

# PANOLA COUNTY SHERIFF'S OFFICE

Office: 903-693-0333  
Fax: 903-693-9366



314 W. Wellington  
Carthage, Texas 75633

February 3, 2025

**Sheriff Cutter Clinton**

The Honorable Rodger McLane  
Panola County Judge  
110 S. Sycamore  
Carthage, Texas 75633

Dear Judge McLane,

Please add the following item(s) to the next scheduled meeting of the Panola County Commissioner's Court:

Please record the retirement of Ronnie Endsley as a Deputy Sheriff for the Panola County Sheriff's Office effective February 13, 2025.

Please record the appointment of Ronnie Endsley as a Reserve Deputy Sheriff for the Panola County Sheriff's Office effective February 14, 2025.

Sincerely,

A handwritten signature in black ink that reads "Cutter Clinton".

Cutter Clinton  
Sheriff

CC/lw  
CC: Jennifer Stacy  
Joni Reed

**Honesty, Integrity, Service**

# County of Panola



*Jeff Ivy*

*Constable Precincts 1 & 4  
314 W Wellington Street  
Carthage, Texas 75633*

January 29, 2024

The Honorable Judge Rodger McLane

Panola County Judge

110 S. Sycamore St.

Carthage, Texas 75633

Dear Judge McLane,

Please add the following item(s) to the next scheduled meeting of the Panola County Commissioner's Court meeting, February 11, 2025:

Please record the following information pursuant to SB1074 (Racial Profiling). The following information is for the year 2024. The Constable's Office is required to report this information before March 1<sup>st</sup> of every year.

Sincerely,

A handwritten signature in cursive script that reads "Jeff Ivy".

Jeff Ivy

Constable 1&4

# Racial Profiling Report | Full

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Agency Name: PANOLA CO. CONST. PCT. 1

Reporting Date: 01/22/2025

TCOLE Agency Number: 365101

Chief Administrator: JEFFERY R. IVY

Agency Contact Information:

Phone: (903) 693-0300

Email: jeff.ivy@co.panola.tx.us

Mailing Address:

314 W. Wellington St.

CARTHAGE, TX 75633

This Agency filed a full report

PANOLA CO. CONST. PCT. 1 has adopted a detailed written policy on racial profiling. Our policy:

- 1) clearly defines acts constituting racial profiling;
- 2) strictly prohibits peace officers employed by the PANOLA CO. CONST. PCT. 1 from engaging in racial profiling;
- 3) implements a process by which an individual may file a complaint with the PANOLA CO. CONST. PCT. 1 if the individual believes that a peace officer employed by the PANOLA CO. CONST. PCT. 1 has engaged in racial profiling with respect to the individual;
- 4) provides public education relating to the agency's complaint process;
- 5) requires appropriate corrective action to be taken against a peace officer employed by the PANOLA CO. CONST. PCT. 1 who, after an investigation, is shown to have engaged in racial profiling in violation of the PANOLA CO. CONST. PCT. 1 policy;
- 6) requires collection of information relating to motor vehicle stops in which a warning or citation is issued and to arrests made as a result of those stops, including information relating to:
  - a. the race or ethnicity of the individual detained;
  - b. whether a search was conducted and, if so, whether the individual detained consented to the search;
  - c. whether the peace officer knew the race or ethnicity of the individual detained before detaining that individual;
  - d. whether the peace officer used physical force that resulted in bodily injury during the stop;
  - e. the location of the stop;
  - f. the reason for the stop.
- 7) requires the chief administrator of the agency, regardless of whether the administrator is elected, employed, or appointed, to submit an annual report of the information collected under Subdivision (6) to:
  - a. the Commission on Law Enforcement; and
  - b. the governing body of each county or municipality served by the agency, if the agency is an agency of a county, municipality, or other political subdivision of the state.

The PANOLA CO. CONST. PCT. 1 has satisfied the statutory data audit requirements as prescribed in Article 2.133

(c), Code of Criminal Procedure during the reporting period.

Executed by: JEFF IVY  
CONSTABLE

Date: 01/22/2025

# Total stops: 19

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**Street address or approximate location of the stop**

City street	0
US highway	3
County road	4
State highway	12
Private property or other	0

**Was race or ethnicity known prior to stop?**

Yes	1
No	18

**Race / Ethnicity**

Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	4
White	15
Hispanic / Latino	0

**Gender**

<b>Female</b>	<b>5</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	1
White	4
Hispanic / Latino	0
<b>Male</b>	<b>14</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	3
White	11
Hispanic / Latino	0

**Reason for stop?**

<b>Violation of law</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0

Hispanic / Latino	0
<b>Preexisting knowledge</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Moving traffic violation</b>	<b>10</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	2
White	8
Hispanic / Latino	0
<b>Vehicle traffic violation</b>	<b>9</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	2
White	7
Hispanic / Latino	0
<b>Was a search conducted?</b>	
<b>Yes</b>	<b>5</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	2
White	3
Hispanic / Latino	0
<b>No</b>	<b>14</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	2
White	12
Hispanic / Latino	0
<b>Reason for Search?</b>	
<b>Consent</b>	<b>4</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	1
White	3

Hispanic / Latino	0
<b>Contraband</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Probable</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Inventory</b>	<b>1</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	1
White	0
Hispanic / Latino	0
<b>Incident to arrest</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0

**Was Contraband discovered?**

<b>Yes</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>No</b>	<b>5</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	2
White	3
Hispanic / Latino	0

**Did the finding result in arrest?**  
(total should equal previous column)

Yes	0	No	0
Yes	0	No	0
Yes	0	No	0
Yes	0	No	0
Yes	0	No	0

<b>Description of contraband</b>	
<b>Drugs</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Weapons</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Currency</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Alcohol</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Stolen property</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Other</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Result of the stop</b>	
Verbal warning	<b>0</b>



Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Written warning</b>	<b>18</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	3
White	15
Hispanic / Latino	0
<b>Citation</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Written warning and arrest</b>	<b>1</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	1
White	0
Hispanic / Latino	0
<b>Citation and arrest</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Arrest</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Arrest based on</b>	
<b>Violation of Penal Code</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0

Black	0
White	0
Hispanic / Latino	0
<b>Violation of Traffic Law</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Violation of City Ordinance</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Outstanding Warrant</b>	<b>1</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	1
White	0
Hispanic / Latino	0

**Was physical force resulting in bodily injury used during stop?**

<b>Yes</b>	<b>0</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0
<b>Resulting in Bodily Injury To:</b>	
Suspect	0
Officer	0
Both	0
<b>No</b>	<b>19</b>
Alaska Native / American Indian	0
Asian / Pacific Islander	0
Black	0
White	0
Hispanic / Latino	0

**Number of complaints of racial profiling**

Total	0
Resulted in disciplinary action	0
Did not result in disciplinary action	0

**Comparative Analysis**

Use TCOLE's auto generated analysis	<input checked="" type="checkbox"/>
Use Department's submitted analysis	<input type="checkbox"/>

**Optional Narrative**

N/A

Submitted electronically to the



The Texas Commission on Law Enforcement

# Racial Profiling Analysis Report

## PANOLA CO. CONST. PCT. 1

01. Total Traffic Stops:	19	
02. Location of Stop:		
a. City Street	0	0.00%
b. US Highway	3	15.79%
c. County Road	4	21.05%
d. State Highway	12	63.16%
e. Private Property or Other	0	0.00%
03. Was Race known prior to Stop:		
a. NO	18	94.74%
b. YES	1	5.26%
04. Race or Ethnicity:		
a. Alaska/ Native American/ Indian	0	0.00%
b. Asian/ Pacific Islander	0	0.00%
c. Black	4	21.05%
d. White	15	78.95%
e. Hispanic/ Latino	0	0.00%
05. Gender:		
a. Female	5	26.32%
i. Alaska/ Native American/ Indian	0	0.00%
ii. Asian/ Pacific Islander	0	0.00%
iii. Black	1	5.26%
iv. White	4	21.05%
v. Hispanic/ Latino	0	0.00%
b. Male	14	73.68%
i. Alaska/ Native American/ Indian	0	0.00%
ii. Asian/ Pacific Islander	0	0.00%
iii. Black	3	15.79%
iv. White	11	57.89%
v. Hispanic/ Latino	0	0.00%
06. Reason for Stop:		
a. Violation of Law	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	

# Racial Profiling Analysis Report

iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
b. Pre-Existing Knowledge	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
c. Moving Traffic Violation	10	52.63%
i. Alaska/ Native American/ Indian	0	0.00%
ii. Asian/ Pacific Islander	0	0.00%
iii. Black	2	20.00%
iv. White	8	80.00%
v. Hispanic/ Latino	0	0.00%
d. Vehicle Traffic Violation	9	47.37%
i. Alaska/ Native American/ Indian	0	0.00%
ii. Asian/ Pacific Islander	0	0.00%
iii. Black	2	22.22%
iv. White	7	77.78%
v. Hispanic/ Latino	0	0.00%
07. Was a Search Conducted:		
a. NO	14	73.68%
i. Alaska/ Native American/ Indian	0	0.00%
ii. Asian/ Pacific Islander	0	0.00%
iii. Black	2	14.29%
iv. White	12	85.71%
v. Hispanic/ Latino	0	0.00%
b. YES	5	26.32%
i. Alaska/ Native American/ Indian	0	0.00%
ii. Asian/ Pacific Islander	0	0.00%
iii. Black	2	40.00%
iv. White	3	60.00%
v. Hispanic/ Latino	0	0.00%
08. Reason for Search:		
a. Consent	4	21.05%

# Racial Profiling Analysis Report

i. Alaska/ Native American/ Indian	0	0.00%
ii. Asian/ Pacific Islander	0	0.00%
iii. Black	1	25.00%
iv. White	3	75.00%
v. Hispanic/ Latino	0	0.00%
b. Contraband in Plain View	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
c. Probable Cause	0	0.00%
ii. Alaska/ Native American/ Indian	0	
i. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
d. Inventory	1	5.26%
i. Alaska/ Native American/ Indian	0	0.00%
ii. Asian/ Pacific Islander	0	0.00%
iii. Black	1	100.00%
iv. White	0	0.00%
v. Hispanic/ Latino	0	0.00%
e. Incident to Arrest	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
09. Was Contraband Discovered:		
YES	0	0.00%
i. Alaska/ Native American/ Indian	0	
Finding resulted in arrest - YES	0	
Finding resulted in arrest - NO	0	
ii. Asian/ Pacific Islander	0	
Finding resulted in arrest - YES	0	
Finding resulted in arrest - NO	0	
iii. Black	0	

# Racial Profiling Analysis Report

Finding resulted in arrest - YES	0	
Finding resulted in arrest - NO	0	
iv. White	0	
Finding resulted in arrest - YES	0	
Finding resulted in arrest - NO	0	
v. Hispanic/ Latino	0	
Finding resulted in arrest - YES	0	
Finding resulted in arrest - NO	0	
b. NO	5	26.32%
i. Alaska/ Native American/ Indian	0	0.00%
i. Asian/ Pacific Islander	0	0.00%
iii. Black	2	40.00%
iv. White	3	60.00%
v. Hispanic/ Latino	0	0.00%
10. Description of Contraband:		
a. Drugs	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
b. Currency	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
c. Weapons	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
d. Alcohol	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	

# Racial Profiling Analysis Report

v. Hispanic/ Latino	0	
e. Stolen Property	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
f. Other	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
11. Result of Stop:		
a. Verbal Warning	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
b. Written Warning	18	94.74%
i. Alaska/ Native American/ Indian	0	0.00%
ii. Asian/ Pacific Islander	0	0.00%
iii. Black	3	16.67%
iv. White	15	83.33%
v. Hispanic/ Latino	0	0.00%
c. Citation	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
d. Written Warning and Arrest	1	5.26%
i. Alaska/ Native American/ Indian	0	0.00%
ii. Asian/ Pacific Islander	0	0.00%
iii. Black	1	100.00%
iv. White	0	0.00%
v. Hispanic/ Latino	0	0.00%



# Racial Profiling Analysis Report

e. Citation and Arrest	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
f. Arrest	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
12. Arrest Based On:		
a. Violation of Penal Code	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
b. Violation of Traffic Law	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
c. Violation of City Ordinance	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
d. Outstanding Warrant	1	5.26%
i. Alaska/ Native American/ Indian	0	0.00%
ii. Asian/ Pacific Islander	0	0.00%
iii. Black	1	100.00%
iv. White	0	0.00%
v. Hispanic/ Latino	0	0.00%

# Racial Profiling Analysis Report

## 13. Was Physical Force Used:

a. NO	19	100.00%
i. Alaska/ Native American/ Indian	0	0.00%
ii. Asian/ Pacific Islander	0	0.00%
iii. Black	0	0.00%
iv. White	0	0.00%
v. Hispanic/ Latino	0	0.00%
b. YES	0	0.00%
i. Alaska/ Native American/ Indian	0	
ii. Asian/ Pacific Islander	0	
iii. Black	0	
iv. White	0	
v. Hispanic/ Latino	0	
b 1. YES: Physical Force Resulting in Bodily Injury to Suspect	0	
b 2. YES: Physical Force Resulting in Bodily Injury to Officer	0	
b 3. YES: Physical Force Resulting in Bodily Injury to Both	0	

14. Total Number of Racial Profiling Complaints Received: 0

REPORT DATE COMPILED 01/22/2025

AT 8:05 O'CLOCK A M



FEB 12 2025

Liberty Mutual Surety  
Attention: LMS Claims  
P.O. Box 34526  
Seattle, WA 98124  
Phone: 206-473-6210  
Fax: 866-548-6837  
Email: HOSCL@libertymutual.com  
https://claims-intake.libertymutualsurety.com

**PUBLIC OFFICIAL BOND**  
BOBBIE DAVIS  
COUNTY CLERK, PANOLA COUNTY, TEXAS

BY B. Davis DEPUTY

No. 999376287

**KNOW ALL MEN BY THESE PRESENTS:**

That we Tina McMullen  
of 2480 FM 999, Gary, TX 75643

(Insert Full Name [top line] and Address [bottom line] of Principal)

, as Principal and The Ohio Casualty Insurance Company, a corporation organized and existing under the laws of the State of New Hampshire, (hereinafter called the Surety, are held and firmly bound unto Panola County Constable Pct 1&4

314 W Wellington St, Carthage, TX 75633

(Insert Full Name [top line] and Address [bottom line] of Obligee)

in the aggregate and non-cumulative penal sum of Two Thousand Dollars And Zero Cents (\$2,000.00) DOLLARS, for the payment of which, well and truly

to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

**WHEREAS**, the said Principal has been elected or appointed to (or holds by operation of law) the office of Reserve Deputy Constable Pct. 1&4 for a term beginning on December 31, 2024 and ending on December 31, 2025.

