

North Central Texas HIV Planning Council

*2012 – 2013 Assessment of the Administrative Mechanism
Fort Worth/Arlington TGA, Abilene and Wichita Falls HSDAs*

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1. Introduction

1.a. Project Purpose

Ryan White Part A Planning Councils are tasked by law to “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area, and, at the discretion of the planning council, assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.” This year’s assessment focused solely on the rapid allocation and reallocation of funds; service efficacy was not addressed in the 2012-2013 Assessment of the Administrative Assessment (Assessment).

This Assessment is a tool to evaluate the ongoing efficiency of the administrative mechanism. It also provides information to better serve HIV positive persons in the north central Texas area.

1.b. Project Goal

The goal of the Assessment is to target the following areas for review:

- Rapid Allocation of Grant Funds
- Rapid Reallocation of Grant Funds
- Rapid Distribution of Grant Funds

2. Scope of Work

2.a The Project

The requirement for the Ryan White Part A Planning Council (PC) insofar as this year’s review is concerned, is to “assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area.” In the completion of this activity, the Evaluation Committee worked with key stakeholders in the development of the questions to be asked of participants, conducted numerous and varied interviews with key participants, and created this final report.

3. Methodology

3.a Data Collection/Analysis

The data collection process was accomplished via the Health Resources and Services Administration (HRSA) recommended collection methods. The primary data collection methods involved the utilization of Key Informant Interviews (KIs) and Focus Groups (FGs).

The Survey Tool adhered to survey questions approved by the Evaluation Committee of the Planning Council.

The Evaluation Committee conducted Key Informant Interviews (KI) and Focus Groups (FG) with participation/representation from all key stakeholders in the administrative mechanism processes. Representation included the Administrative Agency (AA) staff, county auditors, Planning Council (PC) members, PC staff, and service providers. The following table represents the total number of individual participants and their respective affiliations.

	# Interviewed	KI or FG
Administrative Agency Staff	5	FG
Auditor's Office Staff	2	KI
Providers	8	KI
Planning Council Members	6	FG
Planning Council Staff	2	KI

3.b Data Limitations

While the report details responses from many groups and stakeholders, there was no contextual data that could be referenced when observations and/or perceptions were in opposition to one another among various stakeholders. The Evaluation Committee will consider adding documentation reviews to future Assessment review processes to enhance their ability to support the findings and recommendations.

4. Findings and Observations

The following is the input received from multiple respondents:

- 4.a. Several service providers indicated that open communication and access to both PC staff and auditor was key in helping them succeed in their Ryan White programs;
- 4.b. Respondents felt that the annual allocations process had been refined to the point that it was a smooth and virtually seamless process;
- 4.c. Several AA staff members were mentioned by name by multiple respondents as being particularly helpful in the areas of contracts, budgets, and ongoing need forms;
- 4.d. The auditors noted that the precision of AA staff in ensuring bills are correct before they reach them is one of the aspects of the administrative mechanism that works well;
- 4.e. The PC staff noted that they were pleased with the success of having multiple providers represented on the PC and its various committees. Staff shared that committee members successfully manage conflicts of interest, and in return, are getting valuable input from providers and front line staff.
- 4.f. The Allocations Committee, Executive Committee, and Planning Council staff discussed what they perceived as a lack of effective follow-up in seeking the return of funding from

providers who were not meeting predetermined spending goals. Respondents commented that the process was inconsistent. Also many were unsure of what processes were used to compel providers to return funding.

4.g. Both the Allocations Committee and the Executive Committee groups offered discussion regarding excess funding that is returned toward the end of the fiscal year. Both groups indicated that end-of-year projections of remaining funding appear to be underestimated. Therefore, large quantities of funding returned at the end of the fiscal year cannot be reallocated for providers to use in a timely manner.

4.h. Many commenters revealed a lack of knowledge and/or confidence in the redistribution and reallocation processes.

- i.* Both the PC staff and the Allocations Committee expressed concerns that some reallocation requests attempt to circumvent the External Review Committee (ERC) funding decisions through the redistribution and reallocation processes. Service providers whose funding needs are not met through the one grant source seek to augment their programs or services by requesting the funding from another funding source through the reallocation process.
- ii.* Several Allocations Committee members expressed a lack of knowledge regarding a) their role in reallocations and the reallocation process and b) how best to address the multiple funding sources when reallocating.
- iii.* Several respondents alluded to the issue of mistrust in the allocation process and the need for transparency and open communication.

4.i. PC staff described a need for information on why funding is being returned and from what budget line items it is being returned (e.g., personnel, supplies). They indicated that it is relevant to reallocations to know whether dollars are being returned because of a staff vacancy as opposed to a decreasing need for the funds in that service category.

4.j. Both the PC staff and the AA recommended that a contingency plan be created that allows the AA more autonomy to reallocate funds across service categories; such as they have in redistributing funding.

4.k. The PC staff and the Allocations Committee noted a concern that ongoing need forms might create a form of tunnel vision where the members focus more on the forms in front of them as opposed to other factors that also define areas of greatest need when considering reallocations of funding.

4.l. Several service providers and the Executive Committee expressed concerns that delays by the state and federal governments in awarding 100% of funding have resulted in staffing issues. More specifically they mentioned the inability to hire new staff at the beginning of a fiscal year because there is no assurance that remaining funding will arrive in time. Also,

there is no guarantee that when it does arrive, it will be sufficient to cover the needs of the position.

4.m. PC staff noted one barrier to the rapid return of funding is provider hesitation to return funding not being used due to the mistaken concern that returning funds in a category will affect their funding for that service in subsequent years. Some providers may view the activity of returning funds as a punitive action as opposed to a pro-active action designed to maximize and leverage funding for clients.

5. Recommendations

5.a. To address the issues raised regarding the rapid return of funding from service providers who are not meeting predetermined spending goals, the AA should be invited to a future Planning Council meeting, including all stakeholders, for a comprehensive presentation and Q&A session regarding the monitoring process including timelines, corrective plans, and all aspects of returning funds.

5.b. It is recommended that the AA or PC review the monitoring process, timeline, corrective process, and return of funds at the end of the grant year. The review should include all service provider budgets as well as the AA, QM, and PC budgets. A report on the findings of this review will be shared with the relevant PC committees.

