promulgated thereunder, as amended from time to time. Further, this Agreement is entered into to protect the confidentiality and integrity of Protected Health Information (PHI) required by law, policy, professional ethics, and accreditation requirements. Parties to this Agreement shall fully comply with the provisions of the regulations implementing HIPAA.

RECITALS

WHEREAS the parties must comply with provisions of HIPAA, the Privacy Rule and Security Rule requirements and applicable provisions of the "HITECH standards" (defined below);

WHEREAS the parties agree and understand that the Covered Entity must receive satisfactory written assurance from the Business Associate that the Business Associate will safeguard all Protected Health Information, as defined by HIPAA;

WHEREAS the parties intend to protect the privacy and provide for the security of PHI disclosed to the BA pursuant to its contract with the Covered Entity in compliance with HIPAA and the HITECH Act and the regulations promulgated thereunder by the U.S. Department of Health and Human Services and other applicable laws;

WHEREAS the Business Associate agrees to take all reasonable and accepted efforts to ensure that PHI is rendered unusable, unreadable or indecipherable to unauthorized individuals (e.g. encrypted, destroyed) whenever appropriate;

WHEREAS the Business Associate hereby provides such assurances;

In consideration of mutual promises and covenants below, the parties intending to be legally bound, agree as follows:

Definitions.

As used in this Agreement, the terms below will have the following meanings intended to be consistent with HIPAA and the HITECH Act:

1.1 Agreement.

"Agreement" shall mean this Business Associate Agreement.

1.2 Affected Individuals.

"Affected individuals" shall mean person who were affected by a Breach, as defined below, or whose unsecured protected health information has been, or is reasonably believed to have been, breached.

1.3 Breach.

"Breach" shall mean the unauthorized acquisition, access, use or disclosure of PHI in a manner not permitted by the HIPAA Privacy Rule which compromises the security or privacy of such information except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information. And any other such exceptions to this definition as set forth at 42 USC 17921 section 13400 (1) and any guidance related thereto.

1.4 Business Associate.

"Business Associate" shall mean Social Solutions Global, Inc.

1.5 Covered Entity.

"Covered Entity" shall mean the County Board of Arlington County, Virginia.

1.6 Designated Record Set.

"Designated Record Set" shall mean a group of records maintained by or for a covered entity that is:

- (a) The medical records and billing records about individuals maintained by or for a covered health care provider;
- (b) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
- (c) Used, in whole or in part, by or for the covered entity to make decisions about individuals

1.7 Discovered.

"Discovered" shall mean the first day the Breach is known or reasonably should have been known by the Business Associate, including any person, other than the person committing the breach, that is an employee, officer or other agent of the Business Associate

1.8 HITECH Standards.

"HITECH Standards" shall mean the privacy, security and security Breach notification provisions applicable to a Business Associate under Subtitle D of the Health Information Technology for Economic and Clinical Health Act ("HITECH"), which is Title XIII of the American Recovery and Reinvestment Act of 2009 (P.L. 111-5) and any regulations promulgated thereunder.

1.9 Individual.

"Individual" shall have the same meaning as the term "individual" in 45 C.F.R. 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 C.F.R. 164.502(g)(1). This term includes "Covered Individual" and "Covered Person/s as used herein."

1.10 Plan.

"Plan" shall have the same meaning as set forth in HIPAA and HITECH Act,

1.11 Privacy Rule.

"Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Part 160 and Part 164, Subparts A and E.

1.12 Protected Health Information.

"Protected Health Information" or "PHI" shall have the same meaning as the term "protected health information" in 45 C.F.R. §160.103. PHI is limited to information created or received by Business Associate from or on behalf of Covered Entity. PHI means individually identifiable information created or received by a health care provider, health plan, employer or health care clearinghouse, that: (i) relates to the past, present, or future physical or mental health or condition of an individual, provision of health care to the individual, or the past, present or future payment for provision of health care to the individual; (ii) identifies the individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the individual; and (iii) is transmitted or maintained in an electronic medium, or in any other form or medium. PHI includes protected information provided by Covered Entity to Business Associate or created or received by Business Associate on Covered Entity's behalf.

1.13 Required by Law.

"Required by Law" shall have the same meaning as the term "required by law" in 45 C.F.R. §164.103.

1.14 Secretary.

"Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.

1.15 Summary Health Information.

"Summary Health Information" shall mean information, which may be Protected Health Information, (1) that summarizes the claims history, claims expenses, or types of claims and (2) from which the identifiers specified in 45 C.F.R. §164.514(b)(2)(i) have been deleted (except that the zip code information described in 45 C.F.R. §164.514(b)(2)(i)(B) may be aggregated to the level of a five (5) digit zip code).

1.16 Underlying Agreement.

"Underlying Agreement" refers to the County contract necessitating this Business Associate Agreement.

1.17 Unsecured Protected Health Information.

"Unsecured Protected Health Information" or "Unsecured PHI" shall mean Protected Health Information (PHI) that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of technology or a methodology specified by the Secretary in guidance.

STATEMENT OF AGREEMENT.

**a. HIPAA Compliance and Agents.**

Business Associate hereby agrees to fully comply with the "Business Associate" requirements under HIPAA, throughout the term of this Agreement. Further, Business Associate agrees that to the extent it has access to PHI, Business Associate will fully comply with the requirements of HIPAA and this Agreement with respect to such PHI; and, further, that every agent, sub-Business Associate, employee, subsidiary, and affiliate of Business Associate to whom it provides PHI received from, or created or received by Business Associate on behalf of, Covered Entity will be required to fully comply with HIPAA, and will be bound by written agreement to the same or substantially similar restrictions and terms and conditions as set forth in this Agreement. Covered Entity shall have the option to review and approve all such written agreements between Business Associate and its agents and sub-Business Associates prior to their effectiveness.

**Uses and Disclosures of PHI.**

Business Associate shall not use PHI otherwise than as expressly permitted by this Agreement, or as required by law. However, Business Associate may use PHI for purposes of managing its internal business processes relating to its functions under this Agreement. Business Associate shall not disclose PHI to any member of its workforce except to those persons who have authorized access to the information, who have received privacy training in PHI, and who have signed an agreement to hold the information in confidence.

**b. Required or Permitted Uses & Disclosures.**

Business Associate agrees that it is permitted to use or disclose PHI only: (a) upon obtaining the authorization of the patient to whom such information pertains in accordance with 45 C.F.R. §164.502(a)(1)(iv) and §164.508, (b) upon obtaining the consent of a patient to whom such information pertains, if the use or disclosure is for purposes of treatment, payment, or health care operations, in accordance with 45 C.F.R. §164.502(a)(1)(ii) and §164.506, or (c) without an authorization or consent, if in accordance with 45 C.F.R. §164.506, §164.510, §164.512, §164.514(e), §164.514(f), §164.514(g), or as otherwise permitted or required by agreement or law.

**Disclosure Tracking.**

Business Associate will record each disclosure and Breach of Covered Persons' Protected Health Information, which is not exempt from disclosure accounting that Business Associate makes to the Plan or to a third party.

The information about each disclosure that Business Associate must record ("Disclosure Information") is (a) the disclosure date, (b) the name and (if known) address of the person or entity to whom Business Associate made the disclosure, (c) a brief description of the Protected Health Information disclosed, and (d) a brief statement of the purpose of the disclosure.

For repetitive disclosures of Covered Persons' Protected Health Information that Business Associate makes for a single purpose to the same person or entity (including the Plan), Business Associate may record (a) the Disclosure Information for the first of these repetitive disclosures, (b) the frequency, periodicity or number of these repetitive disclosures, and (c) the date of the last of these repetitive disclosures.

**Exceptions from Disclosure Tracking.**

Business Associate is not required to record disclosure information or otherwise account for disclosures of PHI that this Agreement or the Plan in writing permits or requires: (i) for the purpose of the Business Associate's payment activities or health care operations, (ii) to the individual who is the subject of the PHI disclosed, or to that individual's personal representative; (iii) to persons involved in that individual's health care or payment for health care; (iv) for notification for disaster relief purposes, (v) for national security or intelligence purposes, (vi) to law enforcement officials or correctional institutions regarding inmates; (vii) pursuant to an authorization; (viii) for disclosures of certain PHI made as part of a limited data set; (ix) for certain incidental disclosures that may occur where reasonable safeguards have been implemented; and (x) for disclosures prior to April 14, 2003.