**Now, therefore, the condition of this Obligation is such** that if the said Principal shall well, truly and faithfully perform all official duties required by law of such official during the term aforesaid, then this obligation shall be void; otherwise it shall remain in full force and effect, subject to the following conditions:

First: That the Surety may, if it shall so elect, cancel this bond by giving thirty (30) days notice in writing to Panola County Constable Pct 1&4

314 W Wellington St, Carthage, TX 75633 and this bond shall be deemed canceled at the expiration of said thirty (30) days, the Surety remaining liable, however, subject to all the terms, conditions and provisions of this bond, for any act or acts covered by this bond which may have been committed by the Principal up to the date of such cancelation; and the Surety shall, upon surrender of this bond and its release from all liability hereunder, refund the premium paid, less a pro rate part thereof for the time this bond shall have been in force.

Second: That the Surety shall not be liable hereunder for the loss of any public moneys or funds occurring through or resulting from the failure of, or default in payment by, any banks or depositories in which any public moneys or funds have been deposited, or may be deposited, or placed to the credit, or under the control of the Principal, whether or not such banks or depositories were or may be selected or designed by the Principal or by other persons; or by reason of the allowance to, or acceptance by the Principal of any interest on said public moneys or funds, any law, decision, ordinance or statute to the contrary notwithstanding.

Third: That the Surety shall not be liable for any loss or losses, resulting from the failure of the Principal to collect any taxes, licenses, levies, assessments, etc., with the collection of which he may be chargeable by reason of his election or appointment as aforesaid.

SIGNED, SEALED and DATED January 10, 2025.

Tina McMullen

Tina McMullen

The Ohio Casualty Insurance Company



By: Timothy A. Mikolajewski  
Timothy A. Mikolajewski Attorney-in-Fact

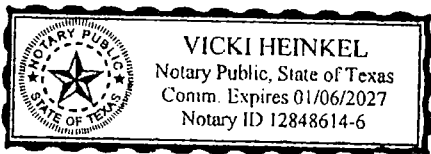
OATH OF OFFICE

STATE OF Texas }  
County of Panola } SS

I, Tina McMullen,  
do solemnly swear (or affirm) that I will support, protect and defend the Constitution of The United States and the Constitution of the State of Texas and that I will discharge the duties of my office of Panola County Constable PCT. 1+4 Reserve Deputy with fidelity; that I have not paid or contributed, or promised to pay or contribute, either directly or indirectly, any money or other valuable thing to procure my nomination or election (or appointment), except for necessary and proper expenses expressly authorized by law; that I have not knowingly violated any election law of this State, or procured it to be done by others in my behalf; that I will not knowingly receive, directly or indirectly, any money or other valuable thing for the performance or non-performance of any act or duty pertaining to my office than the compensation allowed by law. So help me God.

Tina McMullen

Sworn to and subscribed before me this 29th day of January, 2025



Vicki Heinkel



# POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: Tina McMullen  
 Agency Name: Richard H. Thomas Inc Bond Number: 999376287  
 Obligor: Panola County Constable Pct 1&4  
 Bond Amount: (\$2,000.00 ) Two Thousand Dollars And Zero Cents

**KNOW ALL PERSONS BY THESE PRESENTS:** that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Timothy A. Mikolajewski in the city and state of **Seattle, WA**, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

**IN WITNESS WHEREOF**, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 1st day of August, 2024.



The Ohio Casualty Insurance Company

By: *Nathan J. Zangerle*  
 Nathan J. Zangerle, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

STATE OF PENNSYLVANIA ss  
 COUNTY OF MONTGOMERY

On this 1st day of August, 2024, before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

**IN WITNESS WHEREOF**, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal  
 Teresa Pastella, Notary Public  
 Montgomery County  
 My commission expires March 28, 2025  
 Commission number 1126044  
 Member, Pennsylvania Association of Notaries

By: *Teresa Pastella*  
 Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

**ARTICLE IV – OFFICERS: Section 12. Power of Attorney.**

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

**Certificate of Designation** – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

**Authorization** – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

**IN TESTIMONY WHEREOF**, I have hereunto set my hand and affixed the seals of said Company this 10th day of January, 2025.



By: *Renee C. Llewellyn*  
 Renee C. Llewellyn, Assistant Secretary



Liberty Mutual Surety: National Bond Center  
350 E. 96th Street  
Indianapolis, IN 46240  
(888) 844-2663 Fax: (866) 547-4883

## SURETY BOND PACKAGE

Thank you for choosing Liberty Mutual Surety for your bonding business. The enclosed package is a complete set of bond documents. Please file the documents in this bond package that are required by the Obligee. Some documents may not need to be filed.

**Please review the bond to ensure it is accurate - correct form, obligee, principal (contractor) details, etc. It is ultimately the responsibility of the agent and contractor to ensure the bond provided is the correct form and is properly completed.** For immediate changes or corrections, please contact your Liberty Mutual Surety office listed above.

Use the following checklist to ensure the documents are properly signed and distributed.

- If applicable the principal must sign the bond as the name is printed on the bond form. If the principal is a company, any officer of the company may sign the bond.
- This bond has been digitally signed on behalf of the Surety. An Attorney-in-fact signature is not required.
- A Power of Attorney form is included in the bond package. This form should be attached to the bond and filed with the obligee.



Figure: 28 TAC § 1.601(a)(2)(B)

### **Have a complaint or need help?**

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

The Ohio Casualty Insurance Company

To get information or file a complaint with your insurance company or HMO:

**Call:** Liberty Mutual Surety Claims **at** 206-473-6210

Online: <https://claims-intake.libertymutualsurety.com>

Email: [HOSCL@libertymutual.com](mailto:HOSCL@libertymutual.com)

Mail: P.O. Box 34526 Seattle, WA 98124

### **The Texas Department of Insurance**

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Email: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Mail: Consumer Protection, MC: CO-CP Texas Department of Insurance,  
P.O. Box 12030, Austin, TX 78711-2030

### **¿Tiene una queja o necesita ayuda?**

Si tiene, un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

The Ohio Casualty Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

**Llame a:** Liberty Mutual Surety Claims **al** 206-473-6210  
En línea: <https://claims-intake.libertymutualsurety.com>  
Correo electrónico: [HOSCL@libertymutual.com](mailto:HOSCL@libertymutual.com)  
Dirección postal: P.O. Box 34526 Seattle, WA 98124

**El Departamento de Seguros de Texas**

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439  
Presente una queja en: [www.tdi.texas.gov](http://www.tdi.texas.gov)  
Correo electrónico: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)  
Dirección postal: Consumer Protection, MC: CO-CP Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030





Liberty Mutual Surety: National Bond Center  
350 E. 96th Street  
Indianapolis, IN 46240  
(888) 844-2663 Fax: (866) 547-4883

## TRANSACTION REPORT

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**Transaction Date:** January 10, 2025  
**Preparer Name:** Carrie Thomas  
**Preparer Email:** carrie@pattersonins.com

**Agency Name:** Richard H. Thomas Inc.  
**Agency Code:** 973395

**Principal:**  
Tina McMullen  
2480 FM 999  
Gary, TX 75643

**Obligee:**  
Panola County Constable Pct 1&4  
314 W Wellington St  
Carthage, TX 75633

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**Underwriting Information:**  
Bond is freely written

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**Bond Information:**

**Bond Number:** 999376287  
**Bond Amount:** \$2,000.00  
**Renewal Type:** Renewable (by new bond)  
**Renewal Billing Method:** Direct Bill  
**Renewal Term (Months):** 12  
**Renew Automatically:** Yes

**Effective Date:** December 31, 2024  
**Expiration Date:** December 31, 2025  
**Cancel Days:** 30 Days  
**Class Code:** S119  
**Underwriting Paper:** The Ohio Casualty Insurance Company  
**Bond Rating State:** Texas

**Description of Bond:** Reserve Deputy Constable Pct. 1&4

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**Invoiced To:**

Panola County  
110 Sycamore St, County Auditors Office RM 213A  
Carthage, TX 75633

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**Renewal Billing Information:**

Panola County  
110 Sycamore St, County Auditors Office RM 213A  
Carthage, TX 75633

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**Remarks:**

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**Premium Information:**

**Bond Premium:** \$100.00  
**Total Premium Due:** \$100.00

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This bond is a direct billed bond. It is the applicant's responsibility to ensure payment is received in full for this new business. Payment must be received within 20 days from the date this bond was issued. If payment is not received in full, this bond may be subject to cancellation. Bond(s) changes are available for your agency through <https://agents.libertymutualsurety.com>

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**Mail Payment To:**

Liberty Mutual Insurance Company  
25761 Network Place  
Chicago, IL 60673-1257

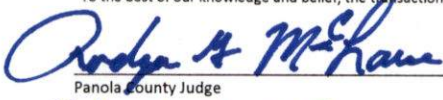
**PANOLA COUNTY INVESTMENT REPORT  
JUNE 30, 2024**

INVESTMENTS AS OF 03/31/2024	92,616,000.00			
		Investments	Maturity	Int. Rate
Beginning Balance 04/01/2024	92,616,000.00			
<b>Purchase of CD No. 21304400929 on 04/01/2024</b>	7,670,800.00		9/26/2024	4.375%
General Fund	5,538,600.00			
Road & Bridge	1,938,800.00			
FM & Lateral Road	193,400.00			
<i>Matured on 04/25/2024 (Purchased on 01/25/2024)</i>		(27,408,000.00)		
<i>Matured on 04/25/2024 (Purchased on 01/25/2024)</i>		(11,035,000.00)		
<b>Purchase of CD No. 21304400950 on 04/25/2024</b>		26,908,000.00	7/25/2024	4.485%
General Fund	18,600,000.00			
Law Library	20,000.00			
Courthouse Security	58,000.00			
Records Management	1,000.00			
CC Records Preservation	118,000.00			
Archive	17,000.00			
Justice Court Technology	20,000.00			
Road & Bridge	6,200,000.00			
FM & Lateral Road	620,000.00			
Hot Check Fee	6,000.00			
Sheriff's State Forfeiture	7,000.00			
Child Protective Services	20,000.00			
Health Fund	1,043,000.00			
Airport	38,000.00			
Road Bond 1971	78,000.00			
Permanent Improvement	62,000.00			
<b>Purchase of CD No. 21304400951 on 4/25/2024</b>		11,035,000.00	4/25/2024	4.485%
Retiree Health Benefit Trust	11,035,000.00			
<i>Matured on 05/30/2024 (Purchased on 02/29/2024)</i>		(9,075,000.00)		
<i>Matured on 05/30/2024 (Purchased on 02/29/2024)</i>		(12,000,000.00)		
<b>Purchase of CD No. 21304400971 on 05/30/2024</b>		12,500,000.00	8/29/2024	4.485%
Retiree Health Benefit Trust	12,500,000.00			
<b>Purchase of CD No. 21304400972 on 05/30/2024</b>		9,405,000.00	8/29/2024	4.485%
General Fund	5,500,000.00			
Law Library	16,000.00			
Courthouse Security	59,000.00			
Records Management	3,000.00			
CC Records Preservation	180,000.00			
Archive	16,000.00			
Justice Court Technology	21,000.00			
Road & Bridge	1,200,000.00			
FM & Lateral Road	840,000.00			
Hot Check Fee	10,000.00			
Sheriff's State Forfeiture	5,000.00			
Child Protective Services	65,000.00			
Health Fund	1,300,000.00			
Airport	40,000.00			
Road Bond 1971	80,000.00			
Permanent Improvement	70,000.00			
<i>Matured on 06/27/2024 (Purchased on 03/28/2024)</i>		(16,748,000.00)		
<i>Matured on 06/27/2024 (Purchased on 03/28/2024)</i>		(16,000,000.00)		
<i>Matured on 06/27/2024 (Purchased on 03/28/2024)</i>		(350,000.00)		
<b>Purchase of CD No. 21300004400985 on 06/27/2024</b>		7,500,000.00	9/26/2024	4.470%
General Fund	3,715,000.00			
Law Library	9,000.00			
Courthouse Security	35,000.00			
Records Management	1,000.00			
CC Records Preservation	52,500.00			
Archive	10,000.00			
Justice Court Technology	11,500.00			
Road & Bridge	2,350,000.00			
FM & Lateral Road	576,000.00			
Hot Check Fee	2,500.00			
DA State Forfeiture	2,000.00			
Child Protective Services	10,500.00			
Health Fund	600,000.00			
Airport	25,000.00			
Road Bond 1971	50,000.00			
Permanent Improvement	50,000.00			
<b>Purchase of CD No. 21304400986 on 06/27/2024</b>		350,000.00	9/26/2024	4.470%
Juvenile Probation	50,000.00			
Title IV-E	100,000.00			
Local Match	200,000.00			
<b>Purchase of CD No. 21304400987 on 06/27/2024</b>		7,600,000.00	12/31/2024	4.355%
General Fund	3,785,000.00			
Law Library	9,000.00			
Courthouse Security	35,000.00			
Records Management	1,000.00			
CC Records Preservation	52,500.00			
Archive	10,000.00			
Justice Court Technology	11,500.00			
Road & Bridge	2,350,000.00			
FM & Lateral Road	576,000.00			
Hot Check Fee	2,500.00			
DA State Forfeiture	2,000.00			
Child Protective Services	10,500.00			
Health Fund	630,000.00			
Airport	25,000.00			
Road Bond 1971	50,000.00			
Permanent Improvement	50,000.00			
<b>Purchase of CD No. 21304400988 on 6/27/2024</b>		16,000,000.00	12/31/2024	4.355%
Retiree Health Benefit Trust	16,000,000.00			
 INVESTMENTS AS OF JUNE 30, 2024		 98,968,800.00		

PANOLA COUNTY INVESTMENT REPORT  
JUNE 30, 2024

THE MARKET VALUE OF ALL INVESTMENTS IS THE SAME AS CARRYING VALUE.

