

Valley Collaborative

Uniform Financial Report

June 30, 2024

STATEMENT OF FINANCIAL POSITION AS OF 06/30/2024
(BALANCE SHEET)

WITH COMPARATIVE TOTALS AS OF 6/30/2023

	CURRENT OPERATIONS	PLANT	ENDOWMENT	CUSTODIAN	TOTAL THIS YEAR	TOTAL LAST YEAR
ASSETS						
1	Cash and Cash Equivalents	6,493,596	1,500,000		7,993,596	6,008,030
2	Accounts Receivable, Program Services	3,857,756			3,857,756	3,385,388
3	Allowance for Doubtful Accounts	(37,778)			(37,778)	(50,974)
4	Net Accounts Receivable, Program Services	3,819,978			3,819,978	3,334,414
5	Contributions Receivable					
6	Notes Receivable					
7	Prepaid Expenses	46,380			46,380	295,605
8	Other Accounts Receivable					
9	Other Current Assets					
10	Short-Term Investments					
11	TOTAL CURRENT ASSETS	10,359,954	1,500,000		11,859,954	9,638,049
12	Land, Buildings, and Equipment		13,316,417		13,316,417	12,896,944
13	Accumulated Depreciation		(6,567,590)		(6,567,590)	(5,956,883)
14	Net Land, Buildings and Equipment		6,748,827		6,748,827	6,940,061
15	Long-Term Investments					
16	Other Assets	1,090,530	2,970,135		4,060,665	5,389,211
17	Due From Other Funds					
18	TOTAL ASSETS	11,450,484	11,218,962		22,669,446	21,967,321
LIABILITIES AND NET ASSETS						
19	Accounts Payable	92,007			92,007	54,968
20	Subcontract Payable					
21	Accrued Expenses	1,654,160			1,654,160	1,166,929
22	Current Notes Payable					
23	Current Portion Long-Term Debt					
24	Deferred Revenue	1,010,000			1,010,000	500,000
25	Other Current Liabilities	66,972			66,972	824,762
26	TOTAL CURRENT LIABILITIES	2,823,139			2,823,139	2,546,659
27	Long-Term Notes & Mortgage Payable					
28	Other Liabilities	4,566,071	3,117,819		7,683,890	8,349,541
29	Due to Other Funds					
30	TOTAL LIABILITIES	7,389,210	3,117,819		10,507,029	10,896,200
NET ASSETS						
31	Without Donor Restrictions	4,023,633	6,601,143		10,624,776	9,540,538
32	With Donor Restrictions	37,641	1,500,000		1,537,641	1,530,583
33						
34	TOTAL NET ASSETS	4,061,274	8,101,143		12,162,417	11,071,121
35	TOTAL LIABILITIES AND NET ASSETS	11,450,484	11,218,962		22,669,446	21,967,321

See Accompanying Notes to the Financial Statements

ORGANIZATION : VALLEY COLLABORATIVE

FEIN: 043121303

STATEMENT OF ACTIVITIES FOR THE YEAR ENDED

06/30/2024 WITH COMPARATIVE TOTALS FOR THE YEAR ENDED

06/30/2023

	Without Donor Restrictions	With Donor Restrictions		TOTAL THIS YEAR	TOTAL LAST YEAR
REVENUES, GAINS, AND OTHER SUPPORT					
1 Contributions, Gifts, Legacies, Bequests & Special Events		20,372		20,372	21,682
2 In-Kind Contributions					
3 Grants	145			145	3,585
4 Program Service Fees	25,232,523			25,232,523	21,234,394
5 Federated Fundraising Organization Allocation					
6 Investment Revenue	59,537			59,537	36,296
7 Revenue from Commercial Products & Services	671,271			671,271	676,256
8 Other	3,828,365			3,828,365	2,805,364
9 Net Assets Released From Restrictions:					
10 Satisfaction of Program Restrictions	13,314	(13,314)			
11 Satisfaction of Equipment Acquisition Restrictions					
12 Expiration of Time Restrictions					
13 TOTAL REVENUE, GAINS, AND OTHER SUPPORT	29,805,155	7,058		29,812,213	24,777,577
EXPENSES AND LOSSES					
14 Administration (Management & General)	2,310,777			2,310,777	2,344,218
15 Fundraising					
16 Total Program Services	25,442,693			25,442,693	21,609,514
17 TOTAL EXPENSES	27,753,470			27,753,470	23,953,732
18 Losses					
19 TOTAL EXPENSES AND LOSSES	27,753,470			27,753,470	23,953,732
CHANGES IN NET ASSETS:					
20 Property & Equipment Acquisitions from Unrestricted Funds					
21 Transfer of Realized Endowment Fund Appreciation					
22 Return to Donor					
23 Other Increases (Decreases)	(967,447)			(967,447)	(1,485,212)
24 TOTAL CHANGES IN NET ASSETS	1,084,238	7,058		1,091,296	(661,367)
25 NET ASSETS AT BEGINNING OF YEAR	9,540,538	1,530,583		11,071,121	11,732,488
26 NET ASSETS AT END OF YEAR	10,624,776	1,537,641		12,162,417	11,071,121

See Accompanying Notes to Financial Statements

ORGANIZATION : VALLEY COLLABORATIVE

FEIN: 043121303

STATEMENT OF CASH FLOWS for the YEAR ENDED

06/30/2024

INDIRECT METHOD

		TOTAL
	Cash Flows from Operating Activities:	
1	Changes in Net Assets	1,091,296
	Adjustments to Reconcile Change In Net Assets to Net	
	Cash provided by/(used in) Operating Activities:	
2	Depreciation	805,185
3	Losses	662,895
4	Increase/Decrease in Net Accounts Receivable	(485,564)
5	Increase/Decrease in Prepaid Expenses	249,225
6	Increase/Decrease in Contributions Receivable	
7	Increase/Decrease in Accounts Payable	37,039
8	Increase/Decrease in Accrued Expenses	487,231
9	Increase/Decrease in Deferred Revenue	510,000
10	Increase/Decrease in Subcontract Payable	
11	Contributions Restricted for Long-Term Investment	
12	Net Unrealized and Realized Gains on Long-Term Investments	
13	Other Cash Used in/Provided by Operating Activities	(849,590)
14	Net Cash Provided by/(used in) Operating Activities	2,507,717
	Cash Flows from Investing Activities:	
15	Insurance Proceeds	
16	Purchase(s) of Capital Assets (Land, Bldgs. & Equip.)	(522,151)
17	Proceeds from Sale(s) of Investments	
18	Purchase(s) of Investments	
19	Purchase(s) of Assets Restricted To Long-Term Investment	
20	Other Investing Activities	
21	Net Cash Provided by/(used in) Investing Activities	(522,151)
	Cash from Financing Activities:	
	Proceeds from Contributions Restricted For:	
22	Investment in Endowment	
23	Investment in Term Endowment	
24	Investment in Plant (Land Bldgs. & Equip.)	
	Other Financing Activities:	
25	Contributions Restricted for Long-Term Investment	
26	Interest and Dividends Restricted for Reinvestment	
27	Payments on Notes Payable	
28	Payments on Long-Term Debt	
29	Other Finance Payments/Receipts	
30	Net Cash Provided by/(used in) Financing Activities	