5.c. To address concern that service providers are circumventing their original funding awards by seeking funding from other sources through reallocation, policies on what can be requested through reallocation should be updated. Processes to ensure compliance should be adopted and communicated to the appropriate stakeholders.

5.d. The PC should provide a training for PC members about the guidelines for reallocating funding.

5.e. To address the issues of trust, the PC should provide an annual training on the administrative process and all other planning-related processes. In addition, all PC and committee meetings will continue to make business discussions and decisions at regular meetings a priority. They will utilize electronic and other means of communication only as a last resort.

5.f. The AA should educate stakeholders on policies, especially those that are new or updated. Plus, the AA should conduct its provider technical assistance training annually.

5.g. The AA and PC staff should collaborate to review the form related to returned funds to ensure all needed information is provided.

5.h. A contingency plan should be developed to allow the AA to reallocate funds in specific situations without referral to the Allocations Committee.

5.i. To address the concern of tunnel vision when reallocating funding, the PC Staff should develop a process that includes consideration of more than just the ongoing need form for the Allocations Committee.

5.j. The AA and PC staff should continue to communicate with funders, with documentation about partial and late funding awards.

5.k. To remove the negative perception and stigma associated with the return of funding, the AA should clarify policies related to the return of unused funds during the grant period, including any potential ramifications.

6. Closing Statement

In summary, the Evaluation Committee notes that there is much to be commended in the north central Texas' administrative mechanism. The vast majority of participants in the interview process were complimentary of the mechanism and of its efficiency. Those areas that could use improvement could be benefitted chiefly by increased education and training for the stakeholders in the process and more open communication among various parties.

Overall, the north central Texas area does an admirable job of quickly allocating, reallocating, and dispersing funding across the service area. The Evaluation Committee thanks all participants for their participation in this year's assessment.

Key Informant Interviews and Focus Group Responses

2012 – 2013 Assessment of the Administrative Mechanism

1. Administrative Agency

1. What barriers have resulted from Congressional, state, or federal delays in funding awards (or receipt of partial awards) on the rapid allocation of funds?

Didn't have a lot of issues with Part A, B, or State Services with delays in funding. DSHS however, changed the Part B grant year twice during the year, which was confusing. We worked through it, though it did create an issue because we had to create contract revisions for Part B and State Services, and the allocations committee had to meet to allocate funding for those grants.

2. On average, how frequent are reallocations? What, if any, are the funding limits on reallocations?

The AA doesn't have any funding limits on reallocations. There are requests for reallocations and redistributions most months out of the year, and requests for reallocations are taken to the Planning Council for action.

An average might not be helpful because Tarrant County has six grants, and they all have various grant cycles.

3. The AA routinely monitors service provider's activity and notes irregularities in grant spending. How does the AA monitor this? How is it measured and how often?

The AA has an expenditure monitoring policy in place. The first and second quarter of the grant are reviewed quarterly, and every month after the second quarter of the grant.

1st Quarter monitoring – should be at 25% expenditures/units/population at a minimum with a deviance of 15% of their units or expenditure target. If the agency is not on target, they are given a first notification.

2nd Quarter monitoring – should be at 50% expenditures/units/population at a minimum, with a 10% deviance. If it is the first time the agency not on target, they're given a first notification, if it is the second time in the same service category, the agency is required to return funding. However, if an agency submits a plan for expenditures and can demonstrate they are going to spend the funding or treat the required number of persons, the AA will monitor it to ensure the agency is following the plan. If they deviate from the plan, they are required to resubmit or return funding.

The first notification and/or second notification can come at any point during the contract period.

The Evaluation Committee submitted a follow-up question: When an agency submits a corrective action plan, how is it monitored after that?

Every month – the corrective action plan is monitored and follow up is through e-mail to ensure compliance with the corrective action plan.

4. What is the process to submit ongoing need forms? How is this communicated between provider and AA?

The providers can submit ongoing need forms at any time. There are occasions when the AA doesn't get ongoing need forms, but are made aware of available funding, so the AA contacts providers and tells them there are available funds.

The Evaluation Committee submitted a follow-up question: If there are funds available, how do they know what services are funded?

For example, the AA doesn't indicate the service because if \$10k is available in case management, then the AA would receive \$10k in case management requests. The AA really wants to know the need in the community, so it is left open to providers to tell us what is needed.

Solicitation of ongoing need forms is done via e-mail, and the AA gives reminders at the Service Delivery Agency Council meetings. Funding announcements are not generally made, but providers are reminded every month to submit forms.

What the AA wants to happen is if an agency has a need, they submit a form – as opposed to developing a need because funding is available for it.

Additional parts of the process include the evaluation of the need forms collected, process the forms for presentation to the Allocations committee, and double check through available resources to confirm that the need actually exists.

The Evaluation Committee submitted a follow-up question: What if the allocations committee says the need doesn't really exist? What do you do?

The Allocations Committee does not award funding to providers, they make funding decisions based on service categories. If the committee does not wish to add additional funding to a service category, or does not approve a justification the AA seeks additional ongoing need forms to prepare and present to expend any available funding. The AA has also had requests from Allocations for additional information or clarification to help them determine if they want to reallocate between service categories. All ongoing need forms are de-identified (agency names are removed) when presented to the Allocations Committee.

5. What happens when agencies are not on target with expenditures?

See #3. If an agency is not able to stay on track with their corrective action plan, or if they choose to return funds, then those funds are set up for either redistribution or reallocation.

Redistribution keeps funding in the same service category. Reallocation switches funding between service categories, and is performed by the Allocations Committee. Redistribution does not have to go through the Planning Council.

- 6. In 2011, there was a large amount of money returned at the last minute and not enough time to re-allocate the funds. How many times has this happened in the past, or was this a one-time occurrence?**

It is not common to have a large amount of money remaining at the end of the grant year. The AA has parameters for Part A funding as to how much can be left over and still receive rollover funding. Currently that amount is 5% of the formula award.