To the best of our knowledge and belief, the transactions reflected in this investment report are in compliance with the investment policy of PANOLA COUNTY and conform to the requirements of the PUBLIC FUNDS INVESTMENT ACT.



Panola County Judge

Feb 11, 2025

Date



Panola County Auditor

2-11-25

Date



Panola County Treasurer

Feb 11, 2025

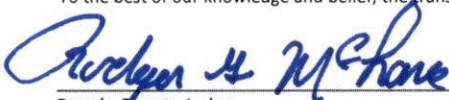
Date

**PANOLA COUNTY INVESTMENT REPORT  
SEPTEMBER 30, 2024**


INVESTMENTS AS OF 06/30/2024		98,968,800.00		
			<b>Investments</b>	<b>Maturity</b>
				<b>Int. Rate</b>
Beginning Balance 07/01/2024		98,968,800.00		
<b>Purchase of CD No. 21304401011 on 07/25/2024</b>		22,908,000.00		10/24/2024
General Fund	16,600,000.00			
Law Library	20,000.00			
Courthouse Security	58,000.00			
Records Management	1,000.00			
CC Records Preservation	118,000.00			
Archive	17,000.00			
Justice Court Technology	20,000.00			
Road & Bridge	4,200,000.00			
FM & Lateral Road	620,000.00			
Hot Check Fee	6,000.00			
Sheriff's State Forfeiture	7,000.00			
Child Protective Services	20,000.00			
Health Fund	1,043,000.00			
Airport	38,000.00			
Road Bond 1971	78,000.00			
Permanent Improvement	62,000.00			
<b>Purchase of CD No. 21304401012 on 7/25/2024</b>		11,035,000.00		12/31/2024
Retiree Health Benefit Trust	11,035,000.00			
<i>Matured on 07/25/2024 (Purchased on 04/25/2024)</i>		(26,908,000.00)		
<i>Matured on 07/25/2024 (Purchased on 04/25/2024)</i>		(11,035,000.00)		
<b>Purchase of CD No. 21304401039 on 08/29/2024</b>		12,500,000.00		12/31/2024
Retiree Health Benefit Trust	12,500,000.00			
<b>Purchase of CD No. 21304401038 on 08/29/2024</b>		6,905,000.00		11/26/2024
General Fund	4,000,000.00			
Law Library	16,000.00			
Courthouse Security	59,000.00			
Records Management	3,000.00			
CC Records Preservation	180,000.00			
Archive	16,000.00			
Justice Court Technology	21,000.00			
Road & Bridge	200,000.00			
FM & Lateral Road	840,000.00			
Hot Check Fee	10,000.00			
Sheriff's State Forfeiture	5,000.00			
Child Protective Services	65,000.00			
Health Fund	1,300,000.00			
Airport	40,000.00			
Road Bond 1971	80,000.00			
Permanent Improvement	70,000.00			
<i>Matured on 08/29/2024 (Purchased on 05/30/2024)</i>		(12,500,000.00)		
<i>Matured on 08/29/2024 (Purchased on 05/30/2024)</i>		(9,405,000.00)		
<b>Purchase of CD No. 21304401051 on 09/26/2024</b>		13,729,000.00		12/31/2024
General Fund	8,800,000.00			
Law Library	9,000.00			
Courthouse Security	35,000.00			
Records Management	1,000.00			
CC Records Preservation	52,500.00			
Archive	10,000.00			
Justice Court Technology	11,500.00			
Road & Bridge	3,300,000.00			
FM & Lateral Road	770,000.00			
Hot Check Fee	2,500.00			
DA State Forfeiture	2,000.00			
Child Protective Services	10,500.00			
Health Fund	600,000.00			
Airport	25,000.00			
Road Bond 1971	50,000.00			
Permanent Improvement	50,000.00			
<i>Matured on 09/26/2024 (Purchased on 04/01/2024)</i>		(7,670,800.00)		
<i>Matured on 09/26/2024 (Purchased on 06/27/2024)</i>		(350,000.00)		
<i>Matured on 09/26/2024 (Purchased on 06/27/2024)</i>		(7,500,000.00)		
<b>Purchase of CD No. 21304401052 on 09/26/2024</b>		350,000.00		12/31/2024
Juvenile Probation	50,000.00			
Title IV-E	100,000.00			
Local Match	200,000.00			
INVESTMENTS AS OF SEPTEMBER 30, 2024		91,027,000.00		

THE MARKET VALUE OF ALL INVESTMENTS IS THE SAME AS CARRYING VALUE.

To the best of our knowledge and belief, the transactions reflected in this investment report are in compliance with the investment policy of PANOLA COUNTY and conform to the requirements of the PUBLIC FUNDS INVESTMENT ACT.

  
 Panola County Judge  
 02/11/2025  
 Date

  
 Panola County Auditor  
 2-11-2025  
 Date

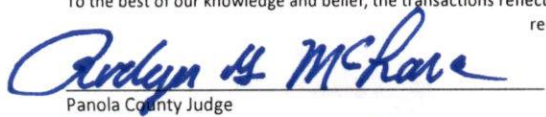
  
 Panola County Treasurer  
 Feb 11, 2025  
 Date

**PANOLA COUNTY INVESTMENT REPORT  
DECEMBER 31, 2024**

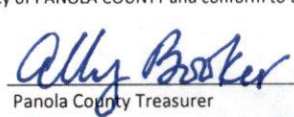
INVESTMENTS AS OF 09/30/2024		91,027,000.00		
			<b>Investments</b>	<b>Maturity</b>
				<b>Int. Rate</b>
Beginning Balance 10/01/2024		91,027,000.00		
<b>Purchase of CD No. 21304401069 on 10/24/2024</b>		21,408,000.00		1/23/2025
General Fund	15,100,000.00			
Law Library	20,000.00			
Courthouse Security	58,000.00			
Records Management	1,000.00			
CC Records Preservation	118,000.00			
Archive	17,000.00			
Justice Court Technology	20,000.00			
Road & Bridge	4,200,000.00			
FM & Lateral Road	620,000.00			
Hot Check Fee	6,000.00			
Sheriff's State Forfeiture	7,000.00			
Child Protective Services	20,000.00			
Health Fund	1,043,000.00			
Airport	38,000.00			
Road Bond 1971	78,000.00			
Permanent Improvement	62,000.00			
<i>Matured on 10/24/2024 (Purchased on 07/25/2024)</i>		(22,908,000.00)		
<b>Purchase of CD No. 21304401070 on 11/07/2024</b>		11,878,105.73		2/27/2025
General Fund	8,701,568.66			
Road & Bridge	2,876,057.08			
FM & Lateral Road	300,479.99			
<b>Purchase of CD No. 21304401083 on 11/26/2024</b>		5,905,000.00		3/27/2025
General Fund	3,000,000.00			
Law Library	16,000.00			
Courthouse Security	59,000.00			
Records Management	3,000.00			
CC Records Preservation	180,000.00			
Archive	16,000.00			
Justice Court Technology	21,000.00			
Road & Bridge	200,000.00			
FM & Lateral Road	840,000.00			
Hot Check Fee	10,000.00			
DA State Forfeiture	5,000.00			
Child Protective Services	65,000.00			
Health Fund	1,300,000.00			
Airport	40,000.00			
Road Bond 1971	80,000.00			
Permanent Improvement	70,000.00			
<i>Matured on 11/26/2024 (Purchased on 08/29/2024)</i>		(6,905,000.00)		
<b>Purchase of CD No. 21304401096 on 12/16/2024</b>		8,187,515.96		3/27/2025
General Fund	5,997,230.37			
Road & Bridge	1,983,633.33			
FM & Lateral Road	206,652.26			
<b>Purchase of CD No. 21304401110 on 12/31/2024</b>		39,535,000.00		3/31/2025
Retiree Trust	39,535,000.00			
<b>Purchase of CD No. 21304401109 on 12/31/2024</b>		350,000.00		3/31/2025
Juvenile Probation	50,000.00			
Title IV-E	100,000.00			
Local Match	200,000.00			
<b>Purchase of CD No. 21304401108 on 12/31/2024</b>		17,133,000.00		3/31/2025
General Fund	9,185,000.00			
Law Library	18,000.00			
Courthouse Security	70,000.00			
Records Management	2,000.00			
CC Records Preservation	105,000.00			
Archive	20,000.00			
Justice Court Technology	23,000.00			
Road & Bridge	5,000,000.00			
FM & Lateral Road	1,200,000.00			
Hot Check Fee	5,000.00			
DA State Forfeiture	4,000.00			
Child Protective Services	21,000.00			
Health Fund	1,230,000.00			
Airport	50,000.00			
Road Bond 1971	100,000.00			
Permanent Improvement	100,000.00			
<i>Matured on 12/31/2024 (Purchased on 06/27/2024)</i>		(7,600,000.00)		
<i>Matured on 12/31/2024 (Purchased on 06/27/2024)</i>		(16,000,000.00)		
<i>Matured on 12/31/2024 (Purchased on 07/25/2024)</i>		(11,035,000.00)		
<i>Matured on 12/31/2024 (Purchased on 08/29/2024)</i>		(12,500,000.00)		
<i>Matured on 12/31/2024 (Purchased on 09/26/2024)</i>		(13,729,000.00)		
<i>Matured on 12/31/2024 (Purchased on 09/26/2024)</i>		(350,000.00)		
INVESTMENTS AS OF DECEMBER 31, 2024		104,396,621.69		

THE MARKET VALUE OF ALL INVESTMENTS IS THE SAME AS CARRYING VALUE.

To the best of our knowledge and belief, the transactions reflected in this investment report are in compliance with the investment policy of PANOLA COUNTY and conform to the requirements of the PUBLIC FUNDS INVESTMENT ACT.

  
 Ardelyn H. McRae  
 Panola County Judge  
 Feb 11, 2025  
 Date

  
 Jennifer Stacy  
 Panola County Auditor  
 2-11-2025  
 Date

  
 Abby Booker  
 Panola County Treasurer  
 Feb 11, 2025  
 Date

# CERTIFICATE *of* COURSE COMPLETION

## Public Information Act

I, **Abby Booker**, certify that I have completed a course of training on the Texas Public Information Act that satisfies the legal requirements of Government Code, Section 552.012.

Certificate is issued effective this 26th of January, 2025.



*NOTICE TO CERTIFICATE HOLDER: You are responsible for the safekeeping of this document as evidence that you have completed this open government training course. The Office of the Attorney General does not maintain a record of course completion for you and is unable to issue duplicate certificates. Government Code Section 552.012(e) requires the governmental body with which you serve to maintain this Certificate of Course Completion and make it available for public inspection.*

If you have any questions, please contact the Open Government Hotline 1-877-673-6839.

Form #2201 Rev. 09/2017  
Submit to:  
SECRETARY OF STATE  
Government Filings  
Section P O Box 12887  
Austin, TX 78711-2887  
512-463-6334  
512-463-5569 - Fax  
Filing Fee: None



STATEMENT OF OFFICER

FILED FOR RECORD  
IN MY OFFICE  
AT 2:30 O'CLOCK P M  
FEB 12 2025  
BOBBIE DAVIS  
COUNTY CLERK, PANOLA COUNTY, TEXAS  
BY B. DAVIS DEPUTY

**Statement**

I, Christina Lyles, do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

Title of Position to Which Elected/Appointed: Senior Detention Officer  
Panola County, Texas Sheriff's Office

**Execution**

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated therein are true.

Date: January 6, 2025

Christina Lyles  
Signature of Officer

Form #2204 Rev 9/2017  
Submit to:  
SECRETARY OF STATE  
Government Filings Section  
P O Box 12887  
Austin, TX 78711-2887  
512-463-6334  
FAX 512-463-5569  
Filing Fee: None



OATH OF OFFICE

This space reserved for office use  
FILED FOR RECORD  
IN MY OFFICE

AT 2:30 O'CLOCK P M

FEB 12 2025

BOBBIE DAVIS  
COUNTY CLERK, PANOLA COUNTY, TEXAS  
BY B. Davis DEPUTY

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS,  
I, Christina Lyles, do solemnly swear (or affirm), that I will faithfully  
execute the duties of the office of Senior Detention Officer of  
the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws  
of the United States and of this State, so help me God.

Christina Lyles  
Signature of Officer

Certification of Person Authorized to Administer Oath

State of Texas  
County of Panola

Sworn to and subscribed before me on this 6th day of January, 2025.

(Affix Notary Seal,  
only if oath  
administered by a  
notary.)

Cutter Clinton  
Signature of Notary Public or  
Signature of Other Person Authorized to Administer An  
Oath

Cutter Clinton  
Printed or Typed Name





FILED FOR RECORD  
IN MY OFFICE

AT 1:45 O'CLOCK P M

Liberty Mutual Surety  
Attention: LMS Claims  
P.O. Box 34526  
Seattle, WA 98124  
Phone: 206-473-6700  
Fax: 866-442-4060  
Email: HOSCL@libertymutual.com  
https://claims-intake.libertymutualsurety.com

FEB 12 2025  
PUBLIC OFFICIAL BOND

BOBBIE DAVIS  
COUNTY CLERK, PANOLA COUNTY, TEXAS

BY B. Davis DEPUTY

No. 999381209

KNOW ALL MEN BY THESE PRESENTS:

That we Scott Ray Peal

of 7644 FM138, Center, TX 75935

(Insert Full Name [top line] and Address [bottom line] of Principal)

, as Principal and The Ohio Casualty Insurance Company, a corporation organized and existing under the laws of the State of New Hampshire, (hereinafter called the Surety, are held and firmly bound unto Panola County

County Auditors Office Rm 213A, Carthage, TX 75633

(Insert Full Name [top line] and Address [bottom line] of Obligee)

in the aggregate and non-cumulative penal sum of Five Thousand Dollars And Zero Cents

(\$5,000.00)

DOLLARS, for the payment of which, well and truly

to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the said Principal has been elected or appointed to (or holds by operation of law) the office of Assistant Criminal District Attorney for a term beginning on February 4, 2025 and ending on February 4, 2026.