See Accompanying Notes to the Financial Statements

ORGANIZATION : VALLEY COLLABORATIVE

FEIN: 043121303

STATEMENT OF CASH FLOWS for the YEAR ENDED 06/30/2024

INDIRECT METHOD

31	Net Increase/(Decrease) in Cash and Cash Equivalents	1,985,566
32	Cash and Cash Equivalents at Beginning of Year	6,008,030
33	Cash and Cash Equivalents at End of Year	7,993,596

Supplemental Disclosure of Cash Flow Information:

34	Cash Paid During the Year for Interest	
35	Cash Paid During the Year for Taxes/Other	

Supplemental Data for Noncash Investing and Financing Activities:

36	Gifts of Equipment	
37	Other Noncash Investing and Financing Activities	
38		
39		
40		

See Accompanying Notes to the Financial Statements

ORGANIZATION : VALLEY COLLABORATIVE FEIN: 043121303

Statement of Functional Expenses for the Year Ended: 06/30/2024

	SUPPORTING SERVICES		PROGRAM SERVICES	
	TOTALS	ADMINISTRATION (MNGT. & GEN.)	FUND RAISING	TOTAL ALL PROGRAMS
1. Employee Compensation & Related Expenses	22,653,657	1,339,363		21,314,294
2. Occupancy	1,536,587	51,671		1,484,916
3. Other Program / Operating Expense	1,422,922	2,590		1,420,332
4. Subcontract Expense				
5. Direct Administrative Expense	1,206,617	814,175		392,442
6. Other Expenses	128,502			128,502
7. Depreciation of Buildings and Equipment	805,185	102,978		702,207
8. TOTAL EXPENSES	27,753,470	2,310,777		25,442,693

See Accompanying Notes to Financial Statements

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ORGANIZATION : VALLEY COLLABORATIVE FEIN: 043121303

Statement of Functional Expenses for the Year Ended: 06/30/24

	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #
	<u>05-101</u>	<u>04-102</u>	<u>NPOS-200</u>	<u>NPOS-400</u>	<u>NPOS-450</u>
1. Employee Compensation & Related Expenses	<u>248,559</u>	<u>126,252</u>	<u>6,207,189</u>	<u>2,458,569</u>	<u>229,639</u>
2. Occupancy	<u>32,030</u>	<u>18,924</u>	<u>274,831</u>	<u>132,280</u>	<u>291</u>
3. Other Program / Operating Expense	<u>5,421</u>	<u>7,229</u>	<u>377,098</u>	<u>131,855</u>	<u>20</u>
4. Subcontract Expense					
5. Direct Administrative Expense	<u>5,546</u>	<u>2,013</u>	<u>99,176</u>	<u>47,797</u>	<u>2,619</u>
6. Other Expenses			<u>40,790</u>	<u>34,246</u>	
7. Depreciation of Buildings and Equipment	<u>5,618</u>	<u>311</u>	<u>277,642</u>	<u>168,028</u>	<u>7,501</u>
8. TOTAL EXPENSES	<u>297,174</u>	<u>154,729</u>	<u>7,276,726</u>	<u>2,972,775</u>	<u>240,070</u>

See Accompanying Notes to Financial Statements

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ORGANIZATION : VALLEY COLLABORATIVE FEIN: 043121303

Statement of Functional Expenses for the Year Ended: 06/30/24

	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #	PROGRAM #
	<u>01-500</u>	<u>NPOS-660</u>	<u>NPOS-712</u>		
1. Employee Compensation & Related Expenses	<u>3,049,367</u>	<u>6,248,705</u>	<u>2,746,014</u>		
2. Occupancy	<u>361,323</u>	<u>475,911</u>	<u>189,326</u>		
3. Other Program / Operating Expense	<u>550,648</u>	<u>246,583</u>	<u>101,478</u>		
4. Subcontract Expense					
5. Direct Administrative Expense	<u>61,832</u>	<u>105,439</u>	<u>68,020</u>		
6. Other Expenses	<u>2,635</u>	<u>33,804</u>	<u>17,027</u>		
7. Depreciation of Buildings and Equipment	<u>107,112</u>	<u>71,498</u>	<u>64,497</u>		
8. TOTAL EXPENSES	<u>4,132,917</u>	<u>7,181,940</u>	<u>3,186,362</u>		