- 7. From the date of Notice of Award to the date of contract (or contract revision) through Commissioners Court, what steps are taken and what is their average timeline?**

Approximately 7-9 weeks overall;

- When the NOA is received, it goes to the Planning Council for final service category awards. About 1 week for the PC to return final allocations to the AA.*
- AA puts the final award from PC into the spreadsheet that is based on the percentage of awards by service category based on the External Review process; About 1 week.*
- Funding amounts are sent to providers so they can create budgets. Providers have 1 week to create budgets.*
- Providers submit budgets, and budgets are reviewed by the AA. Due to errors on provider budgets, the process of reviewing takes approximately 1 week.*
- Contracts are created from the final approved budgets, and budgets are submitted to the Auditor's Office for approval. About 1 week.*
- Contracts are sent to providers for signature. On average, providers have 2 weeks to return signed contracts. The timeframe for signatures varies depending on provider agency organizational structure.*
- When contracts are received by the AA, the contracts are sent to Commissioner's Court. About 2 weeks.*

- 8. Over that last 12 months, what examples can you give that demonstrate how the Administrative Mechanism process works well, has gaps, or creates barriers?**

It would be beneficial if the Planning Council had some contingency plans in place for reallocations to let the AA know at the beginning of the year what those are. Then the AA could make reallocations rapidly without having to go back to the Planning Council. The AA has to wait for allocations meetings to take place. If an ongoing need form comes in the day after allocations meets, or in a month when there is no meeting, a contingency plan would expedite the process.

It would be interesting to see whether other Ryan White programs have contingency plans for examples of how to create them and implement them.

Having ongoing need forms allows for quicker reallocation processes as opposed to having to go out and solicit requests.

There have been some changes made to the ongoing need form, and the AA now has better information to work from. The process has allowed us to explore capacity building projects.

2. Planning Council Staff

1. What barriers have resulted from Congressional, state, or federal delays in funding awards (or receipt of partial awards) on the rapid allocation of funds?

This year was not nearly as hectic as it was one year. What I saw was the staff kind of anticipated it, so we went forward with making allocations before awards came in so allocations would be made. It seemed like we were ready for a delay. On our end it wasn't as hectic as it must have been on the contractual and provider side. When the supplemental award (second part of award) came in this year, we had the percentages there, and just had to plug it in.

The budget for staff, for the PC, it created all kinds of havoc because the things we were going to provide, meals for positive voices, mileage of members, were cut to zero as a result of not knowing what we would have insofar as funding cuts.

We don't always get from the federal government what the total award is going to be. "We think this is what you're going to get, or this may be 50% of what you're going to get" but we end up getting a decrease and you end up finding out you're over budget and you don't have that funding to spend.

2. Funds not utilized during the contract period are returned periodically to the Planning Council for reallocation. How long does it typically take for the Planning Council to reallocate these funds?

It depends on the amount coming back, the source they're coming from, and the timing of our meetings. If it's something straightforward and there are need forms in our hopper, we can do it in 2-3 days. If it's that we can do it via e-mail because we've had discussions. If there are new forms coming in it takes longer because the members like to have face to face meetings on it. So it depends when our meetings fall. As far as staff, I can ask "how quickly do you really need this?" and the AA has been really good about saying it's fine to wait, or CC is not going to meet until 2 weeks, and Renee has been good about telling me how quickly it needs to hit.

The reverse of that is sometimes getting the final amount of how much money there actually is that needs to be reallocated. We can't even start the process until we find out how much that is.

The Evaluation Committee submitted two follow-up questions: So the timeframe could be anywhere from 2-3 days to a month?

Yes, once we get what the total amount is.

Let's say Part B money comes back in July, we have to get it out right away because they only have one month to spend it, but if it's Part A, we have longer to spend it. There are many factors that affect the length of time.

The committee itself needs to make the decision on whether phone or e-mail conversations can be done versus face-to-face. Some of the things that get discussed could be done via e-mail or teleconference.

Is the committee resistant to that?

Yes.

3. How often does the Planning Council make allocations and reallocations?

It depends on the year. Some years you get a long of money back, and some years not. Every allocations meeting there are reallocations to be considered. At least every month. That's due to the period each grant is in. We're unique with other areas, because they only have one contract and may only do reallocations once or twice a year. But we have multiple grants, and we are constantly looking at what needs to be reallocated. So basically, constantly doing reallocations. Right now we're busy with Part B and State Services because the grant year ends soon, and that's when it's busiest.

4. What steps are taken to ensure funds are allocated or reallocated to areas of greatest need?

I'm afraid we don't do this as well as we should. We're looking at an ongoing need form and money returned, and looking at the form as opposed to thinking of what we've heard from clients, Positive voices, trends we've been looking at, etc. We may focus too much on what's in front of us in the reallocation process to take in the bigger picture. I think we do fine on the allocation process, but not as well on the reallocation process of getting funding to the areas of greatest need.

The process needs to be evaluated to find out if we're asking the right questions, such as capacity. We're asking providers just "do you need more money". But we should be asking if we need to create a bridge between our EHR and ARIES. We need to be more creative in asking what funding needs there are instead of just in the current mode of service delivery.

The input of the Positive Voices groups should be included to every agenda of every committee. It may not say anything that's relevant to allocations or other committees, but we often flash back to "oh that one meeting" and think of relevant issues to the conversation in other committees.

5. What obstacles or barriers do you see with the allocation or reallocation processes? What recommendations do you have to help expedite these processes?

The obstacle we have is that the way funds come back from the agencies or are requested to be returned are not consistent. Because we have so many providers in the planning aspect, you'll hear there hasn't been a staff position filled forever, but in allocations we don't hear about that funding coming back. What triggers the funding being returned, or asked to be returned, and when we don't get that in a timely manner, we find ourselves getting behind and can't reallocate the funding because of timing. This seems to be an obstacle to getting an ongoing picture of funding that can be reallocated or not. What questions do we need to ask to get this? We need to be on the allocations side more aggressive in making notes as to where we should be looking for money to come back.

Another barrier we find is that agency requests for reallocations of funds to a service category where they weren't originally funded. So they take a route to trying to get the funding where they didn't originally have it, and that's an obstacle. If an agency didn't get funded in Part D for a case manager, then they want us to reallocate Part A for a case manager, then we don't have the information on why they didn't get that, and it kind of puts us in the role of the ERC. Sometimes they just didn't get full funding.

The other barrier is that we need to come up with a system where we auto-give the AA the ability to do some allocations on their own to do some reallocations, especially near the end of the contract. We need to get the council to agree on parameters for that. Something like giving them the power to spend up to X amount of dollars in this or that category, and that might help get reallocations done quicker. The concern I have there, is whether the funding amount could be parsed such as "\$20,000 now, and oh! \$5,000 a week later" that together exceeds the funding limits, that sort of thing.

