

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

**Contractor Name:** Webb County

**Fiscal Year:** 2018

**Contract Number:** 23940437 MS &  
23940438

Please refer to instructions at end of this questionnaire.

| <b><u>SECTION I: FINANCIAL POSITION</u></b><br>(This section should be answered about your organization as a whole.) |  |
|--|--|
| 1.   | <p>Please indicate the accounting system in place (e.g., accrual, cash, or modified accrual).</p> <p><u>Modified accrual basis of accounting.</u></p>  |
| 2.   | <p>Does your organization complete yearly financial statements (e.g., Balance Sheet, Income Statement, Cash Flow)?</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><i>If yes:</i></p> <p style="margin-left: 20px;">a. Please list the name(s) of the person(s) responsible for preparing the annual financial statements:</p> <p style="margin-left: 40px;"><u>Corado Hein, Iterim Webb County Auditor</u></p> <p style="margin-left: 20px;">b. Please attach copy of your most current statements as <b>ATTACHMENT# I-2.</b></p> <p><i>If no, please provide any manual or automated information maintained regarding your current financial position as <b>ATTACHMENT #I-2.</b></i></p>  |
| 3.   | <p>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.</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><i>If yes:</i></p> <p style="margin-left: 20px;">a. Attach an original, bound audit report and management letter (if applicable) as provided by the independent auditor as <b>ATTACHMENT #I-3.</b></p> <p style="margin-left: 20px;">b. Please indicate the frequency with which your accounting records are audited by an independent auditor.</p> <p style="margin-left: 40px;"><u>Annual.</u></p> <p style="margin-left: 20px;">c. Please describe how independent audit results are shared with the governing body of your organization.</p> <p style="margin-left: 40px;"><u>Results are presented to Commissioners Court, at Courtmeetings made public.</u></p> |

