

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

**CWIVE Summary**

Please select your County and Budget Effective Date from drop down boxes below.

County: PANOLA COUNTY  
Contract Number: HHS000285000011  
Budget Effective Date: 10/1/2025-9/30/2026

Cost Category	Estimated Total Expenses Allocable to Title IV-E	Total Anticipated Federal Reimbursement	Total Anticipated County Match
<b>A. Administration</b>			
A.1. Direct Personnel Salaries	\$0.00	\$0.00	\$0.00
A.2. Direct Personnel Fringe Benefits	\$0.00	\$0.00	\$0.00
A.3. Direct Personnel Travel	\$0.00	\$0.00	\$0.00
A.4. Direct Materials and Supplies	\$0.00	\$0.00	\$0.00
A.5. Direct Equipment	\$0.00	\$0.00	\$0.00
A.6. Direct Other Costs	\$0.00	\$0.00	\$0.00
<b>Total Administration:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>B. Training</b>			
B.1. Title IV-E Training (75%)	\$0.00	\$0.00	\$0.00
B.2. Title IV-E Fostering Connections Training (75%)	\$0.00	\$0.00	\$0.00
B.3. Non-Title IV-E Training (50%)	\$0.00	\$0.00	\$0.00
<b>Total Training:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>C. Supplemental Foster Care Maintenance (SFCM)</b>			
<b>Total SFCM:</b>	<b>\$25,000.00</b>	<b>\$15,000.00</b>	<b>\$10,000.00</b>
<b>D. Indirect Costs (if applicable)</b>			
<b>Total Indirect Costs:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Grand Total:</b>	<b>\$25,000.00</b>	<b>\$15,000.00</b>	<b>\$10,000.00</b>

*Estimated Federal Reimbursement for expenses based on Eligible Population Rate (EPR) during 2nd quarter of the preceding fiscal year. Actual reimbursement will be based on EPR in effect for the county during the month in which expenses were	<b>36.36%</b>
* Estimated Federal Reimbursement for Supplemental Foster Care Maintenance expenses based on Federal Medicaid Assistance Percentage (FMAP) rate in effect during preceding fiscal year. Actual reimbursement will be based on FMAP rate in effect at the time reimbursement is made.	<b>60.00%</b>
Indirect Cost Rate, if applicable (attach a copy of the approved Certificate of Indirect Costs):	<b>0.00%</b>

**Contractor Certification**

Signature Rodger McLane

2-28-2025  
Date

Rodger McLane, County Judge  
Printed Name & Title

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

**Supplemental Foster Care Maintenance (SFCM)**

**County:** PANOLA COUNTY

**Contract Number:** HHS00028500011

**Budget Effective Date:** 10/1/2025-9/30/2026

<b>Supplemental FC Maintenance (description)</b>	<b>Estimated Total Expense*</b>
Monthly Allowance	\$10,000.00
Clothing	\$5,000.00
Gifts	\$3,000.00
Graduation Expenses	\$1,000.00
Personal Items	\$1,000.00
School Supplies	\$5,000.00
<b>Total SFCM Costs:</b>	<b>\$25,000.00</b>



**FFATA CERTIFICATION**

F502 FORM-4734

December 2024

The Federal Funding Accountability and Transparency Act (FFATA) annual certification enumerated below represent material facts upon which DFPS relies when reporting information to the federal government required under federal law. If the Department later determines that the subrecipient knowingly rendered an erroneous certification, DFPS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DFPS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances.

**If the signatory cannot certify all of the statements contained in this section, signatory must provide written notice to DFPS detailing which of the below statements it cannot certify and why.**

Enter your organization’s Unique Entity Identifier  
(generated by SAM.gov):  
Enter the parent Unique Entity Identifier, if applicable:

Did your organization have gross income, from all sources, of less than \$300,000 in your previous tax year?

Yes  No  N/A  (if entity does not generate income)

If your answer is **Yes**, skip Parts **A**, **B**, **C**, and **D** and complete Part **E**.

If your answer is **No** or **N/A**, complete Parts **A** and **B**.

**PART A. Certification Regarding % of Annual Gross from Federal Awards**

Did your organization receive 80% or more of its annual gross income from federal awards in the previous tax year?

Yes  No

**PART B. Certification Regarding Amount of Annual Gross from Federal Awards**

Did your organization receive \$25 million or more in annual gross income from federal awards in the previous tax year?

Yes  No



If your answer is Yes to both A and B, you must complete Part C.
If your answer is No to either A or B, skip Parts C and D, and complete Part E.

PART C. Certification Regarding Public Access to Compensation Information

Does the public have access to information about the compensation [17 CFR 229.402(c)(2)] of the senior executives (e.g., officers, managing partners, or any other employees in management positions) in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78(d)) or section 6104 of the Internal Revenue Code of 1986?

Yes [ ] No [ ] N/A [ ] (if entity reports through some other means, state how:)

If your answer is Yes, skip Part D and complete Part E.
If your answer is No, you must provide compensation information to DFPS for FFATA reporting in Part D.
If N/A, you may still be required to supply compensation information pending DFPS or federal awarding agency approval. Skip Part D until requested to supply compensation information and proceed to complete Part E.

PART D. Certification Regarding Executive Compensation

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

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

Subrecipient Executive Names Total Compensation



[Empty box for additional information]

**PART E. General FFATA Certification**

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

Rodger McLane

**Printed Name of Authorized Representative**

*Rodger McLane*

**Signature of Authorized Representative**

County Judge

**Title of Authorized Representative**

February 28, 2025

**Date**

Panola County

**Legal Name of Subrecipient**

24727318

**Agency Account ID Number**

Carthage, Panola County

**Principal Place of Performance (POP)  
(Enter City, County)**

TX

**State**

75633-2596

**9-Character Zip Code  
(ZIP+4 code)**

**POP Congressional District:** Congressional District 1