The monitors or the AA (perhaps the auditor's) really need to look at each agency's plan to spend funding, and get them on track and hold them to their plan. It seems like that doesn't happen. It just doesn't seem like its consistent on how this is determined such as this is how we're going to do it or the method to be used.

The PC still should look into a process that allows reallocations to happen in a more automatic way rather than the ongoing process.

6. Over that last 12 months, what examples can you give that demonstrate how the process works well, has gaps, or creates barriers?

What has worked well over the last 24 months is the initial allocation process. Because we came up with a formula and decided "this" is how we're going to look at the process. We decided on a simple honest snapshot of how the funding should go. I recall handing out books and books. This has been a good outcome for allocations.

What we've looked at over the years is not being afraid that agencies sit at the allocations table. We've learned to control conflict, their input is valuable, and they contribute in a fair manner.

They don't advocate just for themselves, but for the bigger picture. We've done a good job balancing this with any concerns we might have.

The only barriers have to do with secondary and tertiary processes that connect, in other words, if everything worked to plan, allocations and reallocations would be fine, but when you add those other processes for adding information, that's when it gets convoluted.

How the information is gathered to put into reallocation: whether an agency monitors itself, getting an ongoing need form – waiting for auditors to audit an agency for returned funds, waiting for AA to say how much we have – waiting for feds to say you get this much money we're funding or we're cutting you.

If providers say they have to return funding or need more, they seem to feel there is a punitive action there. It's not true; it's just a fact. There is a perception or feeling that if an agency returns funding, their future funding might be reduced. Expressing need is the same thing. Getting those ongoing need forms is something we wish we had better participation. You mention it so providers, and they'll say "boy, I wish we had the \$\$ for this or that" if they asked for it, they might be able to.

The Evaluation Committee submitted a follow-up question: So you're saying if an agency returns funds, they shouldn't have the concern that future funding will be reduced.

Yes. If that is out there, they need to be educated that this isn't a concern. If things change and they don't need the funding next year, that's one thing, but if they have two positions unfilled this year, and next year they're filled, it's not going to be punitive and take that funding away. We hear this a lot from providers.

Sometimes I think ongoing need forms are filled out by someone who may not really know what's going on, like an accountant, or someone who doesn't really know the heart of what's going on. Sometimes they're so "accountant-focused". Perhaps training on the ongoing need form should be held so you don't get the financial person or board treasurer filling it out.

3. Allocations Committee

1. What barriers have resulted from Congressional, state, or federal delays in funding awards (or receipt of partial awards) on the rapid allocation of funds?

When the partial funding is received, and then later get the remainder, we aren't able to use the funding for positions because we didn't know whether funding was coming, so the funds have to go back for reallocation.

When the remainder came in this last time – sometimes the remainder is less than "half", so sometimes we end up having to reallocate that money, and gets in the way of providing services. It's really an issue.

2. What is the process once you receive notification that there are unused funds that need to be re-allocated?

We will usually ask Renee for any ongoing need forms, and if he doesn't have any he talks to the agencies and asks for them. Then we take them and look what categories they're in, and reallocate as we can. It's an ongoing process – Renee brings the forms monthly to our meetings. We look at what has been requested the past couple of months that has not been met.

Sometimes we receive notification through e-mail about impending reallocations from Jamie ahead of time so we can think about it, and then at our meeting we get the ongoing need forms. Then, depending what Part it is, we determine if the funds can go from one area to another, or from category to category. For us it becomes looking at other categories with need.

At that point we discuss it, look at what the contractors are asking for, whether feasible, whether it's ongoing or one-time, and whether it's reasonable to add funds to something that would be a continuing need, and make our decision at that point.

There have been times when we have voted by e-mail because of time constraints, but this is done rarely.

3. How often are ongoing need forms reviewed?

See #2. Monthly or as they are provided. Sometimes Renee is unable to come to a meeting, though it's rare, then another AA member comes to present the forms. Sometimes there haven't been any forms to present.

The Evaluation Committee submitted a follow-up question: If Renee isn't able to attend a meeting, how are you notified of ongoing need? Is there a delay till the next meeting?

If he hasn't been there, Arantxa has been there, but in the past he has sent us a detailed explanation of the ongoing need ahead of time if he knows he won't be there.

4. What information is provided in the ongoing need forms? What other information is needed to help with reallocations?

The form includes how much they need, why they need it, what the funding will do for them (continue a service, build capacity, etc.), how many people they serve, and if this is an ongoing need or a one-time need.

We revised the form a bit in the past year, and looked at some forms from other planning councils, and they were asking far too much information. We decided to include only what we needed, and at this point it is working. At some point we decided we needed more detail on the cost, and we are getting that now.

I think Renee, Jamie, and Gil worked hard to ensure the form contains the information the Allocations Committee needed.

It's been frustrating to allocate funding at the end of the year to find out there's been more money returned during the year, or "left over", and we don't find out until the end of the year. We haven't been getting better information on the funding that really needs to come back during the year so we can allocate it to the areas of greatest need, and find out too late that there isn't enough time to get it reallocated to serve clients.

I don't know if it's a case of monitoring or follow-through with regard to the issue, I know there are steps that are taken, I don't know how much is in place, but I would like to think it is in place for every contractor. If a contractor is below a certain spending threshold, and they haven't spent money because of a position that has been available for four months, then that money is never going to be spent – and it needs to be given back. We need to get a handle on these issues earlier. This is a considerable frustration for the Allocations Committee. We know Renee is trying, but it's the key to the allocations process. It's important to have a clear process in place that is followed to return the funds in a more timely fashion. An effort to notify Allocations promptly in all situations regarding returned funds is necessary.

5. What time frames do you normally have to work with? What time frames do you NEED to make re-allocations?

There isn't really a set time frame to work with. It's a variable. What we would like to have is an opportunity to know the information and have one of our regularly scheduled meetings, and follow-up as needed. It has to do with the time of year and the grants that affects how much time we "normally" get.

The Evaluation Committee submitted two follow-up questions: When you say you'd like to have the opportunity to know the information, can you elaborate?

For me, I would hope that there would be a structure that could be in place that could allow for more than a two-week turnaround. That we could get the information, look at it at allocations, and make decisions on how to allocate the money. Something a little timelier to help us make a decision. Something to help us get the information a little sooner.

How much time would you need to reallocate the funds? And "more time", what is that?