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### 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?<br><i>If no, please attach a description of your allocation process as ATTACHMENT #II-1.</i>   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 <b>ATTACHMENT #II-2</b> .  |  |  |   |   |  |                   |              |                     |                        |                     |                     |                        |                     |                 |                         |                 |                 |                         |                 |                    |       |       |       |       |       |                        |        |        |        |        |        |
| 3.                                | Does your organization maintain a separate ledger account for:<br><br>a. Deposits for each source of funds? .....<br><br>b. Disbursement of each source of funds? .....<br><br>Please provide a copy of your chart of accounts, and a description of how your accounting system identifies contract revenues and expenditures separately as <b>ATTACHMENT #II-3</b> .  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |   |   |  |                   |              |                     |                        |                     |                     |                        |                     |                 |                         |                 |                 |                         |                 |                    |       |       |       |       |       |                        |        |        |        |        |        |
| 4.                                | Are costs and expenditures under budgetary control for:<br><br>a. Total contract budget? .....<br><br>b. By budget category? .....   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br><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; margin-top: 10px;"> <thead> <tr> <th style="width: 16.6%;">SIGN CHECKS OR AUTHORIZE PAYMENTS</th> <th style="width: 16.6%;">APPROVE PURCHASES<br/><small>(INCLUDING ON-LINE AND CREDIT CARD)</small></th> <th style="width: 16.6%;">PREPARE PAYMENTS<br/><small>(CHECKS AND ELECTRONIC FUND TRANSFERS)</small></th> <th style="width: 16.6%;">RECONCILE ACCOUNTS<br/><small>(INTERNAL ACCOUNTS TO BANK RECORDS)</small></th> <th style="width: 16.6%;">CONTROL INVENTORY</th> <th style="width: 16.6%;">RECEIVE CASH</th> </tr> </thead> <tbody> <tr> <td>Name: Delia Perales</td> <td>Name: Jose Angel Lopez</td> <td>Name: Delia Perales</td> <td>Name: Delia Perales</td> <td>Name: Jose Angel Lopez</td> <td>Name: Delia Perales</td> </tr> <tr> <td>Title: Treasure</td> <td>Title: Purchasing Agent</td> <td>Title: Treasure</td> <td>Title: Treasure</td> <td>Title: Purchasing Agent</td> <td>Title: Treasure</td> </tr> <tr> <td>Name: Conrado Hein</td> <td>Name:</td> <td>Name:</td> <td>Name:</td> <td>Name:</td> <td>Name:</td> </tr> <tr> <td>Title: Interim Auditor</td> <td>Title:</td> <td>Title:</td> <td>Title:</td> <td>Title:</td> <td>Title:</td> </tr> </tbody> </table> |  | SIGN CHECKS OR AUTHORIZE PAYMENTS  | APPROVE PURCHASES<br><small>(INCLUDING ON-LINE AND CREDIT CARD)</small> | PREPARE PAYMENTS<br><small>(CHECKS AND ELECTRONIC FUND TRANSFERS)</small> | RECONCILE ACCOUNTS<br><small>(INTERNAL ACCOUNTS TO BANK RECORDS)</small> | CONTROL INVENTORY | RECEIVE CASH | Name: Delia Perales | Name: Jose Angel Lopez | Name: Delia Perales | Name: Delia Perales | Name: Jose Angel Lopez | Name: Delia Perales | Title: Treasure | Title: Purchasing Agent | Title: Treasure | Title: Treasure | Title: Purchasing Agent | Title: Treasure | Name: Conrado Hein | Name: | Name: | Name: | Name: | Name: | Title: Interim Auditor | Title: | Title: | Title: | Title: | Title: |
| SIGN CHECKS OR AUTHORIZE PAYMENTS | APPROVE PURCHASES<br><small>(INCLUDING ON-LINE AND CREDIT CARD)</small>  | PREPARE PAYMENTS<br><small>(CHECKS AND ELECTRONIC FUND TRANSFERS)</small>  | RECONCILE ACCOUNTS<br><small>(INTERNAL ACCOUNTS TO BANK RECORDS)</small> | CONTROL INVENTORY   | RECEIVE CASH  |  |                   |              |                     |                        |                     |                     |                        |                     |                 |                         |                 |                 |                         |                 |                    |       |       |       |       |       |                        |        |        |        |        |        |
| Name: Delia Perales               | Name: Jose Angel Lopez   | Name: Delia Perales  | Name: Delia Perales  | Name: Jose Angel Lopez  | Name: Delia Perales   |  |                   |              |                     |                        |                     |                     |                        |                     |                 |                         |                 |                 |                         |                 |                    |       |       |       |       |       |                        |        |        |        |        |        |
| Title: Treasure                   | Title: Purchasing Agent  | Title: Treasure  | Title: Treasure  | Title: Purchasing Agent   | Title: Treasure   |  |                   |              |                     |                        |                     |                     |                        |                     |                 |                         |                 |                 |                         |                 |                    |       |       |       |       |       |                        |        |        |        |        |        |
| Name: Conrado Hein                | Name:  | Name:  | Name:  | Name:   | Name:   |  |                   |              |                     |                        |                     |                     |                        |                     |                 |                         |                 |                 |                         |                 |                    |       |       |       |       |       |                        |        |        |        |        |        |
| Title: Interim Auditor            | Title:   | Title:   | Title:   | Title:  | Title:  |  |                   |              |                     |                        |                     |                     |                        |                     |                 |                         |                 |                 |                         |                 |                    |       |       |       |       |       |                        |        |        |        |        |        |
| 7.                                | Are all expenditures reconciled with your general ledger?<br>If no, please explain.<br><br>_____   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |   |  |                   |              |                     |                        |                     |                     |                        |                     |                 |                         |                 |                 |                         |                 |                    |       |       |       |       |       |                        |        |        |        |        |        |