Now, therefore, the condition of this Obligation is such that if the said Principal shall well, truly and faithfully perform all official duties required by law of such official during the term aforesaid, then this obligation shall be void; otherwise it shall remain in full force and effect, subject to the following conditions:

First: That the Surety may, if it shall so elect, cancel this bond by giving thirty (30) days notice in writing to Panola County

County Auditors Office Rm 213A, Carthage, TX 75633 and this bond shall be deemed canceled at the expiration of said thirty (30) days, the Surety remaining liable, however, subject to all the terms, conditions and provisions of this bond, for any act or acts covered by this bond which may have been committed by the Principal up to the date of such cancelation; and the Surety shall, upon surrender of this bond and its release from all liability hereunder, refund the premium paid, less a pro rate part thereof for the time this bond shall have been in force.

Second: That the Surety shall not be liable hereunder for the loss of any public moneys or funds occurring through or resulting from the failure of, or default in payment by, any banks or depositories in which any public moneys or funds have been deposited, or may be deposited, or placed to the credit, or under the control of the Principal, whether or not such banks or depositories were or may be selected or designed by the Principal or by other persons; or by reason of the allowance to, or acceptance by the Principal of any interest on said public moneys or funds, any law, decision, ordinance or statute to the contrary notwithstanding.

Third: That the Surety shall not be liable for any loss or losses, resulting from the failure of the Principal to collect any taxes, licenses, levies, assessments, etc., with the collection of which he may be chargeable by reason of his election or appointment as aforesaid.

SIGNED, SEALED and DATED February 4, 2025

Scott Ray Peal

The Ohio Casualty Insurance Company

By: Timothy A. Mikolajewski

Timothy A. Mikolajewski

Attorney-in-Fact



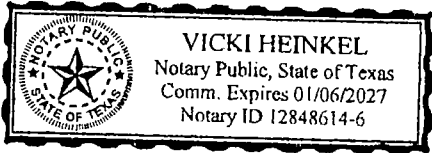
OATH OF OFFICE

STATE OF Texas  
County of Panola } SS

I, Scott R. Peaf,  
do solemnly swear (or affirm) that I will support, protect and defend the Constitution of The United States and the Constitution of the State of Texas and that I will discharge the duties of my office of Panola County Criminal District Attorney Assistant with fidelity; that I have not paid or contributed, or promised to pay or contribute, either directly or indirectly, any money or other valuable thing to procure my nomination or election (or appointment), except for necessary and proper expenses expressly authorized by law; that I have not knowingly violated any election law of this State, or procured it to be done by others in my behalf; that I will not knowingly receive, directly or indirectly, any money or other valuable thing for the performance or non-performance of any act or duty pertaining to my office than the compensation allowed by law. So help me God.

Scott R. Peaf

Sworn to and subscribed before me this 4th day of February, 2025



Vicki Heinkel



Figure: 28 TAC § 1.601(a)(2)(B)

### **Have a complaint or need help?**

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

The Ohio Casualty Insurance Company

To get information or file a complaint with your insurance company or HMO:

**Call:** Liberty Mutual Surety Claims **at** 206-473-6700

Online: <https://claims-intake.libertymutualsurety.com>

Email: [HOSCL@libertymutual.com](mailto:HOSCL@libertymutual.com)

Mail: P.O. Box 34526 Seattle, WA 98124

### **The Texas Department of Insurance**

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Email: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Mail: Consumer Protection, MC: CO-CP Texas Department of Insurance,  
P.O. Box 12030, Austin, TX 78711-2030

### **¿Tiene una queja o necesita ayuda?**

Si tiene, un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

The Ohio Casualty Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

**Llame a:** Liberty Mutual Surety Claims **al** 206-473-6700  
En línea: <https://claims-intake.libertymutualsurety.com>  
Correo electrónico: [HOSCL@libertymutual.com](mailto:HOSCL@libertymutual.com)  
Dirección postal: P.O. Box 34526 Seattle, WA 98124

**El Departamento de Seguros de Texas**

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439  
Presente una queja en: [www.tdi.texas.gov](http://www.tdi.texas.gov)  
Correo electrónico: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)  
Dirección postal: Consumer Protection, MC: CO-CP Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030



# POWER OF ATTORNEY

The Ohio Casualty Insurance Company

Principal: Scott Ray Peal  
 Agency Name: Richard H Thomas Inc Bond Number: 999381209  
 Obligee: Panola County  
 Bond Amount: (\$5,000.00 ) Five Thousand Dollars And Zero Cents

**KNOW ALL PERSONS BY THESE PRESENTS:** that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Timothy A. Mikolajewski in the city and state of Seattle, WA, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

**IN WITNESS WHEREOF,** this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 1st day of August, 2024.



The Ohio Casualty Insurance Company

By: Nathan J. Zangerle  
 Nathan J. Zangerle, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

STATE OF PENNSYLVANIA ss  
 COUNTY OF MONTGOMERY

On this 1st day of August, 2024, before me personally appeared Nathan J. Zangerle, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

**IN WITNESS WHEREOF,** I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal  
 Teresa Pastella, Notary Public  
 Montgomery County  
 My commission expires March 28, 2029  
 Commission number 1126044  
 Member, Pennsylvania Association of Notaries

By: Teresa Pastella  
 Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

**ARTICLE IV – OFFICERS:** Section 12. Power of Attorney.  
 Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

**Certificate of Designation –** The President of the Company, acting pursuant to the Bylaws of the Company, authorizes Nathan J. Zangerle, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

**Authorization –** By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

**IN TESTIMONY WHEREOF,** I have hereunto set my hand and affixed the seals of said Company this 4th day of February, 2025.



By: Renee C. Llewellyn  
 Renee C. Llewellyn, Assistant Secretary

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

# Western Environmental Service

P.O. Box 475 Kaufman, Texas 75142  
972-962-7173

Panola County  
110 South Sycamore  
Carthage, Texas 75633

January 29, 2025

## Proposal

Western Environmental Service proposes to provide the equipment, labor and material necessary to complete the abatement, demo and dispose of all debris as designed by the owner's representative.

Proposal is based on

Properties survey results by Brady Environmental Service dated 1-14-2025  
Water and electricity being available at the job site by the owner  
Access to the entire scope of work in one mobilization  
Work schedule being Monday through Friday 7 am 5:00 pm  
All equipment, stored items etc. moved prior to the abatement by the owner  
Proposed Price is based on both locations being done in one mobilization

Owner to provide lift on site to access windows

In the event any of the previous mentioned change it could result in a change to the proposed price.

Project: Window replacement abatement

Location: Courthouse  
110 S Sycamore St  
Carthage, Texas 75633

### **Item #1 Removal and disposal of asbestos containing window trim and caulking**

Scope: Provide the equipment, material and labor to remove the identified asbestos containing window caulking and associated trim as defined.

- Site mobilization
- Providing the tools and labor to remove and package all materials identified to be disposed of as asbestos containing material.
- Provide for transport to qualified disposal site for asbestos containing waste.
- Providing licensed workforce, waste transporters and landfill to extract building materials, transport and final disposal site for waste as required by the state of Texas and Federal regulations

Item #

**Proposed Pricing : twenty nine thousand four hundred and eighty five dollars and no cents**

**(\$29,485.00 )**

A Division of Earl Martin Inc..

# Western Environmental Service

P.O. Box 475 Kaufman, Texas 75142  
972-962-7173

**Estimated project duration: 10 working days**

**Exclusions: There is no provision as a part of this proposal for the cost of daily third air monitoring, project specifications, post abatement reports as well as any state fees associated with the removal of asbestos containing material in public buildings.**

**Term: net 30 days**

The signing of this proposal is considered as written authorization by the owner or the owner's representative to proceed and is considered as an agreement to the terms of the proposal. Signed proposals are required prior to the scheduling of any project.

Signed by: *Earl Martin* Date: 02/03/2025

We appreciate the opportunity to participate in this project.  
Should you have any questions with this proposal, contact our office at your convenience.

Respectfully submitted By  
Earl Martin  
Western Environmental Service  
ema5929531@aol.com  
214-793-7941





January 30, 2025

Mr. Tommy Earle  
Panola County  
110 S. Sycamore St., Rm 216A  
Carthage, Texas 75633

Re: Proposal - Asbestos Consulting Services – Window Replacement Project –  
Panola County Courthouse

Dear Mr. Earle,

This proposal covers our NESHAPS air monitoring services during the window replacement project for the Panola County Courthouse building located at 110 S. Sycamore St. in Carthage, Texas. The abatement work will be performed by Western Environmental Services and is estimated to take ten days to complete. The work scope currently involves the removal of an older Category II asbestos containing window glazing/caulking compound from the exterior side of the existing metal window frames.

Our services will include project oversight by a licensed project manager and air monitoring technician for compliance with the state and federal regulations governing asbestos. The cost for our services will be billed in accordance with the following rates:

Licensed Project Manager/AMT .....	\$1,140 / day
PCM Air Samples (Baseline, Ambient, and Clearance Samples) .....	included
Final Compliance Report .....	\$185.00

The total estimated cost for our services based on a two-week project duration is **\$11,585.00**. Total fees are subject to increase in the event of contractor delays or additions to scope of work.

Brady Environmental Services is a fully licensed consulting agency and is fully insured for professional liability. If you should have any questions regarding this proposal, please call my office at 903-882-6865. If you wish to accept this proposal, please sign the following acceptance statement and return a copy to our office and we will schedule the project at your convenience.

Sincerely,

J. Mark Swinnea, P.E.  
Consulting Services



**BRADY ENVIRONMENTAL SERVICES, INC.  
ACCEPTANCE FORM**

By your signature, Rodger G McLANE, serving as the owner and/or operator of the project, please acknowledge acceptance of this proposal for consulting services during the NESHAPS window replacement project for the Panola County Courthouse building located at 110 S. Sycamore St. in Carthage, Texas by signing and returning to our office.

**By your signature below, you agree to the terms of payment as follows:**

agm Full payment is due upon receipt of invoice and final report.  
Initial

***This proposal is valid for thirty (30) days from date hereon.***

Rodger G. McLane  
Signature

02/03/2025  
Date

Rodger G. McLane  
Printed Name

903-693-0390  
Telephone #

903-693-2726  
Fax #

\_\_\_\_\_  
Purchase Order # (if required)

Bill To: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_



FISCAL YEAR 2025  
PANOLA COUNTY CRIMINAL DISTRICT ATTORNEY  
STATE LONGEVITY BUDGET

Fund: 835 - STATE LONGEVITY PAY SUPPLEMENT

REVENUES

835-330-51401 STATE LONGEVITY FUNDS 4,320

Total Revenues 4,320

EXPENDITURES

835-715-51020 APPOINTED OFFICIALS 4,320

Total Expenditures 4,320

I hereby approve the above describe budgets and ask the  
Commissioners Court to please record it at the next scheduled  
Commissioners Court meeting.

  
LARRY FIELDS

2-6-25  
DATE



FISCAL YEAR 2025  
PANOLA COUNTY CRIMINAL DISTRICT ATTORNEY  
SB22

Fund: 722 - SB22  
REVENUES

722-330-41255 SB22 GRANT FUNDING 91,178

Total Revenues 91,178

EXPENDITURES

<u>722-477-51020</u>	APPOINTED OFFICIAL	55,500
<u>722-477-51050</u>	VICTIM ASSISTANCE COORDINATOR	2,080
<u>722-477-51640</u>	INVESTIGATOR	5,000
<u>722-477-52010</u>	SOCIAL SECURITY	4,947
<u>722-477-52030</u>	RETIREMENT & DEATH BENEFIT	15,428
<u>722-477-52040</u>	WORKERS COMPENSATION	1,880
<u>722-477-52060</u>	UNEMPLOYMENT	85
<u>722-477-52070</u>	OPEB	6,258

Total Expenditures 91,178

I hereby approve the above describe budgets and ask the  
Commissioners Court to please record it at the next scheduled  
Commissioners Court meeting.

  
LARRY FIELDS

DATE



FISCAL YEAR 2025  
PANOLA COUNTY CRIMINAL DISTRICT ATTORNEY  
PRE-TRIAL INTERVENTION


Fund: 720 - PRE-TRIAL INTERVENTION

REVENUES

<u>720-330-41183</u>	PRE-TRIAL INTERVENTION	<u>2,766</u>
	<b>Total Revenue</b>	<b><u>2,766</u></b>

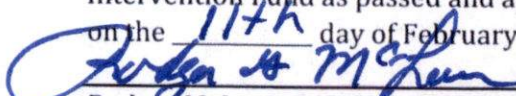
EXPENDITURES

<u>720-477-51050</u>	PRE-TRIAL DIVERSION ADMIN	2,080
<u>720-477-51010</u>	SOCIAL SECURITY	160
<u>720-477-51030</u>	RETIREMENT & DEATH BENEFIT	497
<u>720-477-51040</u>	WORKERS COMPENSATION	5
<u>720-477-51060</u>	UNEMPLOYMENT	3
<u>720-477-51070</u>	OPEB	<u>21</u>
	<b>Total Expenditures</b>	<b><u>2,766</u></b>

  
APPROVED BY LARRY FIELDS

2-6-25  
DATE

I, Rodger McLane, County Judge, of Panola County, Texas do hereby certify that this budget is a true and correct copy of the Criminal District Attorney Pre-Trial Intervention Fund as passed and approved by the Commissioners' Court of Panola County on the 11th day of February, 2025

  
Rodger McLane, PANOLA COUNTY JUDGE

2-11-25  
DATE

Form #2201 Rev. 09/2017  
Submit to:  
SECRETARY OF STATE  
Government Filings  
Section P O Box 12887  
Austin, TX 78711-2887  
512-463-6334  
512-463-5569 - Fax  
Filing Fee: None



STATEMENT OF OFFICER

FILED FOR RECORD  
IN MY OFFICE  
AT 0:05 O'CLOCK  9  M.

