



SERVICE LEVEL REPORT STAFFED RESIDENTIAL

Service levels must be reported for each 12-month period, or part-period, in the contract term. Schedule D of the *Terms and Conditions* provides specific detail on reporting requirements, including requirements for residual periods and for contracts where the term is less than 12 months.

Enter the required information for the Location of Service, Activity or Service as listed on the contract or Funding Template. If there is more than one Location of Service, Activity or Service listed on the contract, please complete and submit a separate Service Level report for each one. Service level reports are due no later than 30 days from the end of the reporting period.

ENTER DETAILS/ NAMES EXACTLY AS SPECIFIED IN THE CONTRACT OR ASSOCIATED FUNDING TEMPLATE.

PART 1: Vendor Information

1. VENDOR LEGAL NAME	
2. NAME AND POSITION OF PERSON MAKING REPORT	3. PHONE NUMBER (INCLUDE AREA CODE)
4. EMAIL ADDRESS	5. DATE OF REPORT SUBMISSION (DD/MMM/YYYY)
6. REPORTING PERIOD FROM (DD/MMM/YYYY) TO (DD/MMM/YYYY)	7. CONTRACT NUMBER

PART 2: Service Level Report

8. LOCATION OF SERVICE (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)	9. ACTIVITY NAME (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)
10. CONTRACTED SERVICE LEVEL Number of Service Level Hours <input style="width: 80px;" type="text"/>	11. DELIVERED SERVICE LEVEL Number of Service Level Hours Delivered <input style="width: 80px;" type="text"/>
12. SERVICE PROVIDER COMMENTS	

PART 3: Total Contracted and Delivered Service Levels

Complete this section once for the Contract for this reporting period by adding the totals for boxes 10 and 11 from the Service Level reports for each Location of Service, Activity or Service listed on the contract.

13. NUMBER OF LOCATIONS OF SERVICE, ACTIVITIES AND/ OR SERVICES ON THE CONTRACT <input style="width: 150px; height: 20px;" type="text"/>	
14. TOTAL CONTRACTED SERVICE LEVEL (sum of Box 10 from all Service Level reports for this contract) Total Service Level Hours <input style="width: 80px;" type="text"/>	15. TOTAL DELIVERED SERVICE LEVEL (sum of Box 11 from all Service Level reports for this contract) Total Service Level Hours Delivered <input style="width: 80px;" type="text"/>

PLEASE SEND COMPLETED FORM BY MAIL OR FAX TO YOUR LOCAL CLBC OFFICE