

TO:

Michael McGovern, Town of Cape Elizabeth

FROM:

Debbie Lombardi, Executive Assistant

SUBJECT:

Contract for the Administration of General Assistance

DATE:

August 13, 2015

Enclosed please find two signed original Contracts for the Administration of General Assistance between the Town of Cape Elizabeth and The Opportunity Alliance for the period of July 1, 2015 to June July 30, 2016.

Please sign one of the original contracts and return to The Opportunity Alliance in the self addressed, stamped envelope provided.

Thank you.



## SERVICE DELIVERY

- 1. The Opportunity Alliance Social Service staff person will be designated to administer the General Assistance Program.
- 2. The General Assistance Administrator will be supervised bi-weekly by The Opportunity Alliance Program Director to assure the GA Program is administered in compliance with DHHS rules and guidelines.
- 3. The General Assistance Administrator will file all appropriate reports with the state and municipal officials who have ultimate authority over and responsibility for the administration of the program.
- 4. Quarterly reviews of the General Assistance Administrator's performance will be conducted between the Town Manager, The Opportunity Alliance Program Director, and General Assistance Administrator.
- 5. The Opportunity Alliance Social Service staff will be cross-trained to provide back-up support for vacation and sick leave.
- 6. First response for emergency after hour and weekend assistance will be provided as follows: Clients will be notified to call the emergency on-call number 207-807-2055. The emergency on-call staff person will determine if it is an emergency, and make the appropriate decision whether to assist immediately, or to have the client schedule an appointment with the town GA administrator. The town will be billed for the provision of after hour's assistance in the amount of \$48.00 per hour prorated by 15 minute increments.
- 7. The Town will contract for up to 6 hours of service per week. Billing will be sent on a monthly basis, at the rate of \$48.00 per hour.
- 8. If the Town or The Opportunity Alliance needs to increase or decrease the contracted hours, the contract may be renegotiated.
- 9. The Town will be responsible for mileage reimbursement for home visits if this is required in the administration of General Assistance. Mileage will be charged at the prevailing State of Maine Employee reimbursement rate, \$0.44 per mile as of July 1, 2015.
- 10. The Town will be responsible for providing safe and confidential office space, telephone, copying and consumables necessary to the administration of the General Assistance Program.
- 11. Either party may terminate this contract with a thirty day written notice specifying the reason(s) for the termination, including if the contract will not be renewed.

CEO
The Opportunity Alliance
Town of Cape Elizabeth

Date

Date









## Contract for the Administration of General Assistance

THIS AGREEMENT, made this, July 1, is by and between The Opportunity Alliance and Community Services Program, 50 Monument Square, Portland, Maine 04101, hereinafter called "Provider," with the Town of Cape Elizabeth, mailing address P.O. Box 6260, Cape Elizabeth, Maine 04107 hereinafter called "Municipality", for the period of July 1, 2015 to June 30, 2016.

The Employer Identification Number of the Provider is 01-0274725.

WITNESSETH, that for and in consideration of the payments and agreements hereinafter mentioned, to be made and performed by the Town, the Provider hereby agrees with the Town to furnish all qualified personnel to perform the services herein described, and under the terms of this Agreement. The following riders are hereby incorporated into this Agreement and made part of it by reference:

## **Provider Contact Information:**

CEO: Telephone

FAX #:

Address: E-mail Address

Agreement Contact Person:

Telephone FAX #: Address:

E-mail Address

Fiscal Contact Person:

Telephone FAX #:

Address: E-mail Address

**Municipality Contact Information:** 

Manager Director: Telephone FAX #: Address:

E-mail Address

Agreement Contact Person:

Telephone #: FAX #: Address:

E-mail Address:

Fiscal Contact Person: Telephone #:

FAX #: Address:

E-mail Address:

Mike Tarpinian

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207-842-3633

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Michael McGovern

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