FEB 12 2025

BOBBIE DAVIS  
COUNTY CLERK, PANOLA COUNTY, TEXAS  
BY  B. Davis  DEPUTY

**Statement**

I,  Heather Stuart , do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

Title of Position to Which Elected/Appointed:  Panola County District Clerk Deputy

**Execution**

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated therein are true.

Date:  February 6, 2025

Heather Stuart   
Signature of Officer

Form #2204 Rev 9/2017

Submit to:  
SECRETARY OF STATE  
Government Filings Section  
P O Box 12887  
Austin, TX 78711-2887  
512-463-6334  
FAX 512-463-5569  
Filing Fee: None



OATH OF OFFICE

This space reserved for office use  
FILED FOR RECORD  
IN MY OFFICE

AT 8:05 O'CLOCK A M

FEB 12 2025

BOBBIE DAVIS  
COUNTY CLERK, PANOLA COUNTY, TEXAS  
BY B. DAVIS DEPUTY

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS,  
I, Heather Stuart, do solemnly swear (or affirm), that I will faithfully  
execute the duties of the office of Panola County District Clerk Deputy of  
the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws  
of the United States and of this State, so help me God.

Heather Stuart  
Signature of Officer

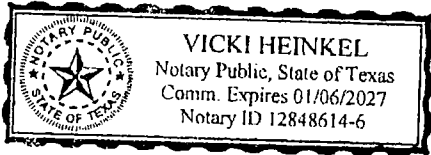
Certification of Person Authorized to Administer Oath

State of Texas

County of Panola

Sworn to and subscribed before me on this 6th day of February, 2025.

(Affix Notary Seal,  
only if oath  
administered by a  
notary.)



Vicki Heinkel  
Signature of Notary Public or  
Signature of Other Person Authorized to Administer An  
Oath

Vicki Heinkel  
Printed or Typed Name



## Texas Department of Family and Protective Services

**Commissioner**  
*Stephanie Muth*

Honorable Judge McLane  
Panola County  
110 S. Sycamore, Room  
216-A  
Carthage, TX 75633

RE: Federal Fiscal Year (FFY) 2026 County Title IV-E (Child Welfare Services)

Dear Honorable Judge McLane:

Your current County Title IV-E Child Welfare Services contract number 24904597 will end September 30, 2025. DFPS contracts for Title IV-E services for a seven (7) year period with automatic annual renewals. At the end of each seven-year period new contracts are established. The establishment of a new contract results in a new contract number.

To continue reimbursing your county for Title IV-E expenses, a new contract must be established by reviewing, signing, and returning the following documents to me:

- ✓ 1. 2282GCWIVE, Contract for Title IV-E County Child Welfare Services
  - Print and sign page 2 of 2.
- ✓ 2. Federal Assurances & Certifications
  - Print form SF-4248 (Federal Assurance) and sign/date page 2
- ✓ 3. Form 9105, Risk Assessment Questionnaire (RAQ)
  - Complete electronically, print and sign/date last page
- ✓ 4. Form 2031, Signature Authority Designation
  - Complete electronically, print and sign/date; if anyone identified to sign quarterly billing documents, ICSQ, etc., their signature is required as well.
- ✓ 5. Form 9007CIVE-S, Internal Control Structure Questionnaire
  - Complete electronically, print and sign/date

The following forms are included for your review only; you do not need to sign or return:

2027 North Stallings Drive • P. O. Box 630050 • Nacogdoches,  
Texas 75963-0050  
*An Equal Opportunity Employer and Provider*



## Texas Department of Family and Protective Services

**Commissioner**  
Stephanie Muth

1. Attachment A: 4504 Statement of Work
2. Attachment C: 5645G UTC
3. Attachment D: 5622G Supplemental & Special Conditions

Upon receipt of the signed documents, your contract will be routed for DFPS signature, and a copy of the fully executed contract and all attachments will be returned to you for your records.

To ensure the contract is established by October 1, 2025, please submit all documents to me no later than February 21, 2025. You may return all documents electronically by email to [stephanie.brooks5@dfps.texas.gov](mailto:stephanie.brooks5@dfps.texas.gov).

If you have any questions regarding the proper completion of the enclosed documents, please contact me by email or by phone at (737)465-0722.

Stephanie Brooks  
CPS Regional Contract Manager

Enclosures: Contract Documents



## **TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES GRANT CONTRACT**

### **I. PURPOSE.**

The Texas Department of Family and Protective Services (DFPS) and Panola County (Grantee) (referred to herein as each a "Party" and collectively as the "Parties") enter into this Contract to provide a mechanism to allow the County providing Title IV-E allowable services the opportunity to obtain federal funding for Foster Care Maintenance payments, administrative and training expenditures. The Grantee will also establish a Child Welfare Board (Board).

### **II. LEGAL AUTHORITY.**

This Contract is entered under DFPS' statutory authority in Texas Human Resources Code Section 40.056 and Texas Government Code Chapter 791.

### **III. CONTRACT TERM.**

This Contract starts on October 1, 2025, and ends on September 30, 2032, and can be renewed, extended, or terminated as provided for in this Contract.

### **IV. TOTAL AMOUNT OF THIS CONTRACT.**

All expenditures under this Contract will be in accordance with the DFPS approved Attachment B: Budget and Cost Allocation Plan (Attachment B). No later than September 1st of each year, Contractor will submit its proposed Attachment B: Budget and Cost Allocation Plan for the upcoming State of Texas fiscal year to DFPS. If DFPS approves the Attachment B, both parties agree to incorporate the approved Attachment B into this Contract in lieu of any and all prior budget documents. If Contractor fails to submit a proposed Attachment B: Budget and Cost Allocation Plan for the upcoming State of Texas fiscal year, both parties agree to assume that Contractor will have the same budget and expenditures and use the most recently DFPS approved Attachment B as the budget for the next State of Texas fiscal year. This clause does not prohibit DFPS and Contractor from negotiating budgetary changes throughout the course of the Contract.

### **V. STATEMENT OF WORK.**

The Grantee will perform the work and provide services as provided for in Attachment A (Statement of Work). All work and services provided under this Contract must be in accordance with all state, federal laws, rules, and regulations.

**VI. CONTRACT MANAGER.**

The following will act as the Contract Managers authorized to administer activities and receive general correspondence under this Contract.

**A. DFPS**

DFPS will provide written notice of the assigned contract manager. All correspondence will be sent to:  
CPS Regional Contracts  
Address: P.O. Box 630050, Nacogdoches, TX 75963-0050  
Email: [dfpscpsregionalcontractsr45@dfps.texas.gov](mailto:dfpscpsregionalcontractsr45@dfps.texas.gov)

**B. GRANTEE**

Name: Judge Rodger McLane  
Title: County Judge  
Address: 110 S. Sycamore, Room 216-A, Carthage, TX 75633  
Phone: (903)693-0391  
Email: [Rodger.McLane@co.panola.tx.us](mailto:Rodger.McLane@co.panola.tx.us)

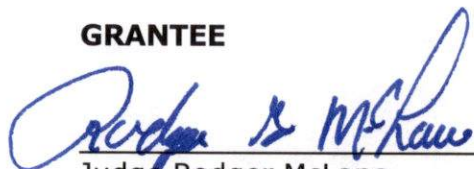
**VII. ATTACHMENTS.**

The Parties agree to comply with following Attachments and that they are attached and incorporated as part of this Contract.

- Attachment A – Statement of Work
- Attachment B – Budget Form 2030 and Cost Allocation Plan
- Attachment C – Uniform Terms & Conditions
- Attachment D – Supplemental & Special Conditions
- Attachment E – Federal Assurances and Certifications

By signing below, the following signatories certify that they have the requisite legal authority to bind their respective Party.

**GRANTEE**

  
\_\_\_\_\_  
Judge Rodger McLane  
County Judge  
Date: 2/11/2025

**DFPS**

\_\_\_\_\_  
Erica Bañuelos  
Associate Commissioner, CPS  
Date: \_\_\_\_\_

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.


**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE <i>County Judge</i>
APPLICANT ORGANIZATION <i>PANOLA COUNTY</i>	DATE SUBMITTED <i>02/11/2025</i>



## Risk Analysis Questionnaire

**Purpose:** This form is to be completed by the Contractor to provide DFPS with information for consideration in assessing risks related to provision of contracted services.

**Directions:** Respond to each question below. Upon completion, the form must be digitally signed (using the Adobe signature field in this form) by an individual with documented signature authority, as designated by the business entity. For questions regarding completion of this form, please contact your DFPS Contract Manager.

### CONTRACTOR INFORMATION

Legal Entity Name

Panola County

Contract Number

HHs0015825

Please provide information for the person to contact if additional information is needed:

Name and Title

Jennifer Stacy, County Auditor

Email Address

jstacy@co.panola.tx.us

Phone Number

(903) 693-0320

### ACTIVE CONTRACTS AND 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 the payment type utilized for the contract. If additional space is needed, submit on a separate page along with this completed form.

<b>Fixed Price (FP)</b>	Fixed price is a deliverables-based payment type for a contract with a firm agreed-upon price for the delivery of goods and services.
<b>Cost Reimbursement (CR)</b>	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.
<b>Fee For Service (FFS)</b>	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 grant service.
<b>Other</b>	Any other payment type not defined above.

Entity Name	Contract Number	Payment Type



**INDEPENDENT AUDITS**

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

Note: A contract monitoring conducted by DFPS or another state agency is not considered an independent audit for this purpose.

If no, skip question 4.

If yes, please identify the agency or authority requiring the audit:

3. What is the date of your most recent audit?  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.  Copy of Audit attached

Additional Information, if applicable:

**RELATED PARTY TRANSACTIONS**

Not Applicable if Fee for Service (FFS) Contract

Check here if FFS then skip to question 5

4. Disclose any 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).

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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, 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



**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

**KEY MANAGEMENT STAFF**

For purposes of this question, key management staff may include individuals with titles such as: Executive Director, President, 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 24 months?
- Yes     No
7. Indicate whether key management staff have at least 24 months 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.

<b>Executive Director, President or Equivalent</b>	<input type="checkbox"/> Less than 24 months with fiscal <u>or</u> programmatic components of federal and/or state grant programs	<input type="checkbox"/> At least 24 months with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input checked="" type="checkbox"/> At least 24 months with fiscal <u>and</u> programmatic components of federal and/or state grant programs
<b>Accounting Director, Comptroller, Chief Financial Officer, Business Manager, etc.</b>	<input type="checkbox"/> Less than 24 months with fiscal <u>or</u> programmatic components of federal and/or state grant programs	<input type="checkbox"/> At least 24 months with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input checked="" type="checkbox"/> At least 24 months with fiscal <u>and</u> programmatic components of federal and/or state grant programs
<b>Program Director, Program Coordinator or Equivalent</b>	<input type="checkbox"/> Less than 24 months with fiscal <u>or</u> programmatic components of federal and/or state grant programs	<input type="checkbox"/> At least 24 months with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input checked="" type="checkbox"/> At least 24 months with fiscal <u>and</u> programmatic components of federal and/or state grant programs

**DIRECT DELIVERY STAFF**

8. For the preceding 12 months, indicate the percentage of turnover (the rate at which employees leave a workforce and are replaced) for direct delivery staff providing the contracted service.
- No change     Turnover <= 49%     Turnover >= 50%
9. Please indicate the average level of experience that direct delivery staff at your organization have in providing the contracted service.
- Less than 24 months     24 months or more



**INTERNAL CONTROLS**

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

Yes     No

11. If Yes, Describe - Note: Please distinguish between any liabilities or litigations. If additional space is needed, submit as an attachment to this completed form.

Term	Definition/Example
<b>Outstanding Liabilities</b>	Liabilities that are legal obligations payable to a third party and which are yet to be paid as of the balance sheet date
<b>Litigations</b>	Pending lawsuit(s) – generally meaning any current litigation involving the business entity for which the results could have a negative impact on the business.

**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.

Rodger McLane

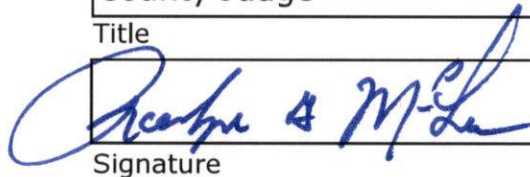
Typed Name

County Judge

Title

02-11-2025

Date, if not included in digital signature



Signature

RESET FORM



### Signature Authority Designation

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

Completion of this form designates signature authority for Panola County  
Contractor: \_\_\_\_\_

The Contractor may: (1) designate additional signature authority by including the additional signature authority's name and title; or (2) verify that the signature below is the only signature authority designated for contracting with DFPS.


The Contractor understands that there is an ongoing duty to notify DFPS in writing of any change to signature authority during the term of the contract with DFPS. The Contractor verifies that the signature(s) below is a complete, true and correct representation of signature authority.

Rodger McLane  
Printed Name  Signature of Authorized Representative

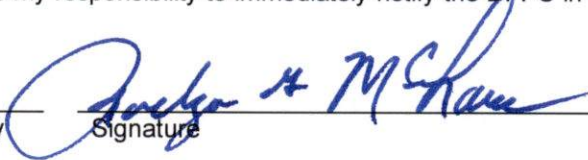
County Judge  
Title of Authorized Representative FEB 11 2025  
Date

Panola County CWS  
Legal Name of Contractor/Potential Contractor 24904597  
Procurement Number or Agency Account ID

**The Designated Signature Authority as referenced above** has authorized the following person(s) listed below to also approve and sign on the contract functions as indicated. Please note that *both* the printed name and signature is required for each authorized individual.