**Disclosure Tracking Time Periods.**

Business Associate will have available the disclosure Information required for the six (6) years immediately preceding the date of the Covered Entity's request for the Disclosure Information.

**Use and Disclosure; Rights.**

Business Associate acknowledges that this Agreement does not in any manner grant Business Associate any greater rights than Covered Entity enjoys, nor shall it be deemed to permit or authorize Business Associate to use or further disclose PHI in a manner that would otherwise violate the requirements of HIPAA if done by Covered Entity.

**c. Accounting for Disclosures.**

Accounting of Disclosures. Business Associate shall maintain an ongoing log of the details relating to any disclosures of PHI it makes (including, but not limited to, the date made, the name of the person or organization receiving the PHI, the recipient's address, if known, a description of the PHI disclosed, and the reason for the disclosure). Business Associate shall, within thirty (30) days of Covered Entity's request, make such log available to Covered Entity, as needed for Covered Entity to provide a proper accounting of disclosures to its patients.

Disclosure to U.S. Department of Health and Human Services (DHHS). Business Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI received from Covered Entity (or created or received by Business Associate on behalf of Covered Entity) available to the Secretary of DHHS or its designee for purposes of determining Covered Entity's compliance with HIPAA and with the Privacy Regulations issued pursuant thereto. Business Associate shall provide Covered Entity with copies of any information it has made available to DHHS under this section of this Contract.

**Report of Improper Use or Disclosure.**

Business Associate shall report to Covered Entity within thirty (30) days of discovery any information of which it becomes aware concerning any use or disclosure of PHI that is not provided for by this Agreement. See also section 2.8 herein.

**d. Administrative Obligations.**

**Safeguards.**

Business Associate agrees to develop implement and maintain appropriate procedural, physical, and electronic safeguards to prevent the use, disclosure or misuse of PHI otherwise than as provided by this Agreement including but not limited to administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality and integrity and availability of the PHI, in accordance with 45 C.F.R. §§ 164.308, 164.310, 164.312, 164.314 and 164.315. Business Associate agrees to comply with policies and procedures and documentation requirement of the HIPAA Security Rule. Business Associate agrees to notify Covered Entity of the location of any PHI disclosed by Covered Entity or created by Business Associate on behalf of Covered Entity and held by or under the control of Business Associate or those to whom Business Associate has disclosed such PHI.



**Minimum Necessary.**

Business Associate must limit any use, disclosure, or request for use or disclosure to the minimum amount necessary to accomplish the intended purpose of the use, disclosure, or request in accordance with the requirements of HIPAA. Business Associate represents that all uses, disclosures, and requests it will make shall be the minimum necessary in accordance with HIPAA requirements. Covered Entity may, pursuant to HIPAA, reasonably rely on any requested disclosure as the minimum necessary for the stated purpose when the information is requested by Business Associate. Business Associate acknowledges that if Business Associate is also a covered entity, as defined by HIPAA, Business Associate is required, independent of Business Associate's obligations under this Agreement, to comply with the HIPAA minimum necessary requirements when making any request for PHI from Covered Entity.

**Designated Record Set.**

Business Associate shall maintain a designated record set, as defined by HIPAA, for each individual patient for which it has PHI. In accordance with an individual's right to access to their own PHI under HIPAA, Business Associate shall make available all PHI in that designated record set to the individual to whom that information pertains, or such individual's representative, all PHI in that designated record set, upon a request by such individual or such individual's representative.

**Records; Covered Entity Access.**

Business Associate shall maintain such records of PHI received from, or created or received on behalf of, Covered Entity and shall document subsequent uses and disclosures of such information by Business Associate as may be deemed necessary and appropriate in the sole discretion of Covered Entity. Upon reasonable request Business Associate shall provide the Covered Entity with reasonable access to examine and copy such records and documents of Business Associate during normal business hours within 30 days of a request for such information. Business Associate agrees to fully cooperate in good faith with and to assist Covered Entity in complying with the requirements of HIPAA and any investigation of Covered Entity regarding compliance with HIPAA conducted by the U.S. Department of Health and Human Services ("DHHS"), Office of Civil Rights, or any other administrative or judicial body with jurisdiction.

Accounting.

