

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

COMMISSIONER John J. Specia, Jr.

September 3, 2015

The Honorable LeeAnn Jones Panola County 110 South Sycamore, Room 216-A Carthage, Texas 75633

Subject: FFY 2016 – Title IV-E County Child Welfare Services Annual Review Contract Number 23939005

Dear Judge Jones:

Texas Department of Family and Protective Services (DFPS) must comply with federal regulations by conducting an annual review of your Title IV-E contract, which includes the following contract actions.

- Identifying the budget to be used for the new contract period.
- Ensuring documentation of the most current signature designation authority as documented on Form 2031, Signature Authority Designation.
- Obtaining a current Form 4734 Federal Funding Accountability and Transparency Act (FFATA) Certification.

Attached are the documents required to be maintained.

- Budget Form 2030CWIVE
 - Please sign, date and return the Budget Form.
- Federal Funding Accountability and Transparency Act (FFATA) Certification Form 4734
 - o Complete and return Form 4734.
- Signature Authority Designation, Form 2031

Complete and return only if the signature authority has changed.

Return the completed Form 2030CWIVE, Form 4734, and Form 2031 (if any changes) to me by email at <u>julia.conner@dfps.state.tx.us</u> or by fax at 512-276-3080. Keep the originals for your contract record.

If you have any questions regarding the proper completion of the enclosed documents, please contact me at 936-569-5335 or via email at the address above.

Sincerely,

Julia Conner, CTCM Contract Manager

Enclosure(s): Budget for Title IV-E County Child Welfare Services (Form 2030CWIVE), Signature Authority Designation (Form 2031), Federal Funding Accountability and

Transparency Act (FFATA) Certifications, (Form 4734)

Budget for Title IV-E County Child Welfare Services Contract

K909-Form 2030CWIVE August 2014

Summar	y in the second					
	Pano	la				
Co	23939005					
Budge	t Effective Date:	10/1/2015 - 9	0/30/2016			
Cost Category	Estimated Total Expenses Allocable to Title IV-E	Total Anticipated Federal Reimbursement	Total Anticipated County Match			
A. Administration	3 4 × × × ×					
A.1. Direct Materials and Supplies	\$0.00	\$0.00	\$0.00			
A.2. Direct Other Costs	\$0.00	\$0.00	\$0.00			
Total Administration	\$0.00	\$0.00	\$0.00			
B. Training						
B.1. Title IV-E Training (75%)	\$400.00	\$81.82	\$318.18			
Total Training		\$81.82	\$318.18			
C. Supplemental Foster Care Maintenance (SFCM)	¢16.550.00	\$0.455.00	¢7.004.00			
Total SFCM	\$16,550.00	\$9,455.02	\$7,094.99			
Grand Total	\$16,950.00	\$9,536.83	\$7,413.17			
*Estimated Federal Reimbursement for expenses based on Eligible Population Rate (EPR) during 3rd quarter of the preceding fiscal year:						
* Estimated Federal Reimbursement for Supplemental Foster Ca	Actual reimbursement will be based on EPR in effect for the county during the month in which expenses were incurred. * Estimated Federal Reimbursement for Supplemental Foster Care Maintenance expenses based on Federal Medicaid Assistance Percentage (FMAP) rate in effect during preceding fiscal year:					
Actual reimbursement will be based on FMAP rate in effect at the tim	e reimbursement is	s made to contractor.				
Signature LeeAnn Jones, County Judge Printed Name & Title	<u>ification</u>	Q-/4-/5 Date				

Budget for Title IV-E County Child Welfare Services Contract

K909-Form 2030CWIVE August 2014

	stration ials and Supplie	s	
	County:		nola
Co	ntract Number:	2393	9005
Budge	t Effective Date:	10/1/2015	- 9/30/2016
Materials and Supplies (description)	Estimated Total Expense	Anticipated Federal Reimbursement (estimated ERA x 50% FFP)	Anticipated County Match
None anticipated at this time.		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
Total Direct Materials and Supplies	\$0.00	\$0.00	\$0.00

^{*} estimated total cost for Title IV-E related activities

Note Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc http://www.dfps.state.tx.us/handbooks/Title_IVE_County/default_jsp

Budget for Title IV-E County Child Welfare Services Contract

K909-Form 2030CWIVE August 2014

International Company of the Company	ninistration ect Other Costs		
	County:	Pan	iola
Col	ntract Number:	2393	9005
Budget	Effective Date:	10/1/2015 -	9/30/2016
Other Costs (description)	Estimated Total Expense*	Anticipated Federal Reimbursement (estimated EPR x 50% FFP)	Anticipated County Match
None anticipated at this time.		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
Total Direct Other Costs	\$0.00	\$0.00	\$0.00