Printed Name	Title	Function	Signature
Jennifer Stacy	County Auditor	Audit	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the person(s) indicated above are designated as "Authorized Official(s)" for the purpose stated and that the signatures are valid. I further understand that it is my responsibility to immediately notify the DFPS in writing of any changes to the above list.

Rodger McLane, County Judge  
Printed or Typed Name & Title of Contract Signatory  Signature

## Internal Control Structure Questionnaire (ICSQ) for Title IV-E County ≥ \$25,000

**Contractor Name:** Panola County

**Fiscal Year:** 2025

**Contract Number:** HHS0015825

Please refer to instructions at end of this questionnaire.

### **SECTION I: FINANCIAL POSITION**

(This section should be answered about your organization as a whole.)

1.	Please indicate the accounting system in place (e.g., accrual, cash, or modified accrual). <u>modified accrual</u>
2.	Does your organization complete yearly financial statements (e.g., Balance Sheet, Income Statement, Cash Flow)? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes: a. Please list the name(s) of the person(s) responsible for preparing the annual financial statements:  <u>Gollob Morgan &amp; Peddy</u>  b. Please attach copy of your most current statements as <b>ATTACHMENT# I-2</b> .  If no, please provide any manual or automated information maintained regarding your current financial position as <b>ATTACHMENT #I-2</b> .
3.	Are your accounting and financial system operations audited at regular intervals by an independent auditor (Certified Public Accountant)? Note that this is not referring to compliance monitoring performed by State Contract Managers. <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes: a. Attach an original, bound audit report and management letter (if applicable) as provided by the independent auditor as <b>ATTACHMENT #I-3</b> .  b. Please indicate the frequency with which your accounting records are audited by an independent auditor.  <u>Yearly</u>  c. Please describe how independent audit results are shared with the governing body of your organization. <u>The independent auditor presents the report at a Commissioners' Court Meeting</u>

## Internal Control Structure Questionnaire (ICSQ) for Title IV-E County ≥ \$25,000

### SECTION II: INTERNAL CONTROLS

#### II. A. GENERAL/ACCOUNTING CONTROLS

(This section should be answered about your organization as a whole. When a question mentions "contracts," it is referring to any contract or grant you administer with funding received through DFPS or any other state or federal agency.)

1.	Has the county submitted a cost allocation plan to DFPS for review? <i>If no, please attach a description of your allocation process as ATTACHMENT #II-1.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A																														
2.	Please attach a list of all of your contracts with state agencies, including DFPS. For each contract, include: state agency name, type of service provided, contract number, dollar amount, and payment method (e.g., cost reimbursement, fee for service) as ATTACHMENT #II-2.																															
3.	Does your organization maintain a separate ledger account for:  a. Deposits for each source of funds?.....  b. Disbursement of each source of funds?.....  Please provide a copy of your chart of accounts, and a description of how your accounting system identifies contract revenues and expenditures separately as ATTACHMENT #II-3.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																														
4.	Are costs and expenditures under budgetary control for:  a. Total contract budget? .....  b. By budget category? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																														
5.	Do all purchases require approval from an authorized individual in the requesting department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																														
6.	Indicate the name and title of individual(s) authorized to:																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">SIGN CHECKS OR AUTHORIZE PAYMENTS</td> <td style="width: 16.6%;">APPROVE PURCHASES <small>(INCLUDING ON-LINE AND CREDIT CARD)</small></td> <td style="width: 16.6%;">PREPARE PAYMENTS <small>(CHECKS AND ELECTRONIC FUND TRANSFERS)</small></td> <td style="width: 16.6%;">RECONCILE ACCOUNTS <small>(INTERNAL ACCOUNTS TO BANK RECORDS)</small></td> <td style="width: 16.6%;">CONTROL INVENTORY <b>N/A</b></td> <td style="width: 16.6%;">RECEIVE CASH</td> </tr> <tr> <td>Name: Abby Booker</td> <td>Name: <sup>Elected Official/department head</sup></td> <td>Name: Abby Booker</td> <td>Name: Christina Chatman</td> <td>Name:</td> <td>Name: Denese Powell</td> </tr> <tr> <td>Title: Treasurer</td> <td>Title: various</td> <td>Title: Treasurer</td> <td>Title: Asst. Auditor</td> <td>Title:</td> <td>Title: Deputy Treasurer</td> </tr> <tr> <td>Name: Jennifer Stacy</td> <td>Name: <sup>Rodger McLane</sup></td> <td>Name: Janet Barnett</td> <td>Name: Robyn Klysen</td> <td>Name:</td> <td>Name: Abby Booker</td> </tr> <tr> <td>Title: County Auditor</td> <td>Title: County Judge</td> <td>Title: Asst. Auditor</td> <td>Title: Asst. Auditor</td> <td>Title:</td> <td>Title: Treasurer</td> </tr> </table>			SIGN CHECKS OR AUTHORIZE PAYMENTS	APPROVE PURCHASES <small>(INCLUDING ON-LINE AND CREDIT CARD)</small>	PREPARE PAYMENTS <small>(CHECKS AND ELECTRONIC FUND TRANSFERS)</small>	RECONCILE ACCOUNTS <small>(INTERNAL ACCOUNTS TO BANK RECORDS)</small>	CONTROL INVENTORY <b>N/A</b>	RECEIVE CASH	Name: Abby Booker	Name: <sup>Elected Official/department head</sup>	Name: Abby Booker	Name: Christina Chatman	Name:	Name: Denese Powell	Title: Treasurer	Title: various	Title: Treasurer	Title: Asst. Auditor	Title:	Title: Deputy Treasurer	Name: Jennifer Stacy	Name: <sup>Rodger McLane</sup>	Name: Janet Barnett	Name: Robyn Klysen	Name:	Name: Abby Booker	Title: County Auditor	Title: County Judge	Title: Asst. Auditor	Title: Asst. Auditor	Title:	Title: Treasurer
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7.	Are all expenditures reconciled with your general ledger? If no, please explain.																															
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																														
8.	How often are bank accounts reconciled to internal check registers?  <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (please specify) _____																															

## Internal Control Structure Questionnaire (ICSQ) for Title IV-E County ≥ \$25,000

9.	Is your accounting system automated? <b>If no, please skip to Question #17.</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Please describe how your accounting system is secured and/or protected (e.g. location, the use of passwords, access limits, checks and balances). <u>All access to accounts are set up with security roles; System access is password controlled</u>	
11.	Please specify the name(s) and title(s) for the individuals with access to the accounting system to perform the following functions: Review Only: <u>Department level review of budget and expenditures only</u>  Record Transactions: <u>Treasurer &amp; Deputies; Auditor and Assistants</u>  Update/Change: <u>Auditor and Auditor Assistants</u>  Delete: <u>General ledger entries - Auditor; Cashiering entries- Treasurer</u>	
12.	Please explain the process (initiation, review, approval, etc.) for making updates, changes, deletions, and year end adjustments to the accounting system. Accounting system entries are entered by one person and reviewed and updated by another. <del>Unless the entries have been instructed by the outside audit firm or the Panoia County Auditor, then the County Auditor will enter and update the required entries to the accounting system.</del>	
13.	Are there controls to provide reasonable assurance that transactions are not lost, duplicated, or added before and/or after data entry and editing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are there controls to provide reasonable assurance that transactions with errors are rejected from further processing (e.g., prevented from updating the files/database)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Is the data entered into the accounting system verified? <i>If yes, please specify whom (name and title) is/are responsible for verifying the data, and how the verification is done.</i>  <u>County Auditor is ultimately responsible for verifying the data.</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	What, if any, additional internal controls and approvals are in place within the organization to ensure payments made are valid and authorized? <u>Purchasing procedures that have three signatures on a P.O. help insure accuracy.</u>	
17.	Are all checks pre-numbered and accounted for? If no, please explain.  <u>Check stock is blank</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18.	a. Are all disbursements (excluding petty cash) made by check?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Internal Control Structure Questionnaire (ICSQ) for Title IV-E County ≥ \$25,000

	<p>If no, what other means does your organization use to make disbursements?</p> <p>_____</p> <p>b. Is a check register (disbursement journal) used to record disbursements and maintain balances?</p> <p>If no, how are disbursements and balances tracked?</p> <p>_____</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19.	<p>Are all disbursements approved prior to payment?</p> <p>If no, please explain.</p> <p>_____</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20.	<p>Is there any additional review or special approval required for payment transactions (check or electronic disbursement) that exceed a specific dollar amount?</p> <p><i>If yes, please specify the dollar limit(s), name(s) and title(s) of responsible staff.</i></p> <p>_____</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21.	<p>Does your organization have a system for tracking:</p> <p>a. Voided checks? .....</p> <p>b. Credit card transactions? .....</p> <p>c. Other electronic transactions?.....</p> <p>If no, please explain.</p> <p>_____</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
22.	<p>Does your organization use a check-signing machine?</p> <p><i>If yes, please describe how the facsimile signature plates are safeguarded from improper use.</i></p> <p><u>In order to use the electronic signatures, you must know the codes for them. Only those with check signature authority have a code.</u></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23.	<p>Are unused checks safeguarded and in the custody of a person who does not manually sign checks, control the use of facsimile signature plates or operate the facsimile signature machine?</p> <p>Please indicate name and title of person who has custody of unused checks. <u>Janet Barnett, Assistant Auditor and Jennifer Stacy, County Auditor have a key to where the checks are located. Janet cannot sign checks.</u></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24.	<p>Are the following practices prohibited:</p> <p>a. The drafting of checks to "CASH"? .....</p> <p>b. The signing of blank checks?.....</p> <p>c. The removal of blank checks from the checkbook? .....</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Internal Control Structure Questionnaire (ICSQ) for Title IV-E County ≥ \$25,000

	If no, please explain.  _____	
25.	Are purchase orders/requisitions controlled in such a way that they can all be accounted for (e.g., by sequential pre-numbering, by entry in a register)?  <i>If yes, please attach an explanation of your purchase orders/requisition controls as <b>ATTACHMENT #II-25</b>.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
26.	Are supporting documents (e.g., service authorizations, invoices, receipts, approvals, receiving reports, canceled checks) maintained with each disbursement and clearly referenced for easy location and retrieval?  <i>If yes, please attach an explanation as <b>ATTACHMENT #II-26</b>. The attachment should describe your process for maintaining supporting documentation, such as:</i> <ul style="list-style-type: none"> <li>• How supporting records are kept and filed (e.g., filed by check number, month of payment)?</li> <li>• How documents are marked when paid to prevent duplication of claims?</li> <li>• How authorizations are maintained internally?</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27.	Do supporting documents accompany checks for the check signer's signature?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
28.	Are invoices marked to identify allocation of payment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29.	Does your organization have procedures to identify costs and expenditures not allowable under federal and/or state regulations?  <i>If yes, please attach an explanation of your system for identifying unallowable costs/expenditures as <b>ATTACHMENT #II-29</b>.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30.	Does your organization have a contract file for each contract? <i>If yes, does each contract file contain:</i> <ul style="list-style-type: none"> <li>a. The executed contract with all attachments? .....</li> <li>b. A copy of each contract amendment (as applicable)? .....</li> <li>c. Billing documents? .....</li> <li>d. Documentation of contract performance? .....</li> <li>e. Related correspondence? .....</li> <li>f. A copy of each subcontract agreement (as applicable)? .....</li> </ul> If no to any of the above, please explain.  _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
31.	Does your organization have a process to prevent unauthorized access to confidential information related to your contracts (for example, sensitive client information or records)?  <i>If yes, please attach a copy of your procedures for safeguarding contract information as <b>ATTACHMENT #II-31</b>.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Internal Control Structure Questionnaire (ICSQ) for Title IV-E County ≥ \$25,000

<b><u>II. B. PERSONNEL</u></b>		
32.	<p>Does your organization have written personnel policies?</p> <p>If no, please explain.</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>If yes, are personnel policies distributed to all employees?.....</p> <p>Do the personnel policies include:</p> <p>a. Hiring? .....</p> <p>b. Performance evaluations?.....</p> <p>c. Time and leave? .....</p> <p>d. Conflict of interest? .....</p> <p>e. Nepotism?.....</p> <p>f. Related-party transactions?.....</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
33.	<p>Does your organization require individual time or activity sheets to be prepared at least monthly for personnel (part-time, full-time, and/or in-kind volunteers)?</p> <p>If no, please explain.</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p><i>If yes, please submit a blank time sheet and/or activity sheet and a copy of the related policy as <b>ATTACHMENT II-33</b>.</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
34.	<p>Does your organization have on file an established rate of pay and withholding information for each employee?</p> <p>If no, please explain.</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
35.	<p>Does your organization have a written job description with a set salary level for each position?</p> <p>If no, please explain.</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
36.	<p>Is the amount being paid to each employee based on documentation of actual hours worked?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

## Internal Control Structure Questionnaire (ICSQ) for Title IV-E County ≥ \$25,000

37.	<p>a. Is your organization current with your payroll taxes? .....</p> <p>b. Does your organization pay payroll taxes directly? .....</p> <p>If no, please explain and indicate name of withholding agent.</p> <p>_____</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b><u>II. C. TRAVEL</u></b></p> <p><b>Reimbursements for travel expenses will be paid according to the State of Texas travel rates in effect on the date of travel as approved by the Office of the Comptroller of Public Accounts.</b></p>		
38.	<p>Are travel expenditures substantiated by travel vouchers, travel logs or other supporting documentation?</p> <p>If no, please explain.</p> <p>_____</p> <p><i>If yes, please submit a copy of your travel policy, a blank travel voucher and a blank travel log as <b>ATTACHMENT II-38</b>.</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p><b><u>II. D. EQUIPMENT</u></b></p>		
39.	<p>a. Please specify the level of capitalization (dollar amount) used by your organization.</p> <p style="margin-left: 20px;"><u>\$5,000 or more</u></p> <p>b. Please provide your organization's definition of equipment:</p> <p style="margin-left: 20px;"><u>n/a</u></p>	
40.	<p>Does your organization conduct a physical inventory of capital equipment purchased with federal funds?</p> <p>If yes, how often?</p> <p style="margin-left: 20px;"><u>An inventory is completed each year, regardless of which funds were used to purchase.</u></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
41.	<p>Has DFPS funds been used (in whole or in part) to purchase equipment or controlled assets (e.g., computers, furniture, cameras, camcorders, laser disc (DVD) players, TVs)?</p> <p><b>Note:</b> Contractors should review the Comptroller's State Property Accounting User Manual at <a href="https://fmx.cpa.state.tx.us/fmx/spa/classcodes/control.php">https://fmx.cpa.state.tx.us/fmx/spa/classcodes/control.php</a> for the most current listing of controlled assets. Contractors must add these items classified as controlled assets to their inventory list based on the noted acquisition costs.</p> <p><b>If no, please skip to Section II.E. Subcontractors.</b></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
42.	<p>Are inventory records maintained that include: item description, serial number, funding source(s), acquisition cost, acquisition date and inventory number?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>



