



29 Washington St
Monroe, MI 48161

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Monroe County Commission on Aging Fee for Services Contract

January 1, 2012 – December 31, 2012

This Contract entered into between the Monroe County Commission on Aging and _____ is entered into on this date January 1, 2012 and ending on December 31, 2012.

This document serves as an official record to the Monroe County Commission on Aging that this funded agency has received Commission on Aging senior millage dollars and that it has read and subscribes to the policies and procedures of fund usage by the Monroe County Commission on Aging.

Fee-for-Service invoices must include the following: A record of clients served, including name of each client served, date of birth for each client served, address and phone number for each client served, the date of service, the type of service performed for each client served, the total amount of hours of service provided for each client served, total amount billed to each client served (if applicable), total amount of remuneration received from each client served (if applicable), and the total amount the Commission on Aging is being billed for each client served.

This information must be provided on each and every invoice to receive County reimbursement. The list of required information necessary for completing the Fee-for-Service Invoice as set forth above is the minimum amount of information necessary to be eligible to receive County reimbursement. The Commission on Aging reserves the right to request further documentation, if necessary, which would tend to support that such services were provided and to whom such services were provided, prior to reimbursement by the Commission on Aging. Payment will be made within 5 business days of receipt of the completed invoice pending all required information above mentioned has been tendered on the invoice. Payment will be made at the contracted unit rate of \$ _____ per _____.

Other Conditions that must be met in order to receive county reimbursement:

- ❖ Monthly financial and programmatic reporting showing the full disclosure of where county dollars were spent and the number of clients and units served entered in the PeerPlace System.
- ❖ Submission to a Third Party Independent Agency Audit showing full disclosure of all sources of revenue and expenses by program as well as agency fund balances.
- ❖ Monthly listing of current clients served with name, date of birth, addresses, and phone numbers by program through the PeerPlace Data System.
- ❖ Failure to comply with any or all of the three prior conditions will also result in the non-payment of invoices.

This agency certifies to the Monroe County Commission on Aging that the information provided to the Commission in the form of reporting, invoicing and budgeting requests are true and accurate to the best of my knowledge, and that the funds requested will be used expressly for the





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purposes contained in this agreement. All services and activities will be operated in accordance with State and Federal laws, regulations, policies, and procedures.

The Monroe County Commission on Aging reserves the right to terminate this contract at any time with or without cause.

Name of Funded Agency

Name of Funded Program

Director/Board Chair

Date

Office Use only

Received By: COA _____ Date _____

