



PERIODIC MANAGEMENT INFORMATION REPORT EMPLOYMENT

Periodic management information reports are submitted at regular intervals throughout the contract term so that CLBC staff can evaluate whether the service is being used effectively. Detailed requirements are laid out in Schedule D of the *Terms and Conditions* and in the Payment Tables of each specific Contract.

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 Periodic Management Information report for each one. All reports are due no later than 30 days after 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: Periodic Management Information			
8. LOCATION OF SERVICE (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)	9. ACTIVITY NAME (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)		
10. RECORD NAMES OF ALL INDIVIDUALS SERVED DURING THIS REPORTING PERIOD AND ENTER APPLICABLE DETAILS AS REQUIRED <i>IF YOU REQUIRE ADDITIONAL LINES, PLEASE COMPLETE AND ATTACH A SEPARATE PAGE</i>	ACTUAL # OF SUPPORT HOURS FOR INDIVIDUAL (IF SPECIFICATION REQUIRED AS PER THE CONTRACT)	SERVICE START DATE IF INDIVIDUAL STARTED SERVICE DURING THIS REPORTING PERIOD	SERVICE END DATE IF INDIVIDUAL EXITED SERVICE DURING THIS REPORTING PERIOD
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

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



COMMUNITY LIVING
BRITISH COLUMBIA

VENDOR NAME	CONTRACT #
--------------------	-------------------

Continued from previous page

10. RECORD NAMES OF ALL INDIVIDUALS SERVED DURING THIS REPORTING PERIOD AND ENTER APPLICABLE DETAILS AS REQUIRED <i>IF YOU REQUIRE ADDITIONAL LINES, PLEASE COMPLETE AND ATTACH A SEPARATE PAGE</i>	ACTUAL # OF SUPPORT HOURS FOR INDIVIDUAL (IF SPECIFICATION REQUIRED AS PER THE CONTRACT)	SERVICE START DATE IF INDIVIDUAL STARTED SERVICE DURING THIS REPORTING PERIOD	SERVICE END DATE IF INDIVIDUAL EXITED SERVICE DURING THIS REPORTING PERIOD
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			

11. SERVICE PROVIDER COMMENTS

PART 3: Employment Information (4TH AND 8TH Quarter Reports Only)

12. TOTAL NUMBER OF INDIVIDUALS NEWLY EMPLOYED DURING CONTRACT YEAR	
13. TOTAL NUMBER OF INDIVIDUALS EMPLOYED	

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