



TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

COMMISSIONER
H L Whitman, Jr.

August 24, 2017

The Honorable Lee Ann Jones
Panola County
110 South Sycamore, Room 261-A
Carthage, Texas 75633

RE: FFY 2018-Title IV-E County Child Welfare Services: Contract #23939005

Dear Judge Jones:

DFPS must maintain up-to-date contract records and is conducting a contract file review that includes the following:

- Risk Analysis: DFPS must ensure that current areas of associated risk to the agency are annually identified and contract monitoring activities appropriately prioritized by level of risk.
- Budget to be used for the new contract period. This may include obtaining and approving a revised budget or confirmation of the continued use of the most current budget.
- Federal Funding Accountability and Transparency Act (FFATA) Certification

The document records that are required to be updated and maintained are attached.

- **Form 9105:** Risk Analysis Questionnaire (RAQ)
 - Complete and return Form 9105. Contract staff must complete an annual risk assessment. The Risk Analysis Questionnaire provides staff with information necessary to perform a current and accurate assessment.



9105_FY18 doc

- **Form 2030:** Budget for Purchase of Service Contracts



Copy of
2030CWIVEFY18 Pan

- **Form 4734:** Federal Funding Accountability and Transparency Act (FFATA) Certification



4734 FFATA
Certification.doc

It is important that you review the enclosed documents thoroughly, sign and return the attached forms to me at the following address:

Email: shelia.crocker@dfps.state.tx.us

If you have any questions regarding the proper completion of the enclosed documents contact me at (936)569-5335

Please return the applicable forms within two (2) weeks of receiving this correspondence.

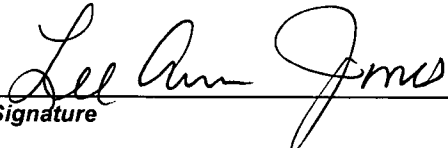
Respectfully,

Shelia Crocker

\\: Shelia Crocker
Contract Manager

Enclosures: Forms 9105, 2030, 4734

**Budget for Title IV-E
County Child Welfare Services Contract**

Summary			
		County:	Panola
		Contract Number:	23939005
		Budget Effective Date:	10/1/2017-9/30/2018
Cost Category	Estimated Total Expenses Allocable to Title IV-E	Total Anticipated Federal Reimbursement	Total Anticipated County Match
A. Administration			
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	\$50 40	\$349 60
Total Training	\$400 00	\$50 40	\$349 60
C. Supplemental Foster Care Maintenance (SFCM)			
Total SFCM	\$16,550 00	\$9,297 79	\$7,252 21
Indirect Cost Base	\$0 00	\$0 00	\$0 00
Grand Total	\$16,950.00	\$9,348.19	\$7,601.81
<p>*Estimated Federal Reimbursement for expenses based on Eligible Population Rate (EPR) during 3rd quarter of the preceding fiscal year:</p> <p>Actual reimbursement will be based on EPR in effect for the county during the month in which expenses were incurred</p>			<p>21.341%</p>
<p>* Estimated Federal Reimbursement for Supplemental Foster Care Maintenance expenses based on Federal Medicaid Assistance Percentage (FMAP) rate in effect during preceding fiscal year:</p> <p>Actual reimbursement will be based on FMAP rate in effect at the time reimbursement is made to contractor</p>			<p>56.88%</p>
<p>Indirect Cost Rate, if applicable (attach a copy of the approved Certificate of Indirect Costs):</p>			<p>0.000%</p>
<u>Contractor Certification</u>			
		<p align="right">8-28-17</p>	
<p>Signature</p>		<p>Date</p>	
<p>Lee Ann Jones, County Judge</p>			
<p>Printed Name & Title</p>			

**Budget for Title IV-E
County Child Welfare Services Contract**

Administration			
A.1 Direct Materials and Supplies			
		County:	Panola
		Contract Number:	23939005
		Budget Effective Date:	10/1/2017-9/30/2018
Materials and Supplies (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	\$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**

Administration			
A. 2 Direct Other Costs			
		County:	Panola
		Contract Number:	23939005
		Budget Effective Date:	10/1/2017-9/30/2018
Other Costs (description)	Estimated Total Expense*	Anticipated Federal Reimbursement (estimated EPR x 50% FFP)	Anticipated County Match
None 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_IV-E_County/default.jsp