See Accompanying Notes to Financial Statements

REVENUE	Total Organization	Admin.(M&G)	Fund Raising	Total All Prog
1R Contributions, Gifts, Legacies, Bequests				
2R Gov. In-Kind/Capital Budget		XXXXXXXXXX	XXXXXXXXXX	
3R Private IN-Kind				
4R Total Contributions and In-Kind				
5R Mass Gov. Grant		XXXXXXXXXX	XXXXXXXXXX	
6R Other Grant (exclud. Fed.Direct)	145	145		
7R Total Grants	145	145		
8R Dept. of Mental Health (DMH)		XXXXXXXXXX	XXXXXXXXXX	
9R Dept.of Developmental Services(DDS/DMR)	4,051,926	XXXXXXXXXX	XXXXXXXXXX	4,051,926
10R Dept. of Public Health (DPH)		XXXXXXXXXX	XXXXXXXXXX	
11R Dept. of Children and Families (DCF/DSS)		XXXXXXXXXX	XXXXXXXXXX	
12R Dept. of Transitional Assist (DTA/WEL)		XXXXXXXXXX	XXXXXXXXXX	
13R Dept. of Youth Services (DYS)		XXXXXXXXXX	XXXXXXXXXX	
14R Health Care Fin & Policy (HCF)-Contract		XXXXXXXXXX	XXXXXXXXXX	
15R Health Care Fin & Policy (HCF)-UCP		XXXXXXXXXX	XXXXXXXXXX	
16R MA. Comm. For the Blind (MCB)	29,230	XXXXXXXXXX	XXXXXXXXXX	29,230
17R MA. Comm. for Deaf & H H (MCD)		XXXXXXXXXX	XXXXXXXXXX	
18R MA. Rehabilitation Commission (MRC)	523,949	XXXXXXXXXX	XXXXXXXXXX	523,949
19R MA. Off. for Refugees & Immigr.(ORI)		XXXXXXXXXX	XXXXXXXXXX	
20R Dept.of Early Educ. & Care (EEC)-Contract		XXXXXXXXXX	XXXXXXXXXX	
21R Dept.of Early Educ. & Care (EEC)-Voucher		XXXXXXXXXX	XXXXXXXXXX	
22R Dept of Correction (DOC)		XXXXXXXXXX	XXXXXXXXXX	
23R Dept. of Elementary & Secondary Educ. (DOE)		XXXXXXXXXX	XXXXXXXXXX	
24R Parole Board (PAR)		XXXXXXXXXX	XXXXXXXXXX	
25R Veteran's Services (VET)		XXXXXXXXXX	XXXXXXXXXX	
26R Ex. Off. of Elder Affairs (ELD)		XXXXXXXXXX	XXXXXXXXXX	
27R Div.of Housing & Community Develop(OCD)		XXXXXXXXXX	XXXXXXXXXX	
28R POS Subcontract		XXXXXXXXXX	XXXXXXXXXX	
29R Other Mass. State Agency POS		XXXXXXXXXX	XXXXXXXXXX	
30R Mass State Agency Non - POS		XXXXXXXXXX	XXXXXXXXXX	
31R Mass. Local Govt/Quasi-Govt. Entities	18,057,757	XXXXXXXXXX	XXXXXXXXXX	18,057,757
32R Non-Mass. State/Local Government	2,569,661	XXXXXXXXXX	XXXXXXXXXX	2,569,661
33R Direct Federal Grants/Contracts		XXXXXXXXXX	XXXXXXXXXX	
34R Medicaid - Direct Payments		XXXXXXXXXX	XXXXXXXXXX	
35R Medicaid - MBHP Subcontract		XXXXXXXXXX	XXXXXXXXXX	
36R Medicare		XXXXXXXXXX	XXXXXXXXXX	
37R Mass. Govt. Client Stipends		XXXXXXXXXX	XXXXXXXXXX	
38R Client Resources		XXXXXXXXXX	XXXXXXXXXX	
39R Mass. Publicly sponsored client offsets		XXXXXXXXXX	XXXXXXXXXX	
40R Other Publicly sponsored client offsets		XXXXXXXXXX	XXXXXXXXXX	
41R Private Client Fees (excluding 3rd Pty)		XXXXXXXXXX	XXXXXXXXXX	
42R Private Client 3rd Pty/other offsets		XXXXXXXXXX	XXXXXXXXXX	
43R Total Assistance and Fees	25,232,523	XXXXXXXXXX	XXXXXXXXXX	25,232,523
44R Federated Fundraising				
45R Commercial Activities	671,271	65,576		605,695
46R Non-Charitable Revenue				
47R Investment Revenue	59,537	59,537		
48R Other Revenue	3,828,365	187,664		3,640,701
49R Allocated Admin (M&G) Revenue	XXXXXXXXXX			
50R Released Net Assets-Program	13,314	13,314		
51R Released Net Assets-Equipment				
52R Released Net Assets-Time				
53R TOTAL REVENUE	29,805,155	326,236		29,478,919
54R TOTAL EXPENSE = 56E	27,753,470	124,738		27,628,732
55R OPERATING RESULTS	2,051,685	201,498		1,850,187

EXPENSE	Total Organization	Admin (M&G)	Fund Raising	Total All Programs				
1E Total Direct Prog.Staff FTE/Exp 101-138	298.47	14,929,478	XXXX	XXXXXXX	298.47	14,929,478		
2E Chief Executive Officer - FTE/Exp.	1.00	207,519	1.00	207,519				
3E Chief Financial Officer - FTE/Exp.	0.20	101,350	0.20	101,350				
4E Accting/Clerical/Support FTE/Expense	11.54	853,699	5.94	570,474	#	5.60	283,225	
5E Admin Maint/House-Grndskeeping FTE/Exp								
6E Total Admin Employee FTE/Expense 410	12.74	1,162,568	7.14	879,343		5.60	283,225	
7E Commercial Products & Svs/Mkting FTE/Exp					XXXX	XXXXXXXXXX		
8E Total FTE/Salary/Wages	311.21	16,092,046	7.14	879,343			304.07	15,212,703
9E Payroll Taxes 150		305,267		25,960				279,307
10E Fringe Benefits 151		2,490,905		309,322				2,181,583
11E Accrual Adjustments								
12E Total Employee Compensation & Rel. Exp.		18,888,218		1,214,625				17,673,593
13E Facility and Prog. Equip.Expenses 301, 390		657,562		42,731				614,831
14E Facility & Prog. Equip. Depreciation 301		805,185		102,978				702,207
15E Facility Operation/Maint./Furn.390		879,025		8,940				870,085
16E Facility General Liability Insurance 390								
17E Total Occupancy		2,341,772		154,649				2,187,123
18E Direct Care Consultant 201								
19E Temporary Help 202								
20E Clients and Caregivers Reimb./Stipends 203			XXXXXXXXXX	XXXXXXXXXX				
21E Subcontracted Direct Care 206			XXXXXXXXXX	XXXXXXXXXX				
22E Staff Training 204		37,402		1,533				35,869
23E Staff Mileage / Travel 205		21,506		1,057				20,449
24E Meals 207								
25E Client Transportation 208			XXXXXXXXXX	XXXXXXXXXX				
26E Vehicle Expenses 208		178,244						178,244
27E Vehicle Depreciation 208								
28E Incidental Medical /Medicine/Pharmacy 209			XXXXXXXXXX	XXXXXXXXXX				
29E Client Personal Allowances 211			XXXXXXXXXX	XXXXXXXXXX				
30E Provision Material Goods/Svs./Benefits 212			XXXXXXXXXX	XXXXXXXXXX				
31E Direct Client Wages 214		586,073	XXXXXXXXXX	XXXXXXXXXX				586,073
32E Other Commercial Prod. & Svs. 214		181,367						181,367
33E Program Supplies & Materials 215		418,330	XXXXXXXXXX	XXXXXXXXXX				418,330
34E Non Charitable Expenses								
35E Other Expense		128,502						128,502
36E Total Other Program Expense		1,551,424		2,590				1,548,834
37E Management Fees 410								XXXXXXXXXX
38E Fundraising Fees 410			XXXXXXXXXX	XXXXXXXXXX				XXXXXXXXXX
39E Legal Fees 410		21,817		21,817				XXXXXXXXXX
40E Audit Fees 410		38,000		38,000				XXXXXXXXXX
41E Management Consultant 410								XXXXXXXXXX
42E Other Professional Fees & Other Admin. Expenses 410		779,735		406,048				373,687
43E Leased Office/Program Office Equip.410,390		20,323		1,568				18,755
44E Office Equipment Depreciation 410								
45E Admin. Vehicle Expenses 410								XXXXXXXXXX
46E Admin. Vehicle Depreciation 410								XXXXXXXXXX
47E Directors & Officers Insurance 410								XXXXXXXXXX
48E Program Support 216			XXXXXXXXXX	XXXXXXXXXX				
49E Professional Insurance 410		346,742		346,742				
50E Working Capital Interest 410								
51E Total Direct Administrative Expense		1,206,617		814,175				392,442
52E Admin (M&G) Reporting Center Allocation		XXXXXXXXXX		(2,186,039)				2,186,039
53E Total Reimbursable & Fundraising Expense		23,988,031						23,988,031
54E Direct State/Federal Non-Reimbursable Expense		3,765,439		124,738		XXXXXXXXXX		3,640,701
55E Allocation of State/Fed Non-Reimbursable Expense		XXXXXXXXXX						
56E TOTAL EXPENSE = 56R		27,753,470		124,738				27,628,732