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| 8.  | How often are bank accounts reconciled to internal check registers?<br><br><input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (please specify) _____  |   |
| 9.  | Is your accounting system automated?<br><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).<br><u>MIS Department control who has access to input information or inquiry only. Each user has own User-Name and Password.</u>  |   |
| 11. | Please specify the name(s) and title(s) for the individuals with access to the accounting system to perform the following functions:<br><br>Review Only: <u>Various Departments</u><br><br>Record Transactions: <u>Various Departments</u><br><br>Update/Change: <u>Auditor's accounting staff.</u><br><br>Delete: <u>Auditor's accounting staff</u> |   |
| 12. | Please explain the process (initiation, review, approval, etc.) for making updates, changes, deletions, and year end adjustments to the accounting system.<br><br><u>Auditor's staff is responsible for reviewing accounts that need modifications. Several reports are run depending on the situation.</u>  |   |
| 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?<br><br><i>If yes, please specify whom (name and title) is/are responsible for verifying the data, and how the verification is done.</i><br><br><u>Purchasing reviews and approves purchases. Auditor reviews expenditures and budgets. Treasures reviews payments and disbursments.</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?<br><br><u>Auditor's office reviews contracts for approval.</u>   |   |
| 17. | Are all checks pre-numbered and accounted for?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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|     | If no, please explain.<br>_____   |  |
| 18. | a. Are all disbursements (excluding petty cash) made by check?<br>If no, what other means does your organization use to make disbursements?<br><u>Direct Deposits and ACH Payments.</u><br><br>b. Is a check register (disbursement journal) used to record disbursements and maintain balances?<br>If no, how are disbursements and balances tracked?<br>_____       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| 19. | Are all disbursements approved prior to payment?<br>If no, please explain.<br>_____   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| 20. | Is there any additional review or special approval required for payment transactions (check or electronic disbursement) that exceed a specific dollar amount?<br><i>If yes, please specify the dollar limit(s), name(s) and title(s) of responsible staff. Amounts over \$5,000 require Commissioners Courts approval. Purchasing agent presents the agenda item.</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| 21. | Does your organization have a system for tracking:<br>a. Voided checks? .....<br>b. Credit card transactions? .....<br>c. Other electronic transactions? .....<br>If no, please explain.<br>_____   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 22. | Does your organization use a check-signing machine?<br><i>If yes, please describe how the facsimile signature plates are safeguarded from improper use.</i><br>_____  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| 23. | 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?<br><br>Please indicate name and title of person who has custody of unused checks.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |

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|     | <u>Delia Perales, County Treasure.</u>   |   |
| 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> <p>If no, please explain.</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><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>  |
| 25. | <p>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)?</p> <p><i>If yes, please attach an explanation of your purchase orders/requisition controls as <b>ATTACHMENT #II-25</b>.</i></p>  | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>   |
| 26. | <p>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?</p> <p><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></p> <ul style="list-style-type: none"> <li>• <i>How supporting records are kept and filed (e.g., filed by check number, month of payment)? They are kept at Auditor's Office, filed by year, vendors name, and check number sequence.</i></li> <li>• <i>How documents are marked when paid to prevent duplication of claims?</i></li> <li>• <i>How authorizations are maintained internally?</i></li> </ul> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>  |
| 27. | Do supporting documents accompany checks for the check signer's signature?   | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>  |
| 28. | Are invoices marked to identify allocation of payment?   | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>  |
| 29. | <p>Does your organization have procedures to identify costs and expenditures not allowable under federal and/or state regulations?</p> <p><i>If yes, please attach an explanation of your system for identifying unallowable costs/expenditures as <b>ATTACHMENT #II-29</b>. Departments and Auditor's office review payments.</i></p>   | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>  |
| 30. | <p>Does your organization have a contract file for each contract?</p> <p><i>If yes, does each contract file contain:</i></p> <p>a. <i>The executed contract with all attachments? .....</i></p> <p>b. <i>A copy of each contract amendment (as applicable)?.....</i></p> <p>c. <i>Billing documents?.....</i></p> <p>d. <i>Documentation of contract performance?.....</i></p> <p>e. <i>Related correspondence?.....</i></p> <p>f. <i>A copy of each subcontract agreement (as applicable)?.....</i></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> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> |



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|     | If no, please explain.<br><hr/>  |   |
| 36. | Is the amount being paid to each employee based on documentation of actual hours worked? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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| 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> |
|-----|--|---|

### II. C. TRAVEL

**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.**

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| 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 ATTACHMENT II-38.</i></p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> |
|-----|---|---|

### II. D. EQUIPMENT

|     |   |  |
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| 39. | <p>a. Please specify the level of capitalization (dollar amount) used by your organization.</p> <p style="padding-left: 20px;"><u>\$5,000.00.</u></p> <p>b. Please provide your organization's definition of equipment:</p> <p style="padding-left: 20px;"><b><u>Fixed assets in excess of \$5,000.</u></b></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="padding-left: 20px;"><u>Annual by Purchasing Agent and Auditors Office.</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |



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|     | <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 44. | Does your organization have policies regarding the documentation required for equipment that has been disposed of?<br><br>If yes, please attach a copy of your equipment disposal policy as <b>ATTACHMENT #II-44</b> . | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

### II. E. SUBCONTRACTORS

**If your organization does not subcontract DFPS services, or does not intend to subcontract DFPS services, mark N/A  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 |

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

This section pertains only to any **County Title IV-E Child Welfare Services Contracts** with DFPS and *does not* pertain to any **Title IV-E County Legal Services Contract** with DFPS. For purposes of this Section, the terms County and County Child Welfare Board are synonymous.