**Budget for Title IV-E
County Child Welfare Services Contract**

B. Training

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

County: Panola

Contract Number: 23939005

Budget Effective Date: 10/1/2017-9/30/2018

Training (Description and Title)	Registration* (amount allocable to Title IV-E)	Lodging* (amount allocable to Title IV-E)	Meals* (amount allocable to Title IV-E)	Transportation (amount allocable to Title IV-E)	Subtotal	Number of Employees Attending	Estimated Total Expense*	Anticipated Federal Reimbursement (estimated EPR x 75% FFP)
NOTE: Form 9321 Training Expense Documentation Form must be submitted to DFPS for review/approval by Federal Funds prior to training.								
Title IVE training for CWB Me	\$0.00	\$100.00	\$50.00	\$50.00	\$200.00	2	\$400.00	\$50.40
					\$0.00		\$0.00	\$0.00
					\$0.00		\$0.00	\$0.00
					\$0.00		\$0.00	\$0.00
					\$0.00		\$0.00	\$0.00
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					\$0.00		\$0.00	\$0.00
					\$0.00		\$0.00	\$0.00
					\$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 Training							\$400.00	\$50.40

* 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_IV_E_County/default.jsp

**Budget for Title IV-E
County Child Welfare Services Contract**

C. Supplemental Foster Care Maintenance (SFCM)			
		County:	Panola
		Contract Number:	23939005
		Budget Effective Date:	10/1/2017-9/30/2018
Other Costs (description)	Estimated Total Expense*	Anticipated Federal Reimbursement (estimated FMAP)	Anticipated County Match
Allowances	\$6,000.00	\$3,412.80	\$2,587.20
Clothing	\$4,750.00	\$2,701.80	\$2,048.20
Daycare	\$0.00	\$0.00	\$0.00
Gifts	\$2,800.00	\$1,592.64	\$1,207.36
Graduation Exoenses	\$500.00	\$284.40	\$215.60
Perosnal Items	\$500.00	\$284.40	\$215.60
School Supplies	\$2,000.00	\$1,137.60	\$862.40
Reasonable Child Specific Travel	\$0.00	\$0.00	\$0.00
Total Direct Other Costs	\$16,550.00	\$9,413.64	\$7,136.36

* 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_IV_E_County/default.jsp

**Budget for Title IV-E
County Child Welfare Services Contract**

Budget Narrative

County: Panola

Contract Number: 23939005

Budget Effective Date: 10/1/2017-9/30/2018

Clearly describe each expense to be incurred and billed to this contract. Refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc. http://www.dfps.state.tx.us/handbooks/Title_IV-E_County

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 conference 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, daycare, gifts, graduation expenses, personal items, school supplies and reasonable child specific travel for Title IV-E eligible children in foster care

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.**

Enter your organization's Dun & Bradstreet (D&B) DUNS Number: **102739302**
Enter the parent DUNS Number, if applicable:

Did your organization have gross income, from all sources, of less than \$300,000 in your previous tax year?
Yes **No** **N/A** (if entity does not generate income)
If your answer is **Yes**, skip Parts **A**, **B**, **C**, and **D** and complete Part **E**.
If your answer is **No** or **N/A**, complete Parts **A** and **B**.

Part 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?
Yes **No**

Part 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 **A** and **B**, you must complete Part **C**.
If your answer is **No** to either **A** or **B**, skip Part **C** and go to Part **D**.

Part 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?
Yes **No** **N/A** (if entity reports through some other means, state how:)
If your answer is **Yes**, skip Part **D** and complete Part **E**.
If your answer is **No**, you must provide compensation information to DFPS for FFATA reporting in Part **D**.
If **N/A**, you may still be required to supply compensation information pending DFPS or federal awarding agency approval. Skip Part **D** until requested by DFPS to supply compensation information and proceed to complete Part **E**.

Part D. Certification Regarding Executive Compensation

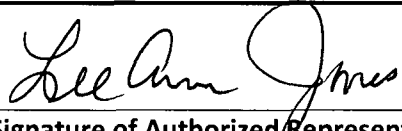
The Names and Total Compensation of the top five (5) executives if:

- More than 80% of annual gross revenues from the Federal government,
- Those revenues are greater than \$25M annually, and
- Compensation information is not already available through reporting to the SEC.

