SERVICE LEVEL SUMMARY REPORT

Legend	Service Provider to Complete		CLBC to Complete / Formulas	

Acknowledgement by Service Provider: By submitting this Service Level Summary report and the associated Service Level Detail report, I acknowledge that I have examined all of the information being provided and that to the best of my knowledge, information, and belief all of the information supplied is accurate and complete.

1. **Agency Name:**
2. **Contact Name:**
3. **CLBC Contract Reference #**
4. **Contact Phone #:**
5. **CLBC Central QS office:**
6. **Reporting Period:** DD-MMM-YYYY **Start Date:** **End Date:**

Instruction: Where a Program has service levels expressed as both service hours and service days, these should be entered as two separate lines in the appropriate sections below.

						For CLBC use only	
7. **Program** (A Program may be a Location of Service or Activity Name or Service Line as specified in the Contract)	8. **FGT Funding Gap in $** (for the reporting period)	**Service Levels for Reporting Period**				13. **Recovery Rate $**	14. **Amount ($) Under (Over) Delivery**
Service Levels = HOURS		9. **Contracted Hours/Days**	10. **Delivered Hours/Days**	11. **Variance (Over) Under Delivered**	12. **Detail Report Required?**		
				-			-
				-			-
				-			-
				-			-
				-			-
				-			-
				-			-
				-			-
				-			-
				-			-
				-			-
	-	-	-	-	15. ***Subtotal Hours***		-
Service Levels = DAYS							
				-			-
				-			-
				-			-
	-	-	-	-	16. ***Subtotal Days***		-

17. **Service Provider Signed Agreement:**

19. Other - Describe	-
20. Other - Describe	-
21. Agreed upon potential over-delivery offset	-
22. Agreed upon potential funding adjustment	-
23. **Final Under (Over) Delivered Amount:**	-

18. **Reviewing Analyst:**
Name:
Date:

24. **Over-delivery offset amount agreed upon** (YES/NO):

Agreed upon potential over-delivery offset amounts must be entered in box 21

25. **Analyst's Comments (on variance or generally):**	
26. **Analyst's Actions and Recommendations:**	

					Date:
27. **Reviewed and Approved By CLBC:**	SCC Name:		Signed:		
	QSM Name:		Signed:		