**2.5.5 Access to Protected Information.**

Business Associate shall make PHI maintained by the Business Associate or its agents or subcontractors in Designated Record Sets available to the Covered Entity for inspection and copying within ten (10) days of the request by Covered Entity to enable Covered Entity to fulfill its obligations under the Privacy Rule, including but not limited to, 45 C.F.R. §164.524. If Business Associate maintains an electronic health record, Business Associate shall provide such information in electronic format to enable Covered Entity to

fulfill its obligations under the HITECH Act, including but not limited to, 42 USC §17935(e).

#### 2.5.6 Accounting of Disclosures.

Within twenty (20) days of a request by the Covered Entity or individual, Business Associate shall provide information to the Covered Entity to provide an accounting of disclosures to enable Covered Entity to fulfill its obligations under the Privacy Rule, including but not limited to, 45 C.F.R. §164.528, and the HITECH Act, including but not limited to 42 USC §17935(C), as determined by the Covered Entity. Business Associate agrees to implement a process that allows for such an accounting to be collected and maintained by Business Associate and its agents or subcontractors for at least six (6) years prior to the request. Additional time may be extended so long as the Covered Entity remains in compliance with and the time periods outlined at 45 C.F.R. 164.5280(1)(ii).

#### e. Workforce Provisions.

##### **Confidentiality Agreement.**

Business Associate must have a confidentiality agreement in place with individuals of its workforce who have access to PHI. Issuing and maintaining these confidentiality agreements will be the responsibility of the Business Associate. Covered Entity shall have the option to inspect the maintenance of said confidentiality agreements.

##### **Employee Sanctions.**

Business Associate shall implement and maintain sanctions for any employee, sub-Business Associate, or agent who violates the requirements in this Contract or the HIPAA privacy regulations. Business Associate shall, as requested by Covered Entity, take steps to mitigate any harmful effect of any such violation of this Contract.

##### **Amendment of and Access to PHI; Notification.**

Business Associate shall make an individual's PHI available to Covered Entity within thirty (30) days of an individual's request for such information as notified by Covered Entity.

Business Associate shall make available PHI for amendment and shall incorporate any amendments to PHI within thirty (30) days of notification by Covered Entity. Business Associate shall make reasonable efforts to notify persons, organizations, or other entities, including other business associates, known by Business Associate to have received the erroneous or incomplete information and who may have relied, or could foreseeably rely, on such information to the detriment of the individual patient. Business Associate must update this information when notified by Covered Entity.

Business Associate shall make available PHI or any other information required to provide, or assist in preparing, an accounting of disclosures in accordance with HIPAA. Right of Access.

f. Compliance with HITECH Standards.

Breach Notification to Covered Entity.

To ensure proper and timely notification by Covered Entity following a breach of unsecured protected health information, the Business Associate shall in writing provided initial Notice of any Breach following Discovery of the Breach. Such initial Notice to the Covered Entity must be given immediately or without delay, as applicable. Thereafter, no later than thirty (30) days after Discovery by the Business Associate, additional written Notice must be provided to Covered Entity, to the extent possible, to include the following information in the format and order provided below. If additional information becomes available later, it shall be promptly provided to the Covered Entity:

1. Total number of Affected Individuals per Breach;
2. A brief description of what happened, including the date of the breach, the date of the discovery of the breach and who impermissible used or to whom the information was impermissibly disclosed.;
3. A detailed description of the type of Unsecured PHI that was involved in the Breach (e.g. name, social security number, date of birth, health information etc.);
4. Any steps Affected Individuals should take to protect themselves from potential harm resulting from the Breach;
5. A description of the Business Associate's investigation into the Breach, efforts to mitigate of harm to affected individuals, and to protect against future breaches;
6. Contact procedure for follow-up, which must include a toll-free number, an email address and a website or postal address;
7. The identify of each Affected Individual whose unsecured protected health information has been, or is reasonably believed to have been, breached; and,
8. Any further information known to the Business Associate, which it determines in its discretion could assist the Covered Entity to comply with the HITECH Standards.