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| 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?<br><br>If yes, is the above policy a written (published) policy?<br><br><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 type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input 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?<br><br>If yes, please enter date of last audit. <u>10/01/15-9/30/16</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?<br><br>If yes, please enter date of last review. <u>12/06/17</u><br><br><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?<br><br><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?<br><br><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, County Auditor)?  |  |

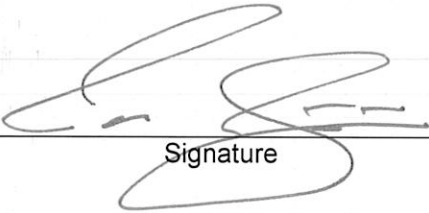
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|     | Please provide the name of the county Department or name and/or position of responsible person/staff.<br><br><u>Webb County Auditor's Office.</u>   |   |
| 54. | Who, within the county, signs the County Title IV-E Claims Voucher (Form 4116 – State of Texas Purchase Voucher Quarterly Billing)?<br><br>Please provide the name and/or position of the responsible person/staff.<br><br><u>Conrado Hein, Interim County Auditor.</u> |   |
| 55. | How does the county ensure the County Title IV-E Claims Voucher is reconciled with the county's general ledger?<br><br><u>Auditors Office accounting department prepares and reviews billing.</u>   |   |
| 56. | Does the county have a process to ensure that all expenditures claimed are allowable?<br><br><i>If yes, please attach a description of the process as <b>ATTACHMENT #II-56.</b></i>   | <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?<br><br><i>If yes, please attach a description of the process as <b>ATTACHMENT #II-57.</b></i>        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 58. | How does the county know which children are IV-E eligible?<br><br>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.

  
 \_\_\_\_\_  
 Signature  
  
 Tano E. Tijerina  
 \_\_\_\_\_  
 Printed/Typed Name

November 27, 2017  
 \_\_\_\_\_  
 Date  
  
 Webb 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 $\geq$ \$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.

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

Enter your organization's Dun & Bradstreet (D&B) DUNS Number: **052767030**

Enter the parent DUNS Number, if applicable:

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

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

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

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

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

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

Yes  No

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

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

Yes  No

If your answer is **Yes** to both **A** and **B**, you must complete Part **C**.

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

**Part C. Certification Regarding Public Access to Compensation Information**

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

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

If your answer is **Yes**, skip Part **D** and complete Part **E**.

If your answer is **No**, you must provide compensation information to DFPS for FFATA reporting in Part **D**.

If **N/A**, you may still be required to supply compensation information pending DFPS or federal awarding agency approval. Skip Part **D** until requested by DFPS to supply compensation information and proceed to complete Part **E**.

**Part D. Certification Regarding Executive Compensation**

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

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

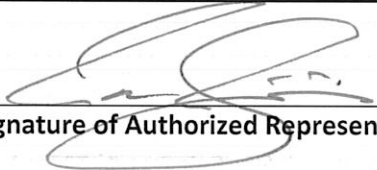
| Contractor Executive Names | Total Compensation |
|----------------------------|--------------------|
|                            |                    |
|                            |                    |
|                            |                    |
|                            |                    |
|                            |                    |

**Part E. General FFATA Certification**

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

**Tano E. Tijerina**

Printed Name of Authorized Representative



Signature of Authorized Representative

**Webb County Judge**

Title of Authorized Representative

November 27, 2017

Date

**WebbCounty**

Legal Name of Contractor  
(Subawardee Name)

**23940438 & 23940437**

Contract Number  
(Subaward Number)

**Laredo**

Primary City  
(Subawardee Principal Place of Performance)