I say a month, but we'd like to know that funding is available before the last months of the grant cycle. It would be great if it were in the 2nd or 3rd quarter so agencies could use the funds to serve clients.

I would like to have the information at least two weeks before allocations, so I can read it and get questions to Renee or Jamie and things would run smoother during the Allocations meeting. Sometimes we need information that doesn't come through at the meeting, and it gets confusing

and we don't always have all the information. If we had it ahead of time, it would all go smoother.

6. Over that last 12 months, what examples can you give that demonstrate how the process works well, has gaps, or creates barriers?

See #4.

Works well:

When we have the information we need. And agency was short funds for a service, and a form was submitted with all questions answered. It was submitted to Allocations prior to the meeting. There was no problem at the meeting, a bit of discussion, but the committee was able to move forward quicker because the committee had funding and the agency was able to get funding quicker.

Renee staying on top of the ongoing need forms – he has brought them to us, what more information we need, goes back to get it, reformats reports, and reworked it to see the last 3 months of requests – he has bent over backward to get us what we need.

The Evaluation Committee submitted a follow-up question: Does Renee submit a monthly report to Allocations Committee at the meeting or before?

Both. And that's okay. When we don't know what's on the table to redistribute, looking at the form wouldn't make sense. It works well, and I've got to give Renee a lot of credit for his patience, because we can be demanding.

Has Gaps:

Sometimes there is a lack of information. We just don't have enough information to make an informed decision.

The Evaluation Committee submitted a second follow-up question: What do you mean when you don't have enough information?

It is different for each situation, sometimes the forms aren't filled out completely by the agencies. Sometimes we don't know how much a service is funded by other sources, whether it is a true need.

Sometimes we find that an agency has not been funded through a particular grant, and they try to come to Allocations to meet that need. It's very difficult, and we need more information then because it isn't clear to us how many agencies were funded through that part. Is this an agency coming to us for more funding because they have a need, or does the community have a need? It gets tricky, and we have had this happen in the last twelve months.

Creates Barriers:

If we don't get complete communication from the AA about funding being returned, it creates a gap in our knowledge and our ability to reallocate. And this happened in the last 12 months.

Getting prompt return of funds from the AA, which can then either be redistributed or reallocated needs to happen. The process needs to happen consistently with all agencies.

The lack of information that causes the gap, also causes (leads to) the barriers.

Again, Renee has tried to be responsive to our requests.

The relationship between the AA and PC is generally good, but the communication regarding the prompt return of funds has got to be strengthened.

4. Executive Committee

1. What barriers have resulted from Congressional, state, or federal delays in funding awards (or receipt of partial awards) on the rapid allocation of funds?

Clearly we've had examples of partial awards and what has happened is we'd allocate a ½ year award, and discover the last half amount is less. It's been a nightmare for the contractors because they haven't been able to project what they'd be receiving. It's been hard for us to allocate because we don't have much history, and don't know what the plans are for the contractors.

I echo that. It's been really difficult to do annual planning not only for the committee, but the contractors as well. We get promised this amount, then another amount, and it's been really hard how they're doing that.

It's really difficult for the contractors to contract efficiently because they don't know how much they're going to get. It's hard to do what the contract requires when you don't have your full budget.

Agencies may resort to using existing staff to fulfill work (in uncertain funding times) and I wonder how that impacts client services.

The contractors don't always understand what's going on with the allocations committee, and it's been very difficult. I think they think we decide who gets how much, and they may not fully understand the process.

The Evaluation Committee submitted a follow-up question: Do you think that [the TGA has] done anything to open communication lines so contractors understand better?

I think the PC committees have made an attempt to educate consumers and contractors, I'm not sure they recall it when the stress hits. Continuing to educate periodically to do refreshers and updates is a good idea. If we're going to do it, we would invite the people in charge. In conjunction with a rep from the AA so they could see how we complement one another.

2. What communication is there with HRSA to keep apprised of grant funding notification to be prepared for allocations and reallocations?

Jamie and the AA have been the ones doing the communication. When they hear from HRSA, it's then sent to the relevant people on the PC. We get all info from Jamie and/or Gil through Exec committee from HRSA. Jamie & Gil and sometimes Margie go to meetings, and bring back what they've learned.

3. Over that last 12 months, what examples can you give that demonstrate how the process works well, has gaps, or creates barriers?

What Works Well:

As soon as the allocations committee is informed there's money, they move into action to get something done so as quickly as possible they can get the money back out.

Also, Renee has provided in a timely fashion, a list of requests from contractors of funds and money that has come back, so we have good information to work with. And he has been very responsive to requests for more information. He stays on top of the ongoing need forms – he kind of presses contractors to remind them to get them in. He's also good at triaging for us so we can have a better understanding of what's going on.

The whole process seems to function very well.

Gaps or Barriers:

My opinion is that we don't get money back soon enough to allocate in a timely fashion. Somehow once audits are done, consequences are not followed through on, action plans aren't adhered to, there doesn't seem to be a follow-up audit to make sure that's done. Consequences are consequences, if you're not spending like you said you would, you need to give it back so someone else can. That's not happening fast enough for clients.

We've also had issues estimating how much money we'll have left over at the end of the year. It is constantly under-reported. This year we gave an over-estimated amount to allocate to ADAP, and it still wasn't a high enough figure. We're concerned that people don't have time to spend the money, and this year we weren't even notified of the overage.

The external review committee seems to have too much input into who and how much gets funding as opposed to just reviewing the RFP's. It feels that they have too much input.

I understand that recently the ERC process has changed, I believe. They will now only score the applications and the AA will decide funding.

I think we've had some frustration about contractors not really understanding what reallocations are about. And looking at it as alternative funding sources for programs they had not received funding for during the regular RFP process. An agency might not get funding through Part A, then they come to the allocations committee asking for funds for the program they were not funded for. I don't think they understand how it all works, and education will be key.

It also seems to me that if money can only be spent in a certain grant, that again, if money comes back on the table in OAMC, but is needed in MHS, it can't be given to that if it's not funded in both grants. The fact we have questions means there is need for clarification on cross-grant reallocations.

I think there have been decisions made on spending or allocating funds, for lack of a better term, "behind closed doors". More open communications are needed between the PC, the AA, and the service providers. There doesn't seem to be a lot of trust. Trust needs to be improved between everyone. There just seems to be an overlying blanket of mistrust. Somehow or another, that needs to continue to be addressed. Creating the transparency in communications will help.