2.8.2 Other HITECH Standards.

The Business Associate shall also comply with the following HITECH Standards, including, but not limited to:

1. compliance with the requirements regarding minimum necessary under HITECH §13405(b);
2. requests for restrictions on use or disclosure to health plans for payment or health care operations purposes when the provider has been paid out of pocket in full confident with HITECH §13405(d)
3. the prohibition of sale of PHI unless an exception under HITECH §13405(d) applies;
4. the prohibition on receiving remuneration for certain communications that fall within the exceptions to the definition of marketing under 45 C.F.R. §164.501 unless permitted by this Agreement and Section 13406 of HITECH;

5. the requirements relating to the provision of access to certain information in electronic access under HITECH §13405(e);
6. compliance with each of the Standards and Implementation Specifications of 45 C.F.R. §§164.308 (Administrative Safeguards), 164.310 (Physical Safeguards); 164.312 (Technical Safeguards) and 164.316 (Policies and Procedures and Documentation Requirements); and,
7. the requirements regarding accounting of certain disclosures of PHI maintain in an Electronic Health Records under HITECH §13405(c).
8. If an impermissible disclosure of PHI has occurred and is not subject to the notification requirements at section 2.8.1 above, Business Associate shall promptly notify Covered Entity of the disclosure and if the Business Associate determines that a disclosure is not a Breach under HITECH Standards, the Business Associate shall provide a brief explanation as to why the disclosure does not "pose significant risk of financial, reputational or other harm to the individual/s" as provided in the Interim Final Rule at 45 C.F.R. Parts 160 and 164.

#### Termination Rights.

This Agreement authorizes Covered Entity to terminate the Agreement, if Covered Entity determines, in its sole discretion, that Business Associate has violated a material term of the Agreement required by HIPAA, the HITECH Act or the regulations promulgated there under. This Agreement shall remain in effect throughout the Contract Term and any Subsequent Contract Term of the Underlying Agreement unless terminated for cause by Covered Entity with immediate effect, or until terminated by either party with not less than thirty (30) days prior written notice to the other party, which notice shall specify the effective date of the termination; provided, however, that any termination shall not affect the respective obligations or rights of the parties arising under any Documents or otherwise under this Agreement before the effective date of termination.

Within thirty (30) days of expiration or earlier termination of this Contract, Business Associate shall return or destroy all PHI received from Covered Entity (or created or received by Business Associate on behalf of Covered Entity) that Business Associate still maintains in any form and retain no copies of such PHI. Business Associate shall provide a written certification that all such PHI has been returned or destroyed, whichever is deemed appropriate. If such return or destruction is infeasible, Business Associate shall use such PHI only for purposes that make such return or destruction infeasible and the provisions of this Contract shall survive with respect to such PHI.

#### **g. Breach or Violation; Knowledge.**

If Covered Entity knows of a pattern of activity or practice of Business Associate that constitutes a material breach or violation of Business Associate's obligations under this Agreement, Covered Entity shall take any steps reasonably necessary to cure such breach or end such violation, and, if such steps are unsuccessful, shall either (a) terminate this Agreement, if

feasible, pursuant to §12, or (b) if termination is not feasible, report the breach or violation to DHHS. If Business Associate as a covered entity, defined by HIPAA, violates the terms and conditions of this Agreement in its capacity as a business associate of another covered entity, Business Associate will be in noncompliance with the standards, implementation specifications, and requirements of HIPAA.

#### 2.11 Breach or Violation; Knowledge.

In compliance with 42 USC 17934 (b), if the Business Associate knows of a pattern of activity or practice of Covered Entity that constitutes a material breach or violation of Covered Entity's obligations under this Agreement, Business Entity shall take any steps reasonably necessary to cure the breach or end the violation. If the steps are unsuccessful, Business Associate must terminate the Contract or if termination is not feasible, report the problem to the Secretary. Business Associate shall provide written notice to Covered Entity of any pattern of activity or practice of the Covered Entity that Business Associate believes constitutes a material breach or violation of the Covered Entity's obligations under the Contract within five (5) days of discover and shall meet with the Covered Entity to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

### 3 MISCELLANEOUS.

#### 3.1 Regulatory References.

A reference in this Business Associate Agreement to a section in the Privacy Rule, Security Rule, HIPAA or the HITECH Act means the section as in effect or as amended.