## Internal Control Structure Questionnaire (ICSQ) for Title IV-E County ≥ \$25,000

	<i>Please attach a blank inventory form as <b>ATTACHMENT #II-42</b></i>	
43.	Are all equipment items and controlled assets tagged for the purpose of internal tracking and inventory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44.	Does your organization have policies regarding the documentation required for equipment that has been disposed of?  If yes, please attach a copy of your equipment disposal policy as <b>ATTACHMENT #II-44</b> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>II. E. SUBCONTRACTORS</u></b>		
If your organization does not subcontract DFPS services, or does not intend to subcontract DFPS services, mark N/A <input checked="" type="checkbox"/> here and skip to Section II.F. Title IV-E Child Welfare Services Contract Information.		
45.	Does your organization have written policies and procedures for subcontracted services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46.	Does your organization have a state contract of \$100,000 or greater?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>SECTION II. F: TITLE IV-E CHILD WELFARE SERVICES CONTRACT INFORMATION</u></b>		
This section pertains only to any <b>County Title IV-E Child Welfare Services Contracts</b> with DFPS and <i>does not</i> pertain to any <b>Title IV-E County Legal Services Contract</b> with DFPS. For purposes of this Section, the terms County and County Child Welfare Board are synonymous.		
47.	If administrative costs will be claimed, has the county submitted an administrative budget to DFPS for review and approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
48.	Does the County Child Welfare Board have a process that Caseworkers must follow in order to obtain assistance from the County Child Welfare Board for a Foster Child?  If yes, is the above policy a written (published) policy?  <i>If yes, please attach a description of the process or a copy of the written policy as <b>ATTACHMENT #II-48</b></i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49.	Has/have the county Title IV-E contract(s) been audited by county internal or external auditors?  If yes, please enter date of last audit. <u>12/31/2023</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
50.	Do the region and the county conduct an annual review of the county Title IV-E contracts?  If yes, please enter date of last review. <u>8/12/2024</u>  <b>Note:</b> An annual review of the contract is specified in the contract.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
51.	How does the Child Welfare Board pay for supplemental child-care expenses?  <i>Please provide a description of the process used to pay supplemental child care expenses, including the name and/or position of responsible person/staff as <b>ATTACHMENT #II-51</b>.</i>	
52.	What back-up documentation does the county maintain to support Title IV-E reimbursements?  <i>Please provide a description of the required documentation as <b>ATTACHMENT #II-52</b>.</i>	
53.	Who maintains the documentation within the county (e.g., Child Welfare Board <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">County Auditor</span> )?	

## Internal Control Structure Questionnaire (ICSQ) for Title IV-E County ≥ \$25,000

	Please provide the name of the county Department or name and/or position of responsible person/staff. <u>County Auditor, Jennifer Stacy</u>	
54.	Who, within the county, signs the County Title IV-E Claims Voucher (Form 4116 – State of Texas Purchase Voucher Quarterly Billing)?  Please provide the name and/or position of the responsible person/staff.  <u>County Judge Rodger McLane</u>	
55.	How does the county ensure the County Title IV-E Claims Voucher is reconciled with the county's general ledger?  A complete review of the quarterly expenses against the IV-E listing of eligible children is completed by Christina Chatman and reviewed by Jennifer Stacy, County Auditor.	
56.	Does the county have a process to ensure that all expenditures claimed are allowable?  If yes, please attach a description of the process as <b>ATTACHMENT #II-56</b> .	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57.	Does the county have a process to ensure that all raised or donated funds used as certified match for the County Title IV-E Claims Voucher are unrestricted funds?  If yes, please attach a description of the process as <b>ATTACHMENT #II-57</b> .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
58.	How does the county know which children are IV-E eligible?  Please provide a description of the process and the name and/or position of responsible person/staff as <b>ATTACHMENT #II-58</b> .	

### CERTIFICATION

Signed by an individual with documented 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.

Rodger McLane

---

Signature

02/11/2025

---

Date

Rodger McLane

---

Printed/Typed Name

County Judge

---

Title

# Internal Control Structure Questionnaire (ICSQ) for Title IV-E County $\geq$ \$25,000

## ICSQ Instructions

Every business entity should have internal controls. Internal controls consist of the policies and procedures that a business entity develops and implements to ensure that assets (such as cash and equipment) are safeguarded, that expenditure transactions (such as purchases) are authorized, and that financial data are accurately recorded. Another way of saying this is that a system of internal controls helps to ensure that assets that belong to the business entity are used only for authorized business purposes.

A system of internal controls is not designed primarily to detect errors but rather to reduce the opportunity for errors or dishonesty to occur. In an effective system of internal controls, no one person should carry out all phases of a business transaction from beginning to end. For example, if one person were permitted to order supplies, receive the supplies, write a check to pay for the supplies, and record the transaction in the accounting records, then there would be no protection against either fraud or errors.

A system of internal controls frequently may be improved by physical safeguards (acting as compensatory controls). Computers help to improve the efficiency and accuracy of record keeping functions. Cash registers, safes, and pre-numbered business forms are very helpful in safeguarding cash and establishing responsibility for it. Any system of internal controls must be supervised with care if it is to function effectively.

The Internal Control Structure Questionnaire (ICSQ) consists of a series of questions related to the processes and procedures for handling cash receipts, cash disbursements, physical inventory, file maintenance, etc. Responses to the questions included in the ICSQ allow for an assessment of the effectiveness of the procedures described as compared to best practices and/or specific state and federal guidelines.

## Instructions for Submitting the ICSQ

An up- to-date ICSQ is required to be submitted with each new proposal to contract with DFPS. ***Please use the ICSQ that appropriately reflects the entire contract amount for Title IV-E funds, not just the DFPS drawdown amount.***

No two-sided copies will be accepted. No pamphlets or books will be accepted (except for required financial reports and/or audits). Responses must be typed or printed. All attachments must be clearly numbered.

## Instructions for Completing the ICSQ

The ICSQ has been divided into several sections, as follows:

### SECTION I: FINANCIAL POSITION

This section requests background information about the organization, including the financial system used to maintain the accounting records, preparation of financial statements and the frequency with which financial information is audited.

### SECTION II: INTERNAL CONTROLS

This section addresses Internal Controls as described below:

#### II. A. GENERAL/ ACCOUNTING CONTROLS

The general accounting section addresses file maintenance and the contractor's responsibility to meet contract terms and/or state/federal regulations.

Accounting controls assist with the safeguarding of assets (cash and fixed assets) and the reliability of financial records. The objective sought in the control of cash receipts is to ensure that all cash that is receivable by the business entity is collected and recorded without loss. The system of controlling cash payments should be designed to ensure that no unauthorized payments are made. Control is accomplished by division of responsibility to achieve independent verification of transactions without duplication of effort.

# Internal Control Structure Questionnaire (ICSQ) for Title IV-E County ≥ \$25,000

**Question 1:**

Cost allocation ensures that costs are properly allocated to a specific funding source and that all costs are properly identified.

Cost allocation is required when a cost will benefit more than one contract or funding source. If cost allocation is necessary, contractors must use reasonable methods of allocating costs consistently. Any cost allocation method used should be a reasonable reflection of actual business operations.

**Questions 5 - 6:**

It is a good business practice to require authorized individuals to approve purchases or electronic transactions made on behalf of their department. Designating separate individuals to sign checks or authorize payments, approve purchases, prepare payments, reconcile internal accounts to the general ledger, control assets, and receive cash is also a good business practice. For smaller staffs, it may be necessary to identify compensating controls where adequate separation of duties is not possible.

**Questions 7 - 8:**

All costs that are reported and/or billed to a funding source should be reconciled with the general ledger (the book or file that contains all of the organization's accounts) as well as bank account transaction records.

**Questions 9 - 16:**

If the business entity's accounting system is automated, please complete questions 9 - 16 to provide detail as to who has access to the accounting system and how the system is protected.

**Questions 17 - 25:**

These are examples of internal controls that act as safeguards against unauthorized expenditures and/or check disbursement.

**Questions 26 - 27:**

It is a best practice to maintain supporting documents with each disbursement. Alternatively, supporting documents should be numbered, clearly referenced, and filed for easy retrieval.

**Question 28:**

If more than one funding source is to be used to reimburse a cost, then it is extremely important that the invoice documents how the cost is to be allocated.

**Question 29:**

Contractors should reference the applicable Texas Administrative Code (TAC) or Office of Management and Budget (OMB) Circulars to identify costs and expenditures that are not allowable.

**Question 30:**

An element of a good file maintenance process is having a systematic approach to filing the numerous contract documents that flow through a business entity. A systematic filing approach decreases the risk of lost documents, and provides a central place for documents that pertain to a specific contract.

**Question 31:**

An important protective measure to safeguard sensitive information is controlling physical access to the information or records related to your contracts. All contract information must be cared for with the appropriate level of physical and electronic security. Procedural safeguards ensure adequate controls against unauthorized access, fraudulent activity, disclosure, loss or damage, whether accidental or deliberate, as well as to ensure the availability, integrity, authenticity, and confidentiality of information. Procedural safeguards may include adequate separation of duties, limiting physical access (e.g., storing information in a safe or fireproof filing cabinet, locks on doors or filing cabinets, passwords) or computer-related controls dealing with access privilege.

## **II. B. PERSONNEL**

**Question 32:**

Each business entity should have written personnel policies that are made available to all employees. The policies need to be consistently applied and should include all federally mandated policies related to human resource issues.

# Internal Control Structure Questionnaire (ICSQ) for Title IV-E County ≥ \$25,000

## **Questions 33 - 37:**

OMB Circular A-122, Attachment B, Paragraph 8, subparagraph "m" (revised May 2004) and OMB Circular A-87, Attachment B, Paragraph 8, subparagraph "h" (revised May 2004) address documentation necessary to support salaries and wages. These circulars further state that the allocation of direct service delivery staff salaries between programs and/or contracts must be documented.

## **II. C. TRAVEL** (Travel Costs Paid with DFPS Funds)

### **Question 38:**

Travel expenses for which reimbursement will be requested from DFPS must conform to the current state travel requirements and rates for lodging, meals, and personal vehicle mileage. Supporting documentation for travel expenses must include receipts for the following expenses: parking fees, hotel lodging, taxis, and airfare.

## **II. D. EQUIPMENT**

### **Questions 39 - 44:**

Equipment is defined in 45 Code of Federal Regulations (CFR) Part 74.2 and the Office of Federal Financial Management, Office of Management and Budget (OMB) Circulars.

It is a federal requirement that a physical inventory be taken at least once every two years for equipment acquired with federal funds (including DFPS funds).

The disposition of all equipment purchased with federal funds must be made according to appropriate regulations and departmental policies, as per OMB Circular A-110, Section 34 (G). Equipment purchased using DFPS contract funds is subject to an equitable claim by the state (DFPS) at contract termination. No disposition should take place without prior notification to DFPS contract management.

## **II. E. SUBCONTRACTORS**

This section must be completed if DFPS funds are or will be provided to subcontractors.

### **Question 45:**

Subcontracting policies and procedures should, at minimum, address contractor selection and monitoring.

Subcontractor selection procedures should reflect a system in which the best subcontractor is fairly and objectively selected. Procedures should clearly identify the method of contractor selection utilized (e.g., competitive selection or bidding, negotiation with individual). (OMB Circular A-110, Sections 40-48.) The subcontractor selection process should also include established criteria to evaluate potential subcontractors, ranking method, and the consideration of past performance factors.

Subcontractor monitoring procedures should be sufficient to ensure that subcontractors consistently provide quality services by measuring performance against well-documented outcome expectations. The monitoring function should focus on the outcomes of services provided with an appropriate emphasis on contract monitoring in proportion to the amount/extent of the contracted services. Procedures should adequately describe who is responsible for monitoring, how often monitoring occurs, the monitoring process to include follow-up procedures when corrective action is required. It is also a good business practice to include an ongoing system for ensuring that funds are spent appropriately.

### **Question 46:**

DFPS is committed to encouraging participation and increased opportunities for any minority and women-owned business that is certified as a Historically Underutilized Business (HUB). DFPS requires contractors who have contracts of \$100,000 or more to do the same.

A good faith effort requires that contractors maintain documentation in purchase and contract files of their efforts to utilize HUBs. When HUB bidders are not solicited or selected, documentation should clearly state the reason. Contractors who have contracts of \$100,000 or more may be required to have a HUB Subcontracting Plan that documents either:

## Internal Control Structure Questionnaire (ICSQ) for Title IV-E County $\geq$ \$25,000

- a) That contractor does not plan to subcontract any component of the DFPS contract, or
- b) That contractor does plan to subcontract and includes at minimum the contractor's written policy/procedures for subcontracting and contractor's methods for soliciting and selecting subcontractors. In this case, a HUB Subcontracting Form must be on file.

### **II. F. TITLE IV-E CHILD WELFARE SERVICES CONTRACT INFORMATION**

#### **Questions 47 - 58:**

This section captures county policy and procedures specific to any Title IV-E Child Welfare Services contract and is used in the determination of appropriate monitoring efforts.