Trust also needs to be earned, there would need to be processes worked on across the board to earn it.

I think things would be a lot worse if Renee weren't staying on top of contractors to obtain ongoing need forms – having that up-to-date information is very helpful.

5. Auditor's Office

1. How long does it take for a Ryan White provider to receive payment once the final reimbursement request has reached the Auditor's Office?

Usually 2 weeks.

The Evaluation Committee submitted a follow-up question: What type of events might delay a provider's payment?

If the bill is not correct, over-budget, anything wrong with the bill, that will delay. The Commissioner's Court sometimes doesn't meet every week, and that can delay a payment. If they haven't responded to an audit concern, that can also delay payment.

2. What steps do you feel can be taken, if any, to expedite the process of getting reimbursement requests to the Auditor's Office?

The only thing that's preventable is if it comes correctly. Making sure it's correct before it comes to our office.

The Evaluation Committee submitted a follow-up question: How many times in the last 12 months have you gotten incorrect bills that needed further adjustments.

Most have at least one every month out of the 20 that we receive each month.

- 3. What steps in the grant reimbursement could possibly be consolidated or eliminated to expedite the process while keeping it efficient?***

[I] can't think of anything.

- 4. What Tarrant County processes, if any, create obstacles or barriers that affect the expediency and efficiency of the reimbursement process? What recommendations do you have to help improve this?***

The only real barrier is that court only meets once per weeks, and they have to approve it before it can go out in the mail. There's nothing we can do to change that.

- 5. What plans, if you know of any, does Tarrant County have to expedite payments or improve the reimbursement process?***

They're starting to look into doing wire transfers or ACH (automatic clearinghouse) transfers. They have a group looking at it, but I don't know when it will start.

- 6. Over that last 12 months, what examples can you give that demonstrate how the process works well, has gaps, or creates barriers?***

The fact that the AA makes sure bills are correct before they send them and have all the documentation that's necessary.

A barrier is commissioner's court.

6. Providers

- 1. What barriers have resulted from Congressional, state, or federal delays in funding awards (or receipt of partial awards) on the rapid allocation of funds?***

We haven't had any disruption of services, but if there are barriers, it's in our budgeting process. We budget based on 12 months, but when it's partially funded, between the funding announcements, we're having to come up with interim budgets until we get our reimbursement. That often becomes a barrier.

It's harder to spend the money and allocate the funds where they're needed when you get partial awards, and to get it spent in time. Also, to put it in a program where it's needed is difficult.

Hasn't been a big issue for us – it makes it harder for us to plan for the year, because sometimes we don't know whether we're going to get the rest of it, and we don't know if

we're going to get all of the rest if we do get more. It affects planning, services we provide, etc.

Also, especially if it's a delay in state funding, the city has policies that we won't charge anything to the grant until the grant is in hand, and that can be a problem for us.

Delays caused by Part C awards have caused budget/billing problems.

Personally, I haven't experienced any issues related to the delays in allocations of funds. Fortunately, our agency has no trouble getting the money immediately.

The barriers we had because of federal delays last year, there was a really long period of time between the NOA's, and we had written in several full time positions that we were never able to fill because of the way the funding was issued by the federal government.

For our agency, we're fortunate that our billing is not necessarily reliant on grant funding every month. As a bigger agency, we're able to maintain those expenses even if we don't have the award. It does affect us in planning purposes, insofar as it's hard to plan when you don't know what you're going to get in one grant in relation to other grants. But in relation to having an issue with funding not received yet, we can continue to provide services.

The Evaluation Committee submitted a follow-up question: Do you have any difficulties at all from slow-downs in funding?

It's difficult to keep really good staff if they're nervous about job security due to being grant-funded, if they're worrying about waiting for grant funding. It's always in the back of their mind that they're a grant-funded employee. They may go looking for work that's not grant funded.

Have not encountered any funding barriers as of yet.

2. What is the process for identifying and reporting potential unused funds and salary savings? Who at your agency is responsible for this?

The process is a monthly P&L report that our financing department, who is responsible for it, gives each director every month.

Monthly I have a meeting with VP noting those areas where potential funding is unused or where we need funding. It's a collaborative effort. Senior financial accountant, VP of community health, and clinic manager all collaborate.

When doing monthly bills for AA, I'm looking to see if we are spent to the percentage we should be, and if not, whether we'll be able to catch up and spend that money. If we can, we leave it alone. The AA makes us hold on to funds until someone needs them, so we hold on to them until someone needs them.

I have the majority of the responsibility – when I finish the bills, our directors review them (4 persons) and Arantxa also lets us know.

They are monitored on a continuing basis. We don't have significant staff turnover, so salary savings is not an issue. I am responsible.

The process for identifying unused funds occurs monthly when we go through our budgets. I am the person responsible for submitting budget revisions to show what we plan on using the salary savings for. After that, we use the money accordingly. We haven't had a lot of salary savings yet, because the grant is rather new, but we do have some that we submitted, and did get approval for.

The administrative assistant is responsible for the monitoring and tracking. My process is that I have a spreadsheet that I track all of our available funding and expenditures and anything in between to know exactly where we're at every single day. I'm able to know exactly how much we have every day, and whether we're on target – whether we have a positions filled, or whether we have salary savings that could be used for services. We do the monthly expenditure report that helps you get all of this together at one time.

Two people are primarily responsible – one is brand new. The program manager is responsible on the program side working with the grant accountant. They are responsible looking at budgets and tracking and trying to ensure we bill the grants appropriately based on the timeline of the grant. We know we are monitored quarterly and every month after six months. We appreciate Arantxa keeping us in check and making us aware of our budgets. We do try to keep on top of it. If we feel we're not going to expend all of our funding, we try to be good stewards and return funding if needed.

For our monthly process get monthly timecards and keep track of all grant-funded clients for all services provided. We compile this monthly in a spreadsheet and submit to the grant administration for review. We have checks and balances to ensure that if an office visit is recorded, that it actually takes place, and there are QA procedures in place to ensure everything is captured accurately.

The spreadsheets and how much we spend in each category helps us determine whether we are on track to expend funds. We track this monthly.

The financial person is responsible for this. It is monitored within the monthly reimbursement claim process. We haven't had an issue with unused funds. We tend to have a need for more funds.