#### 3.2 Amendment.

The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule, HIPAA and the HITECH Act. Upon the enactment of any law or regulation affecting the use or disclosure of PHI, or the publication of any decision of a court of the United States or of Virginia relating to any such law, or the publication of any interpretive policy or opinion of any governmental agency charged with the enforcement of any such law or regulation, Covered Entity may, by written notice to the Business Associate, amend this Agreement in such manner as Covered Entity determines necessary to comply with such law or regulation. If Business Associate disagrees with any such amendment, it shall so notify Covered Entity in writing within thirty (30) days of Covered Entity's notice. If the parties are unable to agree on an amendment within thirty (30) days thereafter, either of them may terminate this Agreement by written notice to the other.

3.3 Survival.

The respective rights and obligations of Business Associate under Section 2 of this Agreement shall survive the termination of this Agreement.

3.4 Interpretation.

This Business Associate Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule and to ensure compliance by the Covered Entity. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the above.

3.5 Data Ownership.

Business Associate acknowledges that business Associate has no ownership rights with respect to PHI.

3.6 Party Notices.

All notices and other communications under this Agreement to any Party shall be in writing and the following contact information shall be used:

For Business Associate

For Covered Entity (3)

Contact person

(1) Contact person

Address

2100 Clarendon Boulevard, Suite XXX

City, State Zip Code

Arlington, VA 22201

Phone

Phone: 703/228- XXXX

Fax

(2) Marcy Foster

County Privacy Officer

2100 Clarendon Blvd. Suite 511

Arlington, Virginia 22201

Phone: 703/228-3443

(3) Stephen MacIsaac

County Attorney

2100 Clarendon Blvd, Suite 403

Arlington, Virginia 22201

Phone: 703/228-3100

Fax: 703/228-7106

### **3.7 Severability; Governing Law.**

With respect to any provision of this Agreement finally determined by a court of competent jurisdiction to be unenforceable, such court shall have jurisdiction to reform such provision so that it is enforceable to the maximum extent permitted by applicable law, and the Parties shall abide by such court's determination. In the event that any provision of this Agreement cannot be reformed, such provision shall be deemed to be severed from this Agreement, but every other provision of this Agreement shall remain in full force and effect. This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia.

### **3.8 Further Assurances.**

Each Party shall execute, acknowledge or verify, and deliver any and all documents which may from time to time be reasonably requested by the other Party to carry out the purpose and intent of this Agreement.

### **3.9 Entire Agreement.**

This Agreement constitutes the entire agreement and supersedes all prior agreements and understandings, both written and oral, among the Parties with respect to the subject matter of this Agreement.

### **3.10 Conforming Amendment.**

This Agreement incorporates by reference the provisions of HIPAA, the Privacy Rule, Security Rule and the applicable provisions of HITECH, all regulations promulgated thereunder and other applicable laws relating to the security and confidentiality of PHI. To the extent that the law/s or governing regulations are amended thereto, those amendments are incorporated herein as if set forth in full text. The parties thereafter shall negotiate an amendment to this Agreement.

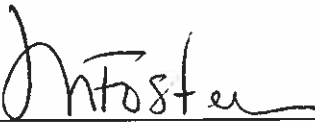
3.11 Disclaimer.

Covered Entity makes no warranty or representation that compliance by Business Associate with this Agreement, HIPAA, the HITECH Act or regulations promulgated thereunder will be adequate or satisfactory for Business Associate's own purposes. Business Associate is solely responsible for all decisions made by Business Associate regarding safeguarding of PHI.

3.12 Indemnification, Defense and Save Harmless.

The indemnification provision in the Underlying Agreement applies to the breach, negligent or otherwise, of the terms of this Agreement, HIPAA or the HITECH Act and any regulations promulgated thereunder. Any limitation of liability provision contained in the Underlying Agreement does not apply to this Business Associate Agreement.

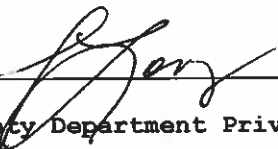
IN WITNESS thereof this Business Associate Agreement acknowledged and agreed to by:

  
\_\_\_\_\_

for the Covered Entity  
Arlington County Privacy Officer

4/16/12  
\_\_\_\_\_

Date

  
\_\_\_\_\_

County Department Privacy Representative

4/16/2012  
\_\_\_\_\_

Date

  
\_\_\_\_\_

for the Business Associate  
Authorized Representative

4/12/12  
\_\_\_\_\_

Date

(print name) Stephen Butz  
\_\_\_\_\_