**RIDER A**

**SPECIFICATIONS OF WORK TO BE PERFORMED**

**I. AGREEMENT FUNDING SUMMARY**

Funds are provided under this Agreement for the provision of       services. The service descriptions are detailed in Section III Service Specifications and Performance Guidelines. The sources of funds and compliance requirements for this Agreement follow:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A. State General Fund** | | **$-0-** |  | |
| Use of funds shall be in accordance with requirements detailed in the Maine Uniform Accounting and Auditing Practices for Community Agencies (CMR 10-144, Chapter 30); and with the terms of this Agreement. | | | | |
|  | | | | |
| **B. Dedicated/Special Revenue** | | **$-0-** |  | |
|  |  |  |  | |
| **C. Federal Funds** | | **$-0-** |  | |
| Use of funds shall be in accordance with restrictions contained in the appropriate CFDA; with Federal OMB Circulars A-21, A-87, A-102, A-110, A-122, and A-133, as applicable; with CMR 10-144, Chapter 30, as applicable; and with the terms of this Agreement. | | | | |
|  |  |  | |  |
|  | CFDA# & Description (CFDA Title, award name, award no., federal awarding agency): | | | **$** |
|  |  | | |  |
|  |  | | |  |
|  | CFDA# & Description (CFDA Title, award name, award no., federal awarding agency): | | | **$** |
|  |  | | |  |
|  |  | | |  |
|  | CFDA# & Description (CFDA Title, award name, award no., federal awarding agency): | | | **$** |
|  |  | | |  |
|  |  | | |  |
|  | CFDA# & Description (CFDA Title, award name, award no., federal awarding agency): | | | **$** |
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|  |  | | |  |

**II. GENERAL REQUIREMENTS**

1. **Reporting.** The Provider shall submit reports in accordance with the specifications of the Department, according to the following schedule:
2. Performance-Based ContractMeasurement data reporting and data source

Report Period Date Due

1. Financial Reports (Documents the agency position on program income and expenses and its corresponding relationship to the Agreement)

Report Period: Date Due:

1. Other Performance Reports (*Document progress towards completion* *of each measurement stated in Rider A)*

Report Period: Date Due:

1. Agreement Closeout Report**\*** (Document the final position on program *income and expenses and its corresponding relationship to the Agreement.)*

Report Period: Date Due:

\* The original copy of the Final Agreement Settlement Form along with a check payable to Treasurer, State of Maine for any surplus balance must be sent to:  DHHS Service Center, 221 State Street SHS#11, 3rd Floor – SSC-ACR, Augusta, ME 04333-0011.

The Provider understands that the reports are due within the timeframes established and that the Department will not make subsequent payment installments under this Agreement until such reports are received, reviewed and accepted.

The Provider further agrees to submit such other data and reports as may be requested by the Agreement Administrator. The Provider shall submit all data and reports to the Department in accordance with Section 6 of Rider B of this Agreement.

B. Others, such as survey, QI plan…

Not Applicable**III. SERVICE SPECIFICATIONS AND PERFORMANCE GUIDELINES**

1. Service Description – (DHHS Developed Service Description and Not Changeable by Provider)
2. Target Group Definitions Developed by the Office
3. Performance Standards/Strategies (Offices need to establish Provider performance standards or benchmarks on which agreement performance is assessed.)
4. Performance-Based Contract Measure Goal: (A general statement that should be a direct link to the service, focus on a target population and specify the impact or affect the program aims to achieve.)
5. Performance-Based Contract Measure: (Operational definitions of how performance will be measured and the data source to be used to make that measurement. As supported by Evidence Based Practice, Best Practice and Supporting Literature)
6. Performance-Based Contract Measure Data Source:
7. Other Performance Measures:
8. Other Performance Measures Data Source: