

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

Summary			
		County:	Webb County
		Contract Number:	23940438
		Budget Effective Date:	10/1/2015-9/30/2016
Cost Category	Estimated Total Expenses Allocable to Title IV-E	Total Anticipated Federal Reimbursement	Total Anticipated County Match
A. Administration			
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	\$1,000.00	\$228.37	\$771.64
A.5. Direct Equipment	\$0.00	\$0.00	\$0.00
A.6. Direct Other Costs	\$0.00	\$0.00	\$0.00
Total Administration	\$1,000.00	\$228.37	\$771.64
B. Training			
B.1. Title IV-E Training (75%)	\$0.00	\$0.00	\$0.00
B.2. Title IV-E Fostering Connections Training (65%)	\$0.00	\$0.00	\$0.00
B.3. Non-Title IV-E Training (50%)	\$0.00	\$0.00	\$0.00
Total Training	\$0.00	\$0.00	\$0.00
C. Supplemental Foster Care Maintenance (SFCM)			
Total SFCM	\$26,000.00	\$14,853.80	\$11,146.20
D. Indirect Costs (if applicable)			
Indirect Cost Base	\$0.00	\$0.00	\$0.00
Grand Total	\$27,000.00	\$15,082.17	\$11,917.84
<p>*Estimated Federal Reimbursement for expenses based on Eligible Population Rate (EPR) during 3rd quarter of the preceding fiscal year:</p> <p>Actual reimbursement will be based on EPR in effect for the county during the month in which expenses were incurred.</p>			45.673%
<p>* Estimated Federal Reimbursement for Supplemental Foster Care Maintenance expenses based on Federal Medicaid Assistance Percentage (FMAP) rate in effect during preceding fiscal year:</p> <p>Actual reimbursement will be based on FMAP rate in effect at the time reimbursement is made to contractor.</p>			57.13%
<p>Indirect Cost Rate, if applicable (attach a copy of the approved Certificate of Indirect Costs):</p> <p align="center"><i>Contractor Certification</i></p>			0.000%
<p>_____ Signature</p>		<p>_____ Date</p>	
<p>Tano E. Tijerina, Webb County Judge</p>			

**Budget for Title IV-E
County Legal Services Contract**

Summary			
		County:	Webb County
		Contract Number:	23940437
		Budget Effective Date:	10/01/2015-9/30/2016
Cost Category	Estimated Total Expenses Allocable to Title IV-E	Total Anticipated Federal Reimbursement*	Total Anticipated County Match
A. Administration			
A.1. Direct Personnel Salaries	\$358,627.80	\$81,898.04	\$276,729.76
A.2. Direct Personnel Fringe Benefits	\$120,893.00	\$27,607.73	\$93,285.27
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
Total Administration	\$479,520.80	\$109,505.77	\$370,015.03
B. Training			
B.1. Title IV-E Training (75%)	\$0.00	\$0.00	\$0.00
B.2. Title IV-E Fostering Connections Training (65%)	\$0.00	\$0.00	\$0.00
B.3. Non-Title IV-E Training (50%)	\$0.00	\$0.00	\$0.00
Total Training	\$0.00	\$0.00	\$0.00
C. Indirect Costs (if applicable)			
Total Indirect Costs	\$0.00	\$0.00	\$0.00
Grand Total	\$479,520.80	\$109,505.77	\$370,015.03
<p>*Estimated Federal Reimbursement for expenses based on Eligible Population Rate (EPR) during 3rd quarter of the preceding fiscal year:</p> <p>Actual reimbursement will be based on EPR in effect for the county during the month in which expenses were incurred.</p>			45.673%
<p>Indirect Cost Rate, if applicable (attach a copy of the approved Certificate of Indirect Costs):</p>			0.000%
<u>Contractor Certification</u>			
<p>_____ Signature</p>		<p>_____ Date</p>	
<p>_____ Tano Tijerina, Webb County Judge Printed Name & Title</p>			

Contractor: Webb County

9007ICC

DFPS Contract Legal Services Contract #23940437
Number(s): Child Welfare Services Contract #23940438

Fiscal Year Certified 2015

1. Please initial and date next to the appropriate box after reviewing the applicable section of the ICSQ being certified:

_____ **FINANCIAL POSITION** - Review for changes to accounting procedures and financial stability. Provide updated financial statements and most recent audit.

Section is not applicable

_____ **GENERAL/ACCOUNTING CONTROLS** - Review the allocation plan included as an attachment to the ICSQ, if applicable; Chart of Accounts, information on contracts/programs administered; any changes to accounting system, etc.

Section is not applicable

_____ **CONTRACT DOCUMENTATION** - Review for changes to contract documentation requirements.

Section is not applicable

_____ **PERSONNEL** - Review for changes to personnel and payroll practices.

Section is not applicable

_____ **TRAVEL** - Review for changes to travel policy.

Section is not applicable

_____ **EQUIPMENT** - Review for changes to capitalization threshold and inventory.

Section is not applicable

_____ **SUBCONTRACTORS** - Review for changes in procurement and/or monitoring procedures.

Section is not applicable

_____ **STAFF/VOLUNTEERS** - Review for changes in procurement and/or monitoring procedures.

Section is not applicable

_____ **RELATED PARTY TRANSACTIONS** - Review for changes of related parties in organization and updated lease information.

Section is not applicable

_____ **TITLE IV-E CHILD WELFARE SERVICES CONTRACT INFORMATION** - Review for changes of contract information.

Section is not applicable

2. I have reviewed the Internal Control Structure Questionnaire and supporting documentation originally certified by our organization on _____, and re-certify **one** of the following: 9007ICC

- The ICSQ and supporting documentation remains true and accurate, with no exceptions.
- The ICSQ and supporting documentation remains true and accurate, with the exception of changes indicated on the attached documents. (Please indicate the applicable contract number, corresponding ICSQ number and how changed.)

Signature of Authorized Representative

Title

Printed/Typed Name

Date

FOR DFPS ONLY:

I have reviewed the Internal Control Structure Questionnaire and supporting documentation submitted or certified by the organization on _____, and have determined that this ICSQ is being shared for the following contracts:_____.

- The ICSQ and supporting documentation remains true and accurate and can be shared through the following date_____.

Risk Analysis Questionnaire FY 2016

Legal Name of Contractor:	Webb County	Contract Number:	23940437 & 23940438
Please provide the person's name, title, and number to contact for questions or if additional information is needed:		Contact Name & Title: Rolando Garza, 1 st Assistant Co. Atty. Contact Phone Number: 956-523-4044	

Active Contracts & Payment Types

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

Yes No

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

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

Entity Name	Contract Number	Payment Type

Independent Audits

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

If yes, please identify the authority requiring the audit: Single Audit Act

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

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

Additional Information: FY ended 09/30/2014

RAI Factor #15

Related Party Transactions

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

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

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

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

RAI Factor #11

Subcontractors

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

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

RAI Factor #9

Key Management Staff

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

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

Yes No

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

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

Fiscal components refer to the financial aspect of the contract.

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

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

RAI Factor #7

Direct Delivery Staff

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

Yes No

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

0 - 23 months

24 - 59 months

60 or more months

RAI Factor #8

Internal Controls

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

Yes No

If Yes, Describe:

RAI Factor #10

CERTIFICATION

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

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

Signature

Date

Printed Name

Title

Signature Authority Designation

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

Completion of this form designates signature authority for 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.

Tano E. Tijerina
Printed Name

Signature of Authorized Representative

Webb County Judge
Title of Authorized Representative

Date

Legal Name of Contractor/Potential Contractor

Contract or Procurement Number

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
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature
Printed Name	Title	Function	Signature

I certify that the person(s) 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.

Printed or Typed Name & Title of Contract Signatory

Signature

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

Did your organization complete the CCR registration? Yes No

Enter Your Dun & Bradstreet (D&B) DUNS Number, and its parent if applicable: 052767030

Did your organization have a 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 questions "A", "B", and "C" and finish the certification.
If your answer is "No" or N/A, answer questions "A" and "B".

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

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year? Yes No

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

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year? Yes No

If your answer is "Yes" to both question "A" and "B", you must answer question "C".
If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

C. Certification Regarding Public Access to Compensation Information.

Does the public have access to information about the compensation [17 CFR 229.402(c)(2)] of the senior executives (e.g., officers, managing partners, or any other employees in management positions) in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? Yes No N/A (if entity reports through some other means, state how:)

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

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

Tano Tijerina	
Printed Name of Authorized Representative	Signature of Authorized Representative
County Judge	
Title of Authorized Representative	Date
Webb County	23940437 and 23940438
Legal Name of Contractor	Contract Number

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

Grant Award Number: 23940437 & 23940438

Catalog of Federal Domestic Assistance Number (CFDA):

Did your organization complete the System for Award Management (SAM) registration?

Yes No

Catalog Federal Domestic Assistance (CFDA) Annual Grant Document Number:

Enter Your Dun & Bradstreet (D&B) DUNS Number, and its parent if applicable: 052767030

Did your organization have a 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 questions "A", "B", and "C" and finish the certification.

If your answer is "No" or N/A, answer questions "A" and "B".

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

Did your organization receive 80% or more of its annual gross income from federal awards in the previous tax year? Yes No

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

Did your organization receive \$25 million or more in annual gross income from federal awards in the previous tax year? Yes No

If your answer is "Yes" to both question "A" and "B", you must answer question "C".

If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

C. Certification Regarding Public Access to Compensation Information.

Does the public have access to information about the compensation [17 CFR 229.402(c)(2)] of the senior executives (e.g., officers, managing partners, or any other employees in management positions) in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? Yes No N/A (if entity reports through some other means, state how:)

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

contractor entry columns							contractor entry column	
B	C	D	E	F	G	H	I	J
<i>Contractor DUNS number</i>	<i>Contractor DUNS+4 digits as applicable</i>	<i>Primary City</i>	<i>Primary State</i>	<i>9 character zip code</i>	<i>Primary Country</i>	<i>DFPS Contract Number</i>	<i>Contractor Compensated Amount</i>	<i>Contractor Legal Name</i>
008517104	1234	LongTree	TX	087341234	USA	529-11-0001-00001	John Brown:50000; Mary Rudd:50000; Eric Landon:400000; Todd Parker:300000 ;Sally Thompson:300000	Henderson Clinic
					USA			
					USA			
					USA			
					USA			
					USA			
					USA			
					USA			

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

Printed Name of Authorized Representative	Signature of Authorized Representative
Title of Authorized Representative	Date
Legal Name of Contractor	Contract Number