^{*} estimated total cost for Title IV-E related activities

Note Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc http://www.dfps.state.tx.us/handbooks/Title IVE County/default isp

Budget for Title IV-E County Child Welfare Services Contract

Texas Dept of Family and Protective Services

1000				10 g 5			8	\$0.00	\$0 00	\$0.00	\$0 00	\$0.00	\$0.00	\$0.00	18
				Anticipated County Match			\$318.18	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$318.18
				Anticipated Federal Reimbursement (estimated EPR x 75% EFP)			\$81.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0 00	\$81 82
	:			Estimated Total	traınıng.		\$400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0 00	\$0 00	\$400 00
] 			Number of Employees Attending	Funds prior to		2								
(75%)				Subtotal	oval by Federal		\$200 00	\$0.00	\$0 00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
B.1. Title IV-E Training (75%)				Transportation (amount allocable to Title, IV-E)	JFPS for review/appr		\$50.00								Total Training
B.1. 7	Panola	9005	10/1/2015 - 9/30/2016	Meals* (amount) allocable to Title (VEE)	e submitted to [\$50.00		·						
	_	2393900		Lodging* (amount allocable to Title IV:E)	on Form must b		\$100.00								
	County:	Contract Number:	Budget Effective Date:	Registration* (amount allocable to Tritle IV-E)	nse Documentativ		\$0.00								
		Con	Budget I	Training (Description and Title)	NOTE: Form 9321 Training Expense Documentation Form must be submitted to DFPS for review/approval by Federal Funds prior to training	Title IV-E related training for Child Welfare Board	Members								

* estimated amount allocable to Title IV-E

Note Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc. http://www.dfps.state.tx.us/handbooks/Title_IVE_County/default_isp

Budget for Title IV-E County Child Welfare Services Contract

K909-Form 2030CWIVE August 2014

C. Supplemental Foster Care Maintenance (SFCM)					
	County:	Par	Panola		
Co	ntract Number:	23939005			
Budge	t Effective Date:	10/1/2015 -	- 9/30/2016		
Other Costs (description)	Estimated Total Expense	Anticipated Federal Reimbursement (estimated FMAP)	Anticipated County Match		
Allowances	\$6,000.00	\$3,427.80	\$2,572.20		
Clothing	\$4,750.00	\$2,713.68	\$2,036.33		
Gifts	\$2,800.00	\$1,599.64	\$1,200.36		
Graduation Expenses	\$500.00	\$285.65	\$214.35		
Personal Items	\$500.00	\$285.65	\$214.35		
School Supplies	\$2,000.00	\$1,142.60	\$857.40		
Reasonable Child Specific Travel	\$0.00	\$0.00	\$0.00		
Total Direct Other Costs	\$16,550.00	\$9,455.02	\$7,094.99		

^{*} estimated total cost for Title IV-E related activities

Note Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc http://www.dfps.state.tx.us/handbooks/Title IVE County/default jsp

Budget for Title IV-E County Child Welfare Services Contract

K909-Form 2030CWIVE August 2014

Contract Numb	er: 23939005	
Coun	nty: Panola	
Budget Narrative		

Budget Effective Date: 10/1/2015 - 9/30/2016

A. Administration

A.1. Direct Materials and Supplies

None anticipated at this time.

A.2. Direct Other Costs

None anticipated at this time.

B. Training

B.1. Title IV-E Training (75%)

Title IV-E related training and conferences related to provision of services to children in foster care for Child Welfare Board members and foster/adoptive parents.

C. Supplemental Foster Care Maintenance (SFCM)

Expenses may include allowances, clothing, gifts, graduation expenses, personal items, school supplies, and reasonable child specific travel for Title IV-E eligible children in foster care.

FFATA Certifications

Form 4734 September 2014

The Federal Funding Accountability and Transparency Act (FFATA) certifications enumerated below represent material facts upon which DFPS relies when reporting information to the federal government required under federal law. If the Department later determines that the Contractor knowingly rendered an erroneous certification, DFPS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DFPS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. If the Signer cannot certify all of the statements contained in this section, Signer must provide written notice to DFPS detailing which of the below statements it cannot certify and why.