Note to Readers : Please see Schedule B Note to Readers regarding appropriate Non-Reimbursable Exp.

COMPENSATION DISCLOSURE Enter all compensation (salary, benefit packages, vehicles, consultant payments, loans, etc.) from the entity & its related parties/affiliates to organization principals. Attach schedule of non-salary items.

Name & Title	Reporting Entity Compensation		Compensation from Other Entities	
	Salary	Other	Salary	Other
1C Dr. Chris Scott, Executive Director	236,393			
2C				
3C				
4C				
5C				

MA. Surplus Revenue Retention	Starting Balance	Expended Amount	Accrual Amount	Liability Amt.
Prior Year Ma. Revenue	19,354,122			

Comm. of MA cost reimbursement overbilling (preliminary calc. subject to adjustment)

NON-REIMBURSABLE EXPENSE DETAIL	Total Organization	Admin (M&G)	Fund Raising	Total All Programs
1N Direct Employee Compensation & Related Exp.	3,765,439	124,738	XXXXXXXXXX	3,640,701
2N Direct Occupancy			XXXXXXXXXX	
3N Direct Other Program/Operating			XXXXXXXXXX	
4N Direct Subcontract Expense			XXXXXXXXXX	
5N Direct Administrative Expense			XXXXXXXXXX	
6N Direct Other Expense			XXXXXXXXXX	
7N Direct Depreciation			XXXXXXXXXX	
8N Total Direct Non-Reimbursable (must tie to 54E)	3,765,439	124,738	XXXXXXXXXX	3,640,701
9N Total Direct and Allocated Non-Reimbursable (54E+55E)	3,765,439	124,738	XXXXXXXXXX	3,640,701
10N Eligible Non-Reimb./Fundraising Exp. Revenue Offsets	4,572,632	326,236	XXXXXXXXXX	4,246,396
11N Capital Budget Revenue Adjustments			XXXXXXXXXX	
12N Excess of Non-Reimb./Fundraising Expense over Offsets	(807,193)	(201,498)	XXXXXXXXXX	(605,695)
Description of Admin (M&G) Direct Non-Reimbursable Exp.	See attachment			

UFR Program Number: 05-101

Program Name: MRC EVALUATION & TRAINING

Description: MRC EVALUATION & TRAINING

Catalog of Federal Domestic Assistance #: 84.126 B

*Program Type: 22

Program Address: 25 LINNELL CIRCLE

BILLERICA

MA

01821

Weeks operated during audit period (e.g., 52): 52.00

operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.

* Program Type codes: 21 = SPED; 22 = HCFFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25= Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

Table with columns: REVENUE, STAFFING_# hours/yr = 1.00 FTE, FTE, Salary/Wage, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Rows include 1R-39S and 43R-53R.

SERVICE STATISTICS table with columns: 1SS, 2SS, 3SS, 4SS, 5SS, 6SS, 7SS. Includes 'Enter defined unit of service' and 'Enter total unit capacity'.

MASSACHUSETTS CONTRACT INFORMATION table with columns: Dept, Contract ID -11 Characters, MMARS Code. Includes rows 1C-5C.

POS SUBCONTRACT INFORMATION table with columns: State Dept, Payor Name, Payor's FEIN. Includes rows 1PS-3PS.

Comm. Of MA Surplus Rev. Retention Share 35,989

PREPARER COMMENTS:

Table with columns: Undup # Clients, # service units delivered. Includes rows 43R-53R.

NON-REIMBURSABLE EXPENSE DETAIL table with columns: Description, Amount. Includes rows 1N-12N.

ORGANIZATION: VALLEY COLLABORATIVE

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2024

FEIN: 043121303

UFR Program Number: 04-102

Program Name: MRC SUPPORTED WORK

Description: MRC SUPPORTED WORK

Catalog of Federal Domestic Assistance #: 84.126 B

*Program Type: 22

Program Address: 25 LINNELL CIRCLE

BILLERICA

MA

01821

Weeks operated during audit period (e.g., 52): 52.00

operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.

* Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25= Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

Table with columns: REVENUE, STAFFING, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Includes rows for 1R-53R and 1N-12N.

SUBCONTRACTED DIRECT CARE EXPENSE DETAIL table with columns: Subcontractor Name, FEIN, Expense Amt.

MASSACHUSETTS CONTRACT INFORMATION table with columns: Dept, Contract ID, MMARS Code.

POS SUBCONTRACT INFORMATION table with columns: State Dept, Payor Name, Payor's FEIN.

NON-REIMBURSABLE EXPENSE DETAIL table with columns: Description, Expense Amount.