3. What process or steps do you follow for tracking and reporting unexpended funds and budget expenditures?

See #2. Also, it is the expectation that once the directors receive the report in #2, that they analyze and plan accordingly, whether the budget is over or under spent.

On a monthly basis in an excel spreadsheet, I track unexpended funds and I can request reimbursement from the agency at that time.

We keep a spreadsheet that shows monthly spending and how much is actually left for the category. If I'm not meeting how much I expect to spend each month so we expend the funds, then we have the discussion with Arantxa whether or not to return the funds.

I use a modified AA developed billing worksheet to monitor unexpended funds and budget expenditures. It allows me to monitor funding by categorical and program awards.

See. #2. We have an administrative clerk who monitors all our expenditures monthly. She identifies any potential money left over. I verify with the auditor's office that we're on track, and if so, then we go through the line item budget to see where we could potentially move the money to use it. Once we have an idea, we submit the idea to the AA for approval, and they verify that the money is there, and that it can be used for those proposed expenses.

See Q#2. Spreadsheets by grant and I'm able to see the funding situation easily – what's paid, what might be pending, where we're at, and what's not been used. It's easier to track when you're doing it every day. Unexpended funds are reported to the AA. Occasionally if we have salary savings, we discuss it with the clinic manager and ask if there is any other way to utilize the funding, and if not we return it to the AA and submit an ongoing need form and hope we can get it back.

See Q#2. It is all done at the same time.

Not applicable. Our services don't change dramatically from year to year, so our budget is pretty standard.

4. How often are ongoing need forms submitted?

On an as-needed basis.

Monthly

I don't have a set time, I submit them when we have a need.

As needed, most often on a quarterly basis.

Approximately quarterly. Our portion of funding is very specific, so we don't have a lot of ongoing need.

Usually we only submit every few months, perhaps three times per year

Submitted as necessary based on whether we know we've expended or are getting close to expending all of the funds in a category, and know we don't have funds in another grant or source. We probably submit 6-10 ongoing need forms per year. That process to me is fine. It is not extremely tedious, and is pretty easy to do.

We have a bad habit that we don't really submit them until we receive an alert from the AA that there are funds available. We always submit when we receive that alert.

The Evaluation Committee submitted a follow-up question: How frequently was that?

Approximately quarterly, perhaps 3x per year.

The Evaluation Committee submitted a follow-up question: Are you all looking at ways to improve submission of ongoing need forms?

What we put in is typically a one-time need, and if there were funds available, we'd be able to receive it. We don't typically submit ongoing need forms for our traditional services.

The Evaluation Committee submitted a follow-up question: Do you feel the ongoing need form is utilized to the best ability?

In 4 months we've submitted one – one department appeared as if it would be overspent, so it was decided to submit a form.

The Evaluation Committee submitted a follow-up question: How do you decide when to submit those?

When I'm reviewing budgets and I see that there won't be enough in a grant cycle, and there's not enough in another grant to offset that, that's when I recommend submitting an ongoing needs form. Being the person who monitors both budgets and expenditures makes it easier to assess.

5. *How often are you required to report unexpended funds to the AA?*

We follow a policy established in April that we report based on the percentage of expenditures expected at a point in the contract term. If we're under that goal, we are to report it. That's what we are required to report. We are also required to report when requested by the AA.

Quarterly. They request reports from us quarterly on funds that haven't been spent.

Each month we send in a bill with how much we've spent, and how much is unspent, so every month we report to Arantxa either by e-mail or by phone.

At least on a quarterly basis.

As quickly as we identify them. If we see that we are going to have salary savings, we can submit a revised budget and justification to use any potential funds that are going to be left over. The AA isn't slow to let us know when we're off track, and they'll send us an update about every month.

Not sure if you'd call it "unexpended" funds, but every month I turn in a tracking sheet that shows how much we've expended month-by-month as well as how much is pending in the next month, as well as anticipated spending for the next few months. This allows me and the AA to both see where we stand as far as expenditures.

Monitored quarterly by Arantxa, and then monthly after six months. So both the AA and the agency are monitoring. We report unexpended funds as soon as they are identified. We are required to report it as soon as excess funding identified, in addition to quarterly and then monthly after six months into the grant.

Our process works with our monthly reimbursements, and tracking on a monthly basis. If we're not at our spending milestone, I submit a plan explaining how we're going to reach our spending.

6. At your agency, what type of communication is there between those who identify and track service expenditures and those who provide the services?

There is a weekly meeting between those who identify and track service expenses and the associate and executive director. Also the program directors receive the P&L statements and talk to the financial department about it. The director over the services communicates to the financial department. Weekly and also monthly communication occurs. Expenditures are monitored with the directors to address over/under expenditures.

We have face-to-face meetings, teleconferences, monthly face-to-face meetings, e-mail communication, etc. We can also fax information.

I'm all the same person. I supervise case managers, so it's really just me. It's me and two case managers.

It depends on the service and how involved the staff members are in the process. Funding for HOPWA, emergency financial assistance, Insurance Continuation, food pantry, transportation, oral health care are closely tracked by both Administration and service providers. We discuss overall service expenditures at monthly staff meetings.

I let staff know routinely where they are as to whether they're meeting the requirements they're given. They're charged with specific objectives, but not overly informed about the monetary aspect of the grant. The knowledge of front-line staff is minimal in regard to the budget itself.

Constant, daily – because I'm in the clinic and I carry the entire Administrative burden. I do all ordering of supplies, medications, and everything that providers and staff use. So it's daily for me.

We have daily communication between the program manager (fiscal/units tracking) and the staff. That communication takes place on an ongoing basis. For instance, I communicate with our case managers where we are with our transportation dollars to let them know whether they can continue to provide their level of services. We also discuss supply needs. If we know there is funding available or coming available we ask “what do you need?” and when those funds come available, we can request it for that. We try to let them know if opportunities like that exist.

I speak frequently with the program director regarding services and planned activities.

The Evaluation Committee submitted a follow-up question: Does that director speak to those front line individuals?

Yes, all of the direct service people report to him.

7. **How long does it take from the time your agency is notified of a funding award until a contract is finalized? Is this an optimum amount of time? If not, how can it be improved?**

On average it is between 2-4 weeks. It depends on multiple factors – vacation, holidays, etc. With the AA there is a routing process. In terms of the optimum amount of time, this is enough lead-time for us insofar as planning. One way to improve it even more is to allow for services to begin to be reimbursed without an executed contract if we know it’s on its way to court, and it’s just a formality of getting it through court. Otherwise we have to wait.