<u>why</u> .
Grant Award Number: PAC 271
Catalog of Federal Domestic Assistance Number (CFDA): 93.658
Did your organization complete the System for Award Management (SAM) registration? Yes No
Catalog Federal Domestic Assistance (CFDA) Annual Grant Document Number: PAC 271
Enter Your Dun & Bradstreet (D&B) DUNS Number, and its parent if applicable: 10 273 930 2
Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year? Yes No NA (if entity does not generate income)
If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification. If your answer is "No" or N/A, answer questions "A" and "B".
A. Certification Regarding % of Annual Gross from Federal Awards.
Did your organization receive 80% or more of its annual gross income from federal awards in the previous tax year? \square Yes \square No
B. Certification Regarding Amount of Annual Gross from Federal Awards.
Did your organization receive \$25 million or more in annual gross income from federal awards in the previous tax year? Yes No
If your answer is "Yes" to both question "A" and "B", you must answer question "C". If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.
C. Certification Regarding Public Access to Compensation Information.
Does the public have access to information about the compensation [17 CFR 229.402(c)(2)] of the senior executives (e.g., officers, managing partners, or any other employees in management positions) in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? \square Yes \square No \square N/A (if entity reports through some other means, state how:

FFATA Certifications

Form 4734 September 2014

If your answer is "No" you must provide compensation information to DFPS for FFATA reporting. If N/A, you may still be required to supply compensation information pending DFPS or federal awarding agency approval.

B	contractor en	try columns	E	F	G	'Н	contractor entry column	
Contractor DUNS number	Contractor DUNS+4 digits as applicable	Primary City	Primary State	9 character zip code	Primary Country	DFPS Contract Number	Contractor Compensated Amount	Contractor Legal Name
							John Brown:50000;	,
						529-11-	Mary Rudd·50000; Eric Landon.40000 0; Todd Parker.300000 ,Sally	
				08734123		0001-	Thompson:300	Henderson
008517104	1234	LongTree	TX	4	USA USA	00001	000	Clinic
	 		<u> </u>	 	USA			
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FFATA Certifications

Form 4734 September 2014

As the duly authorized representative (Signatory) of the Contractor named below, I hereby certify that the responses that I have provided to the questions in this certification form are true, complete and correct to the best of my knowledge.

LeeAnn Jones	Lecana Jones
Printed Name of Authorized Representative	Signature of Authorized Representative
County Judge	9-14-15
Title of Authorized Representative	Date
Panola County	23939005
Legal Name of Contractor	Contract Number

Signature Authority Designation

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Form 2031 September 2014

All Contractors/Potential Contractors are required to fill out and submit this form.

Completion of this form de	esignates signature authority	for Contractor: Panola County	
		e authority by including the addi the only signature authority des	
authority during the term of		uty to notify DFPS in writing of a ne Contractor verifies that the signathority.	
LeeAnn Jones		Loollyn -	A mes
Printed Name	· 	Signature of Authorized R	
County Judge		4-13-15	
Title of Authorized Represe	entative	Date	
Panola County		23939005	
Legal Name of Contractor/	Potential Contractor	Contract or Procurement N	Number
	he contract functions as indic	above has authorized the following the sated. Please note that both the	
Sidney Burns	County Auditor	Financial documents	Sung Dur
Printed Name	Title	Function	Signature /
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature
I certify that the person(s) the signatures are valid. any changes to the above	I further understand that it is	ted as "Authorized Official(s)" fo my responsibility to immediately	r the purpose stated and that y notify the DFPS in writing of
LeeAnn Jones, County Ju		_ sellan	Amos
	Title of Contract Signatory	Signature	(/

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Texas Dept. of Family and Protective Services

Signature Authority Designation

Form 2031 September 2014

All Contractors/Potential Contractors are required to fill out and submit this form.

Completion of this for	m designates signature au	thority for Contractor:	
name and title; or (2)	verify that the signature be	low is the only signature authori	e additional signature authority's tv_designated_for_contracting with this form if
The Contractor undersauthority during the te complete, true and co	stands that there is an ong rm of the contract with DF rrect representation of sign	oing di spul need to m PS. The the one signed	atte changes to ature at 4/13/15. Gulin a
Printed Name		Signature of Authori	zed Representative
Title of Authorized Rep	presentative	Date	
Legal Name of Contra	ctor/Potential Contractor	Contract or Procurer	ment Number
	on the contract functions a		ollowing person(s) listed below to oth the printed name and signature
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature
	d. I further understand th		(s)" for the purpose stated and that diately notify the DFPS in writing of
Printed or Typed Nam	ne & Title of Contract Signa	atory Signature	