PREPARER COMMENTS:

ORGANIZATION: VALLEY COLLABORATIVE

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2024

FEIN: 043121303

UFR Program Number: NPOS

Program Name: SCHOOL & VOCATIONAL TRAINING

Description: SCHOOL & VOCATIONAL TRAINING

Catalog of Federal Domestic Assistance #: B

*Program Type: N/A

Program Address: 40 LINNELL CIRCLE

BILLERICA MA 01821

Weeks operated during audit period (e.g., 52): 44.00

operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable. * Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25= Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

Table with columns: REVENUE, STAFFING # hours/yr = 1.00 FTE, FTE, Salary/Wage, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Includes rows for 1R-53R and 1SS-7SS.

SUBCONTRACTED DIRECT CARE EXPENSE DETAIL table with columns: Subcontractor Name, FEIN, Expense Amt. Rows 1SDC-5SDC.

MASSACHUSETTS CONTRACT INFORMATION and POS SUBCONTRACT INFORMATION tables with columns: Dept, Contract ID, MMARS Code, State Dept, Payor Name, Payor's FEIN.

NON-REIMBURSABLE EXPENSE DETAIL table with columns: Description, Amount. Rows 1N-12N.

PREPARER COMMENTS:

ORGANIZATION: VALLEY COLLABORATIVE

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2024

FEIN: 043121303

UFR Program Number: NPOS-

Program Name: HIGH SCHOOL - ALTERNATIVE & VOCATIONAL PROGRAM

Description: ALTERNATIVE & VOCATIONAL HIGH SCHOOL

Catalog of Federal Domestic Assistance #: B

*Program Type: N/A

Program Address: 40 LINNELL CIRCLE

BILLERICA

MA

01821

Weeks operated during audit period (e.g., 52): 42.00

operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable. * Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25= Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

Table with columns: REVENUE, STAFFING # hours/yr = 1.00 FTE, FTE, Salary/Wage, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Rows include 1R-53R and 1E-58E.

SUBCONTRACTED DIRECT CARE EXPENSE DETAIL table with columns: Subcontractor Name, FEIN, Expense Amt. Rows 1SDC-5SDC.

MASSACHUSETTS CONTRACT INFORMATION and POS SUBCONTRACT INFORMATION tables with columns: Dept, Contract ID, MMARS Code, State Dept, Payor Name, Payor's FEIN.

NON-REIMBURSABLE EXPENSE DETAIL table with columns: Description, Expense Amount. Rows 1N-12N.

PREPARER COMMENTS:

ORGANIZATION: VALLEY COLLABORATIVE

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2024

FEIN: 043121303

UFR Program Number: NPOS-

Program Name: THERAPEUTIC SERVICES

Description: THERAPEUTIC SERVICES

Catalog of Federal Domestic Assistance #: B

http://www.cfda.gov/default.htm

*Program Type: N/A

Program Address: 40 LINNELL CIRCLE

BILLERICA

MA

01821

Weeks operated during audit period (e.g., 52): 42.00

operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.

* Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25= Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

Table with columns: REVENUE, STAFFING, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Includes rows for 1R-53R and 1SS-7SS.

SUBCONTRACTED DIRECT CARE EXPENSE DETAIL table with columns: Subcontractor Name, FEIN, Expense Amt. Rows 1SDC-5SDC.

MASSACHUSETTS CONTRACT INFORMATION and POS SUBCONTRACT INFORMATION tables with columns: Dept, Contract ID, MMARS Code, State Dept, Payor Name, Payor's FEIN.

NON-REIMBURSABLE EXPENSE DETAIL table with columns: Description, Amount. Rows 1N-12N.

PREPARER COMMENTS:

ORGANIZATION: VALLEY COLLABORATIVE

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2024

FEIN: 043121303

UFR Program Number: 01-500

Program Name: OVER 22 PROGRAM

Description: YOUNG ADULT WORKPLACE TRAINING

Catalog of Federal Domestic Assistance #: B

*Program Type: 23

Program Address: 25 LINNELL CIRCLE

BILLERICA

MA

01821

Weeks operated during audit period (e.g., 52): 52.00

operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.

* Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25= Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

Table with columns: REVENUE, STAFFING # hours/yr = 1.00 FTE: 2080, FTE, Salary/Wage, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Includes rows for 1R-53R and 1SS-7SS.

SUBCONTRACTED DIRECT CARE EXPENSE DETAIL table with columns: Subcontractor Name, FEIN, Expense Amt. Rows 1SDC-5SDC.

MASSACHUSETTS CONTRACT INFORMATION table with columns: Dept, Contract ID -11 Characters, MMARS Code. Rows 1C-5C.

POS SUBCONTRACT INFORMATION table with columns: State Dept, Payor Name, Payor's FEIN. Rows 1PS-3PS.

NON-REIMBURSABLE EXPENSE DETAIL table with columns: Description, Amount. Rows 1N-12N.

PREPARER COMMENTS:

Comm. Of MA Surplus Rev. Retention Share (394,727)

ORGANIZATION: VALLEY COLLABORATIVE

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2024

FEIN: 043121303

UFR Program Number: NPOS-

Program Name: ELEMENTARY SCHOOL - ELEMENTARY BEHAVIORAL PROGRAM

Description: ELEMENTARY BEHAVIORAL PROGRAM

Catalog of Federal Domestic Assistance #: B

http://www.cfda.gov/default.htm

*Program Type: N/A

Program Address: 135 COBURN ROAD

TYNGSBOROUGH

MA

01879

Weeks operated during audit period (e.g., 52): 42.00

operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable.

* Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25= Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

Table with columns: REVENUE, STAFFING # hours/yr = 1.00 FTE: 1680, FTE, Salary/Wage, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Includes rows for 1R-53R and 1SS-7SS.

SUBCONTRACTED DIRECT CARE EXPENSE DETAIL table with columns: Subcontractor Name, FEIN, Expense Amt. Rows 1SDC-5SDC.

MASSACHUSETTS CONTRACT INFORMATION and POS SUBCONTRACT INFORMATION tables with columns: Dept, Contract ID, MMARS Code, State Dept, Payor Name, Payor's FEIN.

NON-REIMBURSABLE EXPENSE DETAIL table with columns: Description, Expense Amount. Rows 1N-12N.