Contractor Executive Names	Total Compensation

Part E. General FFATA Certification

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.

<u>LeeAnn Jones</u> Printed Name of Authorized Representative	<u></u> Signature of Authorized Representative
<u>County Judge</u> Title of Authorized Representative	<u>8-28-17</u> Date
<u>Panola County</u> Legal Name of Contractor <i>(Subawardee Name)</i>	<u>23939005</u> Contract Number <i>(Subaward Number)</i>
<u>Carthage</u> Primary City <i>(Subawardee Principal Place of Performance)</i>	<u>Texas</u> <u>75633</u> State 9-Character Zip Code <i>(Zip +4)</i>

This Section For DFPS Use Only

Contract Manager Information

Name Shelia Crocker Phone 936-569-5335

Department CPS Regional Contracts Region 4/5

Email shelia.crocker@dfps.state.tx.us

This Section For DFPS Use Only (continued)

Federal Funding Agency:			
CFDA Program #:			
Contract Start Date: <i>(Subaward Obligation/Action Date)</i>		Contract End Date:	
Total Amount of Contract: <i>(Amount of Subaward)</i>			
HCATS Subject: <i>(Program Source)</i>			
HCATS Purpose: <i>(Subaward Project Description)</i>			

Risk Analysis Questionnaire FY 2018

Legal Name of Contractor:	Panola County	Contract Number:	23939005 (Child Welfare)
Please provide the person's name, title, and number to contact for questions or if additional information is needed		Contact Name & Title LeeAnn Jones, County Judge Contact Phone Number 903-693-0320	

Active Contracts & Payment Types

1 Do you currently have other active contracts with DFPS or any other entity either within or outside of Texas [Federal, State (ISD, University), County, or Private Business]?

Yes No

If yes, please provide the entity name, contract number(s), and indicate which of the following payment types is utilized for the contract

Fixed Price	Fixed price is a deliverables-based payment type for a contract with a firm agreed-upon price for the delivery of goods and services
Cost Reimbursement	Payment type that reimburses contractors for actual, allowable, reasonable, and necessary expenditures incurred up to an approved amount and within the associated cost categories in the approved budget and budget narrative
Fee For Service	Contractor is paid a standard fee per unit of service Typically, rates are either negotiated with the individual vendor and apply only to that vendor or there is a uniform rate that is paid to all vendors providing the service This rate-based payment type is used when an independent rate setting process does not exist for the contracted service
Rate-Set Payments	Contractor is paid a set rate per unit of service A rate setting process where the rate is approved by the Health and Human Services Commission (HHSC) or another agency with rate setting authority The resulting rate is applied to the purchase of specifically defined units of service
Blended Foster Care Rate	The blended foster care rate is the HHSC-developed rate equal to the weighted average rate across all placement types that DFPS pays under a Single Source Continuum Contract for each day of service provided to a child or youth in paid foster care
Blended Foster Care Case Rate	The blended foster care case rate is the rate paid under a Single Source Continuum Contract for each day of service provided to each child or youth as measured against an established length of stay baseline formulated by HHSC for each defined age category or "strata" of children/youth
Exceptional Foster Care Rate	An exceptional foster care rate applies to a limited number of situations and/or days under a Single Source Continuum Contract where a child requires extraordinary care
Day (24 hour)	Usually for residential services This is the rate paid to the provider for each 24-hour period that a DFPS client is in a provider's care
Other	Any other payment type not defined above

Entity Name	Contract Number	Payment Type
Multiple CR, CR w/match, see		
Audit, Schedule of Expenditures		
of Federal Awards		

Independent Audits

2 Is your business entity required to undergo an independent audit? Yes No

If yes, please identify the authority requiring the audit Texas Local Government Code, Section 114 025

3 How long has it been since your last independent audit (e g , Annual Financial Statement audit, Compliance audit) was completed by an independent auditor, including other state/federal agencies such as the State Auditor's Office (SAO) or the Office of Inspector General (OIG)? (Note Monitoring activities conducted by another state agency are not considered independent audits for this purpose)

Within 21 Months Within 22-34 Months 35 Months or More No Audit Completed Provide a copy of the most recent independent audit, if applicable