APPROVED 02-11-2025

Rodger G. McLane  
County Judge

*Rodger G. McLane*

**PANOLA COUNTY OFFICIAL / EMPLOYEE REQUEST FOR CONFERENCE**

\_\_\_\_\_ ONLINE                      X \_\_\_\_\_ IN PERSON

NAME: Larry W. Fields

POSITION: Criminal District Attorney

DEPARTMENT: Criminal District Attorney

DATE: January 23, 2025

CONFERENCE: 2025 Newly Elected Boot Camp- Sequel

LOCATION: Austin, TX

DATES: 2-27-25 TO 2-28-25

NUMBER OF DAYS OUT OF OFFICE FOR THIS CONFERENCE: 1

Does this conference meet your educational requirements for the year? no

If not, how much of your requirements will be met by this conference? 3 hours

How much of your requirements have been met already, not counting this conference? 0

How many days have you been away from your job this year for conferences, not counting this conference? 0

Do you have sufficient funds in your budget for this conference? yes

Write a short statement explaining the public purpose that will be met by your attendance at this conference: (continue on the back if necessary.)

Boot camp for New DA's.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JOEY FENLAW**  
*First Assistant District Attorney*

**JIM HOLDER**  
*Investigator*



**123<sup>rd</sup> JUDICIAL DISTRICT**  
**PANOLA COUNTY, TEXAS**

**COUNTY COURT AT LAW**  
**PANOLA COUNTY, TEXAS**

**LARRY W FIELDS**

*Criminal District Attorney*

January 23, 2025

Panola County Commissioner's Court

Dear Judge & Commissioners:

This letter is to request that I be approved for attendance 2025 Newly-Elected Boot Camp: the Sequel on February 26, 2025 in Austin, Texas. It is necessary that I attend this seminar to be apprised of all the updated laws and information pertinent to my position as Criminal District Attorney.

This meeting will help in meeting my CLE hours.

Sincerely,

A handwritten signature in blue ink, appearing to read "Larry W. Fields".

Larry W. Fields

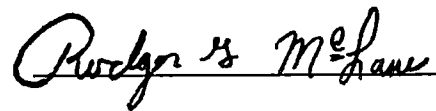
LF:je





APPROVED 02-11-2025

Rodger G. McLane  
County Judge



**PANOLA COUNTY OFFICIAL/EMPLOYEE  
REQUEST FOR ATTENDANCE AT A CONFERENCE**

NAME: Colton McNair  
POSITION: Mental Health Deputy  
DEPARTMENT: Panola County Sheriff's Office  
DATE: 1/29/25

CONFERENCE: 2025 Texas CIT Conference  
LOCATION: San Marcos, TX  
DATES: April 6, 2025 to April 9, 2025

NUMBER OF DAYS OUT OF THE OFFICE FOR THIS CONFERENCE: 4

Does the conference meet your educational requirements for the year? Yes

If not, how much of your requirements will be met by this conference? \_\_\_\_\_

How much of your requirements have been met already, not counting this conference?  
16

How many days have you been away from your job this year for conferences, not counting this conference? 0

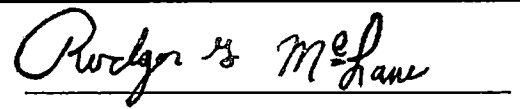
Do you have sufficient funds in your budget for this conference? Yes

Write a short statement explaining the public purpose that will be met by your attendance at this conference: (continue on the back if necessary.)

This conference is not just another event; it's a movement toward fostering collaboration and understanding among those who are at the forefront of crisis intervention.

Whether you're working on the front lines, shaping policies, or advocating for mental health, this is your chance to engage in critical conversations and learn from experts in the field.

**APPROVED** 02-11-2025  
Rodger G. McLane  
County Judge



**PANOLA COUNTY OFFICIAL/EMPLOYEE  
REQUEST FOR ATTENDANCE AT A CONFERENCE**

NAME: Lee Dudley

POSITION: County Extension Agent

DEPARTMENT: AgriLife Extension

DATE: 1/24/2025

CONFERENCE: Travel to Mondin Rabbits for County Show

LOCATION: Seguin TX

DATES: 2/2/2025 through 2/3/2025

NUMBER OF DAYS OUT OF THE OFFICE FOR THIS CONFERENCE: 1

Does the conference meet your education requirements for the year? \_\_\_\_\_

If not, how much of your requirements will be met by this conference? \_\_\_\_\_

How much of your requirements have been met already, not counting this conference?  
\_\_\_\_\_

How many days have you been away from your job this year for conferences, not counting this conference? 0

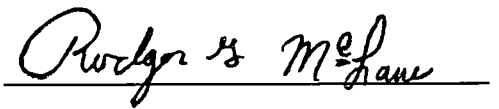
Do you have sufficient funds in your budget for this conference? yes

Write a short statement explaining the public purpose that will be met by your attendance at this conference: (continue on the back of necessary)

To be pick up market rabbits for 15 kids that are showing at the Panola County Jr Livestock Show  
\_\_\_\_\_

APPROVED 02-11-2025

Rodger G. McLane  
County Judge



**PANOLA COUNTY OFFICIAL/EMPLOYEE  
REQUEST FOR ATTENDANCE AT A CONFERENCE**

NAME: SHAKAMI MANNING  
POSITION: SERGEANT CIVIL/TELECOMMUNICATIONS TAC  
DEPARTMENT: PANOLA COUNTY SHERIFFS OFFICE  
DATE: FEBRUARY 19, 2025

CONFERENCE: TCIC/TLETS TERMINAL COORDINATOR  
LOCATION: TYLER POLICE DEPARTMENT  
DATES: 02/19/2025 to 02/19/2025

NUMBER OF DAYS OUT OF THE OFFICE FOR THIS CONFERENCE: 1

Does the conference meet your educational requirements for the year? YES

If not, how much of your requirements will be met by this conference? \_\_\_\_\_

How much of your requirements have been met already, not counting this conference?  
\_\_\_\_\_

How many days have you been away from your job this year for conferences, not counting this conference? NONE

Do you have sufficient funds in your budget for this conference? YES

Write a short statement explaining the public purpose that will be met by your attendance at this conference: (continue on the back if necessary.)

REQUIREMENT FOR TERMINAL AGENCY COORDINATOR  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED 02-11-2025

Rodger G. McLane  
County Judge

*Rodger G. McLane*

**PANOLA COUNTY OFFICIAL/EMPLOYEE**

**REQUEST FOR ATTENDANCE AT A CONFERENCE**

NAME: KARLEE COHORST

POSITION: TELECOMMUNICATIONS OFFICER

DEPARTMENT: PANOLA COUNTY SHERIFFS OFFICE

DATE: FEBRUARY 19, 2025

CONFERENCE: TCIC/TLETS TERMINAL COORDINATOR

LOCATION: TYLER POLICE DEPARTMENT

DATES: 02/19/2025 to 02/19/2025

NUMBER OF DAYS OUT OF THE OFFICE FOR THIS CONFERENCE: 1

Does the conference meet your educational requirements for the year? YES

If not, how much of your requirements will be met by this conference? \_\_\_\_\_

How much of your requirements have been met already, not counting this conference?  
\_\_\_\_\_

How many days have you been away from your job this year for conferences, not counting this conference? NONE

Do you have sufficient funds in your budget for this conference? YES

Write a short statement explaining the public purpose that will be met by your attendance at this conference: (continue on the back if necessary.)

REQUIREMENT FOR ASSISTANT TERMINAL AGENCY COORDINATOR

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



APPROVED 02-11-2025

Rodger G. McLane

County Judge

*Rodger G. McLane*

**PANOLA COUNTY OFFICIAL/EMPLOYEE**

**REQUEST FOR ATTENDANCE**

**AT A CONFERENCE**

NAME: *Jennifer Stacy*  
 POSITION: *Auditor*  
 DEPARTMENT: *Auditor*  
 DATE: *1-14-25*

CONFERENCE: *TAC Healthy County*  
 LOCATION: *Austin, TX*  
 DATES: *1-29-25* to *1-31-25*  
 NUMBER OF DAYS OUT OF OFFICE FOR THIS CONFERENCE: *3*

Does the conference meet your educational requirements for the year? *no*

If not, how much of your requirements will be met by this conference? *8 hrs*

How much of your requirements have been met already, not counting this conference? *12.9*

How many days have you been away from your job this year for conferences, not counting this conference? *none*

Do you have sufficient funds in your budget for this conference? *yes / TAC pays*

Write a short statement explaining the public purpose that will be met by your attendance at this conference: (continue on the back if necessary.)

*Healthy County is a conference that TAC sponsors to keep us informed about our health insurance.*

APPROVED 02-11-2025

Rodger G. McLane

County Judge

*Rodger G. McLane*

**PANOLA COUNTY OFFICIAL/EMPLOYEE**

**REQUEST FOR ATTENDANCE**

**AT A CONFERENCE**

NAME: Jennifer Hays

POSITION: Auditor

DEPARTMENT: Auditor

DATE: 2-4-2025

CONFERENCE: TAC RMP

LOCATION: Austin, TX

DATES: 4-9-25 to 4-11-25

NUMBER OF DAYS OUT OF OFFICE FOR THIS CONFERENCE: 3

Does the conference meet your educational requirements for the year? no

If not, how much of your requirements will be met by this conference? 8

How much of your requirements have been met already, not counting this conference? 20.9

How many days have you been away from your job this year for conferences, not counting this conference? 3

Do you have sufficient funds in your budget for this conference? TAC paid

Write a short statement explaining the public purpose that will be met by your attendance at this conference: (continue on the back if necessary.)

TAC Risk Mgt Pool conference keeps me informed about issues that potentially bring risk to the county.



APPROVED 02-11-2025

Rodger G. McLane  
County Judge

*Rodger G. McLane*

PANOLA COUNTY OFFICIAL/EMPLOYEE

REQUEST FOR ATTENDANCE

AT A CONFERENCE

NAME: Garnet Barnett

POSITION: Assistant Auditor

DEPARTMENT: Auditor's Office

DATE: 1/28/2025

CONFERENCE: 2025 Healthy County Bootcamp

LOCATION: Austin, TX

DATES: 1/29/2025 to 1/31/2025

NUMBER OF DAYS OUT OF OFFICE FOR THIS CONFERENCE: 3

Does the conference meet your educational requirements for the year? n/a

If not, how much of your requirements will be met by this conference? n/a

How much of your requirements have been met already, not counting this conference? n/a

How many days have you been away from your job this year for conferences, not counting this conference? 0

Do you have sufficient funds in your budget for this conference? yes

Write a short statement explaining the public purpose that will be met by your attendance at this conference: (continue on the back if necessary.)

HCBC engages the attendee in wellness industry latest trends & allows us to hear from our peers powerful tips, strategies, & resources that we can use to help county officials & employees lead healthier lives.

APPROVED 02-11-2025

Rodger G. McLane  
County Judge

*Rodger G. McLane*

~~PANOLA COUNTY OFFICIAL/EMPLOYEE~~

**REQUEST FOR ATTENDANCE AT A CONFERENCE**

NAME: Loretta Mason  
POSITION: Elections Administrator/Voter Registrar  
DEPARTMENT: Elections  
DATE: 01/24/2025

CONFERENCE: 2025 County Elections Academy  
LOCATION: Georgetown, Tx  
DATES: March 30-April 1

NUMBER OF DAYS OUT OF OFFICE FOR THIS CONFERENCE: 2

Does the conference meet your educational requirements for the year? \_\_\_\_\_

If not how much of your requirements will be met by this conference? \_\_\_\_\_

How much of your requirements have been met already, not counting this conference?  
\_\_\_\_\_

How many days have you been away from your job this year for conferences, not counting this conference? 0

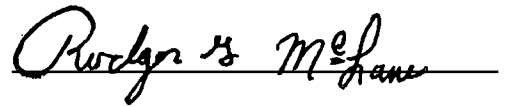
Do you have sufficient funds in your budget for this conference? Yes

Write a short statement explaining the public purpose that will be met by your attendance at this conference: (continue on the back if necessary.)

The conference will keep us updated on all the changes we face in the election office every day.  
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APPROVED 02-11-2025

Rodger G. McLane  
County Judge



~~PANOLA COUNTY OFFICIAL/EMPLOYEE~~  
**REQUEST FOR ATTENDANCE AT A CONFERENCE**

NAME: Kelsey Gates  
POSITION: Election Administrators Assistant  
DEPARTMENT: Elections  
DATE: 01/24/2025

CONFERENCE: 2025 County Elections Academy  
LOCATION: Georgetown, Tx  
DATES: March 30-April 1

NUMBER OF DAYS OUT OF OFFICE FOR THIS CONFERENCE: 2

Does the conference meet your educational requirements for the year? \_\_\_\_\_

If not how much of your requirements will be met by this conference? \_\_\_\_\_

How much of your requirements have been met already, not counting this conference?  
\_\_\_\_\_

How many days have you been away from your job this year for conferences, not counting this conference? 0

Do you have sufficient funds in your budget for this conference? Yes

Write a short statement explaining the public purpose that will be met by your attendance at this conference: (continue on the back if necessary.)

The conference will keep us updated on all the changes we face in the election office every day.  
\_\_\_\_\_  
\_\_\_\_\_  
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APPROVED 02-11-2025

Rodger G. McLane  
County Judge

*Rodger G. McLane*

**PANOLA COUNTY OFFICIAL / EMPLOYEE REQUEST FOR CONFERENCE**

           ONLINE             IN PERSON

NAME: David Gray

POSITION: Chief Deputy

DEPARTMENT: Panola Co. Sheriff's Office

DATE: February 3, 2025

CONFERENCE: Texas Chief Deputy Annual Conference

LOCATION: San Marcos, Texas

DATES: June 9, 2025 to June 13, 2025

NUMBER OF DAYS OUT OF OFFICE FOR THIS CONFERENCE: 5

Does this conference meet your educational requirements for the year?           

If not, how much of your requirements will be met by this conference?           

How much of your requirements have been met already, not counting this conference?           

How many days have you been away from your job this year for conferences, not counting this conference?           

Do you have sufficient funds in your budget for this conference? Yes

Write a short statement explaining the public purpose that will be met by your attendance at this conference: (continue on the back if necessary.)

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