Roughly it may take a week or less, from us to the AA it depends on when it goes to court. It would be hard to say how it could be improved, because I don’t know how often they go to court. I guess it’s an optimum amount of time, it can sometimes take a month to get budgets approved, but I can’t say for sure.

It depends on when we’re notified of the funding award. The way the city works, it has to go to City Council to be approved. They meet every other Tuesday. So it depends on when we get the funding. If we get it Monday and the meeting is Tuesday, it won’t get on the agenda till the next meeting. If we get it in the off week, we can usually get it on the agenda. I don’t have a set time frame.

No suggestions on how it can be improved. We can’t control the city or the AA, and the AA can’t control when they get the funding award. So there’s nothing I can see how this could be changed.

Normally the process for new contracts is not a barrier. However, the time between submission of a contract revision and its approval by the Tarrant County Commissioner’s Court causes problems in the way that billing reimbursements are processed and

approved. It seems to have nothing to do with the Planning Council, State and Federal awards, or the AA's contract revision work.

The funding we were notified of in August or before August, wasn't available to us until October or November, so it took some time. ******(First time award, new program, new agency)

N/A

Can be improved. It typically takes about a week to submit a final budget. Then pretty quickly we get our contract. If it is the initial contract for an award, it has to go through our legal department. We are a large agency, and they take every contract seriously. Sometimes there is only a 2-week turnaround time, and that is not always adequate for us. A contract revision is much quicker, but 2 weeks for the initial contract is not quite enough.

When I think of contract finalization, I also think of having the contract in ARIES as well. We cannot enter units of service in ARIES until the contract is entered in ARIES, and sometimes we have to wait 2-3 months until we can enter services in ARIES.

Maybe a month; this is an optimum amount of time. No need for improvements. No concerns about the time. Because we are a smaller agency, the necessary staff is here in-house and turnaround is quick.

8. On average, how long does it take for your agency to be reimbursed for services provided? What is the longest your agency has waited for reimbursement, and what caused the delay?

On average it takes 2-3 weeks for reimbursement. The longest the agency has had to wait I can't answer, nor what caused the delay.

Two months. The longest is possibly three months – I don't think it's ever gone longer. I couldn't really tell you what caused the delay.

Typically 2 – 4 weeks. I am typically reimbursed before I send my next bill. I'm not sure of the length of time for the longest delay, but if either the finance department or I have made a mistake, then that is what caused the delay.

Normally, from 20 to 30 days.

N/A

N/A

We're not sure – we have a new person here, and because he's so new, we're not sure even he could answer it. In general, we believe it works pretty well.

On average – the AA has the quickest turnaround of all the organizations we are funded by. On average 2 weeks. The longest we've waited for reimbursement is an extra week waiting for Commissioner's Court if they didn't meet during that period.

9. Over that last 12 months, what examples can you give that demonstrate how the process (allocation/reallocations) works well, has gaps, or creates barriers?

The delay in the award announcement; for example, Part D ended last Wednesday, but we still haven't heard what our award is going to be. So we are going to continue to provide services and accrue expenses without knowing what our award is.

I'm not sure how the allocation/reallocation process works, so I'm unable to answer at this time.

Works Well:

The AA and Allocations Committee work hard to meet ongoing need forms and to get unexpended funds reallocated. They've worked well with us to get the funding we needed or to get it moved from one category to another. So they've worked with us really well. Arantxa has done a very good job of getting us our budgets, grant awards, etc., in order to get our funding, in as timely a manner as possible. She has been wonderful to us.

AA has worked with us so well over the last year to make sure we're getting our funding as needed, and answered all our questions. Very helpful.

Works very well as far as the reallocation of funds, and letting us know where we are as far as expenditures. The fact that there is open communication between the auditor's office is well so we can verify that our budgets are correct as far as what downtown has.

I mostly think it works well. Having attended several allocations meetings, I understand more what it takes for the process to work. I think the hardest part is when we have delayed funding come through, and you can't spend it ahead of time. So you're having to wait to spend dollars, and in some services you can't make that up, or you can't use the funds in the way they were intended because they come in too late.

We understand the system pretty well because we've been around so long. We know that if we have a need in one category and funding is available in another, we get a need form in to request reallocation. Sometimes it is somewhat tedious waiting for the reallocation, but we can wait. We don't have that immediacy that smaller agencies have.

I appreciate that we can go to the PC any time and talk to them about the services and needs that we have. It works well and I like the open communication. You have to go the extra mile with federal grants. This is our most time-consuming grant, of all the grants we have. It's worth it, but it can be frustrating.

We appreciate the longevity of the relationships with the AA, and we appreciate the history.

The reimbursement process works well. I turn in my request for reimbursement, and any problems are usually a rounding issue. The AA usually reviews the claims that day.

Has Gaps Creates Barriers:

One of the biggest, but I don't see a way to fix it, is having to go to our city council and then to the judge in Tarrant County. I know in one grant, we had almost a 3-month delay in getting our funding. It's both a gap and a barrier, because we can't provide services unless we have the grant funding. That's really the only gap or barrier we've seen. The

This past year has been difficult due to the problems associated with HRSA funding from Congress. To date, three contract revisions for Part C, reductions in funding, anticipated changes due to the ACA, and sequestration have caused many headaches and duplicated work. None of this is the Planning Council, the AA's, or auditor's fault. I struggle to get things done in a timely manner for the AA; I can't imagine how difficult it must be for them to have to do this with all of their service providers.

The gap that exists is the AA being able to hear back from HRSA in regard to allowing us to use salary savings and other funding changes so we can utilize the money we have and not have to give it back.

We haven't had a lot of barriers, so not as much to say as to barriers, but time will tell.

I feel allocations does the best job they can ensuring the funding goes to the needs in the community, but sometimes it's hard to allocate with late awards because there's not much time left in the grant year.

I don't know that there's anything to do to fix that, and now with the ACA, how is that going to impact service categories? It's a challenge, and everyone does the best they can to get the funding out there as fast as possible.

The ongoing need process is the process I am least happy with. I don't think the forms are appropriate. They don't ask the questions and allow for the information that we think would be persuasive. It seems to take a long time, and if we're at the end of a contract year, it makes it very difficult. The process could be improved.