PREPARER COMMENTS:

ORGANIZATION: VALLEY COLLABORATIVE

PROGRAM SUPPLEMENTAL INFORMATION SCHEDULE B - Unaudited

FY END: 6/30/2024

FEIN: 043121303

UFR Program Number: NPOS-

Program Name: MIDDLE SCHOOL - EMOTIONAL BEHAVIORAL PROGRAM

Description: EMOTIONAL BEHAVIORAL PROGRAM

Catalog of Federal Domestic Assistance #: B

*Program Type: N/A

Program Address: 40 LINNELL CIRCLE

BILLERICA

MA

01821

Weeks operated during audit period (e.g., 52): 42.00

operating hours/week (e.g., 40): 40.00

Note to Readers: This schedule should be read in context with F.S. Notes and all other UFR information. In many instances the presence of significant planned to actual variances or non-reimbursable expenses (e.g., In-Kind donations) may be appropriate and desirable. * Program Type codes: 21 = SPED; 22 = HCFP/Medicaid Class Rate; 23 = Negotiated Unit Rate; 24 = Negotiated Accommodations Rate; 25= Non-negotiated Accommodations Rate; 26 = Other Non-negotiated Unit Rate; 27 = Cost Reimbursement; NA = Not Applicable

Table with columns: REVENUE, STAFFING # hours/yr = 1.00 FTE: 1680, FTE, Salary/Wage, EXPENSE - ACTUAL/PLANNED, FTE, Actual, Planned, % Var. Rows include 1R-53R revenue items and 1E-58E expense items.

SUBCONTRACTED DIRECT CARE EXPENSE DETAIL table with columns: Subcontractor Name, FEIN, Expense Amt. Rows 1SDC-5SDC.

MASSACHUSETTS CONTRACT INFORMATION and POS SUBCONTRACT INFORMATION tables with columns: Dept, Contract ID, MMARS Code, State Dept, Payor Name, Payor's FEIN.

NON-REIMBURSABLE EXPENSE DETAIL table with columns: Description, Expense Amount. Rows 1N-12N.

PREPARER COMMENTS:

VALLEY COLLABORATIVE
 FEDERAL EMPLOYER IDENTIFICATION NUMBER: 04-3121303
 FOR THE YEAR ENDED JUNE 30, 2024

SCHEDULE A - LINES 1C - 4C - OTHER COMPENSATION

	Travel Allow.	Phone Allow.	Total
Chris Scott, Executive Director	3,600	1,200	4,800
Total 1C-4C Salary and Other	236,393		
54E - Excess salaries	(28,874)		
2E - Chief Executive Officer	207,519		

SCHEDULE A - LINE 54E - NON-REIMBURSABLE EXPENSE DESCRIPTION

Excess salaries	28,874	1N
Massachusetts State Employees' Retirement System on-behalf payments.	95,864	1N
	<u>124,738</u>	

SCHEDULE A & B - LINE 48R - OTHER REVENUE

	Admin.	05-101	04-102	NPOS-200	NPOS-400	NPOS-450	01-500	NPOS-660	NPS-665	NPOS-712	01-501	Total
Massachusetts Teachers' and State Employees' Retirement Systems on-behalf payments.**	95,864	43,679	21,471	1,060,089	422,558	44,345	500,469	1,067,698	-	472,454	7,938	3,736,565
Gain on trade-in of assets	91,800	-	-	-	-	-	-	-	-	-	-	91,800
	<u>187,664</u>	<u>43,679</u>	<u>21,471</u>	<u>1,060,089</u>	<u>422,558</u>	<u>44,345</u>	<u>500,469</u>	<u>1,067,698</u>	<u>-</u>	<u>472,454</u>	<u>7,938</u>	<u>3,828,365</u>

SCHEDULE B - LINE 35E: OTHER EXPENSE

Other Expenditures	Admin.	05-101	04-102	NPOS-200	NPOS-400	NPOS-450	01-500	NPOS-660	NPS-665	NPOS-712	01-501	Total
Graduation and other student activities	-	-	-	9,004	7,209	-	-	744	-	-	-	16,957
Field trips/outdoor education	-	-	-	31,786	27,037	-	2,635	33,060	-	17,027	-	111,545
Total	-	-	-	40,790	34,246	-	2,635	33,804	-	17,027	-	128,502

SCHEDULES A & B - LINE 42E: OTHER PROFESSIONAL FEES & OTHER ADMIN. EXPENSES

Other Expenditures	Admin.	05-101	04-102	NPOS-200	NPOS-400	NPOS-450	01-500	NPOS-660	NPS-665	NPOS-712	01-501	Total
ADP & Bank Charges	71,851	-	-	-	-	-	-	-	-	-	-	71,851
Advertising	1,575	-	-	-	-	-	-	-	-	-	-	1,575
Conferences & Meetings	10,393	-	-	1,063	520	2,594	-	1,663	-	1,040	-	17,273
Consultants & Contracted Services	168,110	-	-	15,112	11,329	-	-	3,125	-	22,123	-	219,799
Dues & Memberships	19,091	-	-	-	-	-	2,729	252	-	-	-	22,072
Office Supplies & Other	129,944	3,450	2,013	71,552	27,521	-	46,970	86,177	-	38,515	-	406,142
Postage	1,768	-	-	2,230	1,751	-	2,414	2,503	-	1,402	-	12,068
Telephone & Communications	3,316	2,096	-	6,345	3,802	25	4,615	6,690	-	2,066	-	28,955
Total	406,048	5,546	2,013	96,302	44,923	2,619	56,728	100,410	-	65,146	-	779,735

SCHEDULE B - LINE 54E - NON-REIMBURSABLE EXPENSE DESCRIPTION

	05-101	04-102	NPOS-200	NPOS-400	NPOS-450	01-500	NPOS-660	NPS-665	NPOS-712	01-501	Total
Massachusetts Teachers' and State Employees' Retirement Systems on-behalf payments.**	43,679	21,471	1,060,089	422,558	44,345	500,469	1,067,698	-	472,454	7,938	3,640,701
	<u>43,679</u>	<u>21,471</u>	<u>1,060,089</u>	<u>422,558</u>	<u>44,345</u>	<u>500,469</u>	<u>1,067,698</u>	<u>-</u>	<u>472,454</u>	<u>7,938</u>	<u>3,640,701</u>

SCHEDULES A & B - PROGRAM 01-500 ADDITIONAL CONTRACT NUMBERS

DEPT	CONTRACT ID	MMARS
DMR	INTF2031D00	3163
DMR	INTF2031EA0	3168
DMR	INTF2031TU6	3196
DMR	INTF203A804	3181
DMR	INTF203AD04	3163
DMR	INTF203AEA1	3168
DMR	INTF2135N79	3700
DMR	INTF2331370	3703
DMR	INTF233AC04	3163
DMR	INTF233AT70	3703
DMR	INTF2430TA7	3196
DMR	INTF2433202	
DMR	INTF2433302	
MCB	7000CTMCBSU	2115
MRC	OSCMRCEMPDA	2251
MRC	OSCMRCEMPDA	2225