Additional Information

RAI Factor #9

Related Party Transactions

4 Disclose the type of business transactions (compensated or not) that occur between your business entity and any related party For purposes of this question, related party refers to

- a) A family member (including blood, marriage, or adoption),
- b) A member of the Board of Directors,
- c) Stockholders with >5% Ownership,
- d) Key Employees Paid Separately for Other Responsibilities (e g , consulting services, not direct employees),
- e) Parent/Subsidiaries, or
- f) Organizations Under Common Ownership or Control (excluding routine relationships for an LLC)

Transactions include business activities such as purchasing or leasing (e g , a building, a computer, or a vehicle) and/or obtaining a service (e g , legal services, accounting services, banking services)

Non-Compensated Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compensated, Non-Recurring Goods, Services, or Labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compensated, Recurring Goods, Services or Labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compensated Goods, Services, or Labor w/ Uniform Rate Uniform, Set Rate that Applies to All Contracts for the Service	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compensated Consulting or Management Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compensated Building Leasing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Compensated Transportation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
For-Profit Affiliated with Non-Profit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owned/Operated by Same or Related Entity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Parent/Subsidiary Relationship	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

RAI Factor #8

Subcontractors

5 Indicate the percentage of work performed by subcontractors for the contracted service (as allowable by the contract)

- No Subcontractor Involvement
- Subcontractors Account for 50% or Less of Work Performed
- Subcontractors Account for More than 50% of Work Performed

RAI Factor #14

Key Management Staff

For purposes of this question, key management staff may include individuals with titles such as Executive Director, President, Sole Proprietor, Comptroller, Chief Financial Officer, Manager, or Program Director

6 Has there been a change in any key management staff at your business organization within the past two years?

Yes No

If Yes, has the change been within the past 24 months? Yes No

7 Indicate whether or not key management staff have at least two years' worth of experience providing fiscal or programmatic components of the contracted service (even if not with the same business entity)

Fiscal components refer to the financial aspect of the contract

Programmatic components refer to the service delivery side of the contract, such as ensuring that services are provided to clients, monitoring the quality of the service delivery, complying with the service provisions in the contract

Executive Director, Sole Proprietor, President or Equivalent	<input type="checkbox"/> Less than 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input type="checkbox"/> At least 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input checked="" type="checkbox"/> At least 2 years with fiscal <u>and</u> programmatic components of federal and/or state contracted programs
Accounting Director, Comptroller, Chief Financial Officer, Business Manager, etc.	<input type="checkbox"/> Less than 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input type="checkbox"/> At least 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input checked="" type="checkbox"/> At least 2 years with fiscal <u>and</u> programmatic components of federal and/or state contracted programs
Program Director, Program Coordinator or Equivalent	<input type="checkbox"/> Less than 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input type="checkbox"/> At least 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input checked="" type="checkbox"/> At least 2 years with fiscal <u>and</u> programmatic components of federal and/or state contracted programs

RAI Factor #16

Direct Delivery Staff

8 Has there been a significant change in direct delivery staff at your business organization within the preceding year?

Yes No

9 Please indicate the average level of experience that direct delivery staff at your organization have in providing the contracted service

0 - 23 months 24 - 59 months 60 or more months

RAI Factor #17

Internal Controls

10 Does your business organization have any outstanding liabilities or litigations?

Yes No

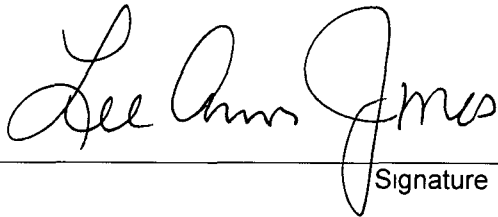
If Yes, Describe Claimant William Hudnall related to allegations about ownership on possession of land. Similar lawsuits from this family have been filed previously and nothing came of it. It is believed that claims in this suit have no merit and will result in no liability.

RAI Factor #7

CERTIFICATION

This form must be signed by an individual with documented signature authority, as designated by the business entity

I HEREBY CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THE INFORMATION REPORTED HEREIN IS TRUE, CORRECT, AND COMPLETE



Signature

8-28-17

Date

LeeAnn Jones
Printed Name

County Judge
Title