FEDERAL EMPLOYER IDENTIFICATION NUMBER: 04-3121303
 FOR THE YEAR ENDED JUNE 30, 2024

VEHICLE LISTING

<u>Make</u>	<u>Model</u>	<u>Model Year</u>	<u>Own/Lease</u>	<u>Purchase Date</u>	<u>Purchase Price</u>	<u>Primary Use</u>	<u>Garaged</u>
Dodge	Grand Caravan	2012	Capital lease	7/2/2012	21,793	General transportation	40 Linnell Circle, Billerica, MA
Ford	F350	2014	Purchase	4/15/2014	47,918	General transportation	40 Linnell Circle, Billerica, MA
Ford	E250	2014	Purchase	7/1/2014	27,204	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2017	Purchase	11/29/2016	29,634	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2017	Purchase	11/29/2016	29,634	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2017	Purchase	11/29/2016	29,634	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2017	Purchase	11/29/2016	29,634	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2017	Purchase	11/29/2016	29,634	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2017	Purchase	11/29/2016	29,634	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2017	Purchase	11/29/2016	29,634	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2017	Purchase	11/29/2016	29,634	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2017	Purchase	11/29/2016	29,634	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2017	Purchase	11/29/2016	29,634	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2018	Purchase	1/31/2018	31,180	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2018	Purchase	1/31/2018	31,180	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2018	Purchase	1/31/2018	31,180	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2018	Purchase	1/31/2018	31,180	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2018	Purchase	1/31/2018	31,180	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2018	Purchase	1/31/2018	31,180	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2018	Purchase	6/30/2018	35,660	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2019	Purchase	12/28/2018	30,830	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2019	Purchase	12/28/2018	30,830	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2019	Purchase	12/28/2018	30,830	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2019	Purchase	6/30/2019	29,633	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2020	Purchase	1/8/2020	30,893	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2020	Purchase	1/8/2020	30,893	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2020	Purchase	1/8/2020	30,893	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2020	Purchase	1/8/2020	30,893	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2020	Purchase	1/8/2020	30,893	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2020	Purchase	1/8/2020	30,893	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2020	Purchase	1/8/2020	30,893	General transportation	40 Linnell Circle, Billerica, MA
Toyota	Sienna	2021	Purchase	1/5/2021	36,588	General transportation	40 Linnell Circle, Billerica, MA
Chevrolet	Silverado	2020	Purchase	5/28/2021	31,283	General transportation	40 Linnell Circle, Billerica, MA
Ford	F350	2022	Purchase	10/20/2021	42,045	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2022	Purchase	5/25/2022	31,424	General transportation	40 Linnell Circle, Billerica, MA
Chevrolet	Traverse	2022	Purchase	8/2/2022	33,995	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2021	Purchase	8/16/2022	31,541	General transportation	40 Linnell Circle, Billerica, MA
Ram	Promaster	2022	Purchase	10/17/2022	84,055	General transportation	40 Linnell Circle, Billerica, MA
Chevrolet	Traverse	2023	Purchase	2/27/2023	37,395	General transportation	40 Linnell Circle, Billerica, MA
Chevrolet	Traverse	2023	Purchase	2/27/2023	37,395	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2021	Purchase	2/27/2023	31,541	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2023	Purchase	7/5/2023	57,629	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2023	Purchase	7/12/2023	67,283	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2023	Purchase	7/28/2023	49,300	General transportation	40 Linnell Circle, Billerica, MA
Ram	Promaster	2023	Purchase	7/28/2023	88,076	General transportation	40 Linnell Circle, Billerica, MA
Chrysler	Pacifica	2023	Purchase	9/29/2023	42,772	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2023	Purchase	9/29/2023	49,436	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2023	Purchase	12/13/2023	58,675	General transportation	40 Linnell Circle, Billerica, MA
Ford	Transit	2023	Purchase	1/19/2024	58,710	General transportation	40 Linnell Circle, Billerica, MA

1,825,058

Supplier Diversity Program (SDP) Form for Purchase of Service (POS)

Providers must complete this form in its entirety to be qualified to contract with Commonwealth Agencies for POS services.

This form must be filed annually with a provider's UFR Report, and a copy of the completed form must be submitted when responding to POS contract opportunities with an Executive Department.

Submission for Fiscal Year (YYYY)	2024	Please do not convert to PDF. See "How to Submit" for instructions.
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Part I Contractor Contact Information (Required)

Business Name	Contact Name	Contact Email	Contact Phone
Valley Collaborative	James A. George, CPA, CVA, JD	jgeorge@valleycollaborative.org	978.528.7883

Part II Provider Revenue Information for the UFR Reporting Year (Required)

Provider's Revenue from Commonwealth POS Contracts in the UFR Reporting Year (e.g. FY2024)	\$ 3,726,944.00
Provider's Total Gross Revenue in the UFR Reporting Year (e.g. FY2024)	\$ 29,812,213.00

Part III SDP Partner Information (Required) (Insert additional lines as needed)

Providers that are currently SDO Certified may not list themselves as a Partner.

Planned and Current SDP Partner Company Name(s) (as it appears in a database of eligible partners)*	Certification Type (Choose One)**	Relationship Type (Subcontracting or Ancillary) (Choose One)	Expended Amount in the UFR Reporting Year (e.g. FY2024)	Committed Amount in Current Fiscal Year (e.g. FY2025)
SHI International	MBE, WBE	Ancillary (related to general business)	\$ 162,467.95	\$ 72,784.38
Jaguar Graphics	WBE	Ancillary (related to general business)	\$ 434.40	
Therapro	SBPP	Ancillary (related to general business)	\$ 4,457.88	\$ 1,750.00
Sun Specialties	WBE, DBE	Ancillary (related to general business)	\$ 5,009.61	\$ 647.56
TOTAL			\$ 172,369.84	\$ 75,181.94
PERCENT (%) OF POS SPEND			5%	

Acceptable Partnership Types

- **Subcontracting** is a business relationship in which the SDP partner is involved in the provision of services directly to the client or to the Commonwealth.
- **Ancillary Products and Services** is a business relationship in which the SDP partner provides products or services that are not directly related to the prime contractor's contract with the Commonwealth but instead are related to their general business operations.

*Eligible SDP Partners can be found by searching:

[Supplier Diversity Office Directory of Certified Businesses](#)

[Veteran Small Business Certification \(sba.gov\)](http://sba.gov)

How to Submit this Form:

- Complete the form electronically. No signature is required.
- "Save as" an Excel 97-2003 Workbook (*.xls)
- **Important: Do not use the current Excel Workbook (*.xlsx) format.**
- Submit with your UFR filing. Enter "SDP Form" under Document Category.

**All SDP Partners must possess one or more of the following certification types:

- MBE - Minority Business Enterprise
- WBE - Woman Business Enterprise
- SDVOBE - Service-Disabled Veteran-Owned Business Enterprise
- VBE - Veteran-Owned Business Enterprise
- M/NPO - Minority Non-Profit Organization
- W/NPO - Women Non-Profit Organization
- V/NPO - Veteran Non-Profit Organization
- DOBE - Disability-Owned Business Enterprise
- LGBTBE - Lesbian, Gay, Bisexual or Transgender Business Enterprise

Form updated 07/18/2023

FORM INSTRUCTIONS

Overall

Providers that hold POS contracts with Commonwealth departments are required to file a "Supplier Diversity Program (SDP) Form for Purchase of Service (POS)" each year and upload it with their Uniform Financial Report (UFR). This requirement includes Providers who have already been certified by the Supplier Diversity Office (SDO) in one of the diverse business categories, e.g. a Minority and/or Woman Business Organization. Providers responding to POS bids posted on COMMBIDS will be directed to submit the most recent completed copy of

categories, e.g. a minority- and/or women business/organization. Providers responding to POS bids posted on COMMBUYS will be directed to submit the most recent completed copy of this form with their proposals/quotes. Providers filing an Exempt UFR Filing are still required to include the completed SDP form with their filing.

Part I - Contractor Contact Information (Required)

- **Contractor Information:** Business name, contact name, phone number and email.

Part II – Provider Revenue Information for the UFR Reporting Year (Required)

- **The Provider's Revenue from Commonwealth POS Contracts in the UFR Reporting Year** can be found on the "POS Expenditure and Federal Funds Listing" posted by OSD on the provider's UFR eFiling site.
- **Provider's Total Gross Revenue in the UFR Reporting Year** is the contractor's gross revenue for the entire organization as reported to the Internal Revenue Service or the Massachusetts Department of Revenue.

Note: The UFR Reporting Year is the completed fiscal year for which the UFR filing is being submitted.

Part III - Contractor's SDP Partner Information

All SDP Partner(s) listed on the form must be certified in one or more of the certification categories listed on Page 1 of this form. Links to searchable databases of eligible SDP partners are also available on Page 1 of the form.

Providers certified by the Supplier Diversity Office may not list their own organization as an SDP partner.

- **Certification Type:** Select the partner's certification type from the menu. For partners with multiple certification types, please select the one that is highest on the dropdown list.
 - **Relationship Type:** Select one of the following types:
 - **Subcontracting** is a business relationship in which the SDP partner is involved in the provision of services directly to the client or to the Commonwealth.
 - **Ancillary Products and Services** is a business relationship in which the SDP partner provides products and/or services that are not directly related to the Provider's contract with the Commonwealth but instead are related to their general business operations.
- Note:** If the Commonwealth only receives a **portion** of the products or services provided by a partner, the full amount should still be reported. The portion received by the Commonwealth may be reported as subcontracting while the remainder of the amount may be reported as ancillary products and services.
- **Expended Amount in the UFR Reporting Year:** Enter the amount (as an exact dollar figure) that your organization spent with SDP partner(s) during UFR reporting year.
 - **Committed Amount in Current Fiscal Year:** Enter the amount (as an exact dollar figure) your organization is committed to spend with SDP partner(s) during the current Fiscal Year.

Additional Resources

- More information about the Supplier Diversity Program (SDP) is available at www.mass.gov/sdp
- More information about supplier diversity certifications is available at www.mass.gov/sdo

UFR - FY 2024

AUDIT SERVICES CHECKLIST & CERTIFICATION
(To Be Completed by Contractor)

YES NO

I. Federal Funds:

- a. Is this provider subject to OMB Circular A-110?
b. If yes, were audit services acquired through solicitation of bids or competitively procured, as required under A-110?
c. Was the independent auditor selected and engaged by the provider's audit committee Board of Directors, Board of Trustees or owner?

II. Training Requirements:

- Has the person responsible for directing your audit submitted a letter representing completion of the following:
a. Completion of the continuing education and training requirements for performing government audits?
b. Being in the process of completing training requirements:

III. Experience/Qualifications:

- a. The person responsible for directing your audit has provided a letter representing the completion of the following number of government audits:
b. The Board of Public Accountancy has the following information about the audit firm:
c. The Operational Services Division has taken the following action against the audit firm:
d. The external quality control review of the audit firm indicates:

IV. Audit Services:

The contract with the audit firm for UFR audit is for a term of 1 year

V. Certification

All the management representations made in the financial statements and schedules of the UFR and the statements made in answering the above questions are, to the best of my knowledge, true and accurate.

Signed: [Signature]

Under pains and penalties of perjury
Executive Director

To my knowledge, no person associated with my provider organization has threatened, pressured or otherwise suggested that the audit firm's services would be terminated if audit findings were written and included in the auditor's final report.

VALLEY COLLABORATIVE

Signed: [Signature]

Under pains and penalties of perjury
Executive Director



Central Administration

11 Executive Park Drive, N. Billerica, MA 01862 | Tel: (978) 528-7826 | www.valleycollaborative.org

We, the Board of Directors of Valley Collaborative, met on November 21, 2024 and have voted to recognize and accept the representations of management and the expression of opinions by Fritz DeGuglielmo LLC, Certified Public Accountants as embodied in the Basic Financial Statements, Supplementary and Subsidiary Financial Statements and Schedules and Independent Auditor's Reports contained in the Uniform Financial Statements and Independent Auditor's Report (UFR) for the period ended June 30, 2024.

In addition, we, the Board of Directors of Valley Collaborative, hereby certify under penalty of perjury that to the best of the board members' knowledge, all material related party relationships and transactions, as defined by 808 CMR 1.02 and generally accepted government auditing standards, and other representations made by management are accurate and have been correctly and completely disclosed as required in the notes to the financial statements and schedules of the UFR for the period ended June 30, 2024.

Jay Lang, Ed.D.

Title: Chair, Board of Directors

Date: 11/21/2024