**Texas 78040-4471**

State 9-Character Zip Code  
(Zip +4)

*This Section For DFPS Use Only*

**Contract Manager Information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_ Region \_\_\_\_\_

Email \_\_\_\_\_



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*This Section For DFPS Use Only (continued)*

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

## Risk Analysis Questionnaire FY 2018

|  |             |   |                     |
|--|-------------|---|---------------------|
| <b>Legal Name of Contractor:</b>   | Webb County | <b>Contract Number:</b>   | 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 <sup>st</sup> Assistant Co. Atty.<br>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:

|                                      |   |
|--------------------------------------|---|
| <b>Fixed Price</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</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</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 contracted service. |
| <b>Rate-Set Payments</b>             | 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.  |
| <b>Blended Foster Care Rate</b>      | 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.   |
| <b>Blended Foster Care Case Rate</b> | 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.  |
| <b>Exceptional Foster Care Rate</b>  | 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.   |
| <b>Day (24 hour)</b>                 | 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.   |
| <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

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 09/30/2016

RAI Factor #9

**Related Party Transactions**

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

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

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

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

RAI Factor #8

**Subcontractors**

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

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

RAI Factor #14

**Key Management Staff**

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

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

Yes  No

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

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

Fiscal components refer to the financial aspect of the contract.

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

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

RAI Factor #16

**Direct Delivery Staff**

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

Yes  No

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

0 - 23 months

24 - 59 months

60 or more months

RAI Factor #17

**Internal Controls**

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

Yes  No

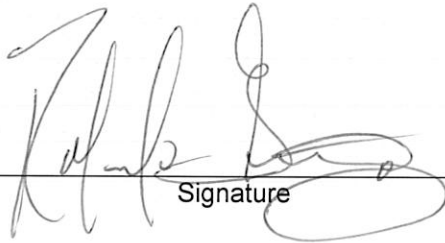
If Yes, Describe:

RAI Factor #7

**CERTIFICATION**

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

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




Signature

11/3/2017  
Date

Rolando Garza  
Printed Name

1<sup>st</sup> Asst. County Attorney  
Title

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

| Summary   |  |   |                                |
|---|--|---|--------------------------------|
|   |  | <b>County:</b>                            | <b>Webb County</b>             |
|   |  | <b>Contract Number:</b>                   | <b>23940438</b>                |
|   |  | <b>Budget Effective Date:</b>             | <b>10/1/2017-9/30/2018</b>     |
| 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  | \$1,000.00                                       | \$212.97                                  | \$787.04                       |
| 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>\$1,000.00</b>                                | <b>\$212.97</b>                           | <b>\$787.04</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>\$26,900.00</b>                               | <b>\$15,300.72</b>                        | <b>\$11,599.28</b>             |
| <b>D. Indirect Costs (if applicable)</b>  |  |   |                                |
| <b>Indirect Cost Base</b>   | <b>\$0.00</b>                                    | <b>\$0.00</b>                             | <b>\$0.00</b>                  |
| <b>Grand Total</b>  | <b>\$27,900.00</b>                               | <b>\$15,513.69</b>                        | <b>\$12,386.32</b>             |
| *Estimated Federal Reimbursement for expenses based on Eligible Population Rate (EPR) during 3rd quarter of the preceding fiscal year:  |  |   | <b>42.593%</b>                 |
| Actual reimbursement will be based on EPR in effect for the county during the month in which expenses were incurred.  |  |   |                                |
| * Estimated Federal Reimbursement for Supplemental Foster Care Maintenance expenses based on Federal Medicaid Assistance Percentage (FMAP) rate in effect during preceding fiscal year: |  |   | <b>56.88%</b>                  |
| Actual reimbursement will be based on FMAP rate in effect at the time reimbursement is made to contractor.  |  |   |                                |
| Indirect Cost Rate, if applicable (attach a copy of the approved Certificate of Indirect Costs):  |  |   | <b>0.000%</b>                  |
| <b>Contractor Certification</b>   |  |   |                                |
| <br>_____<br><b>Signature</b>  |  | November 27, 2017<br>_____<br><b>Date</b> |                                |
| Tano E. Tijerina, Webb County Judge<br><b>Printed Name &amp; Title</b>  |  |   |                                |

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

| Administration<br>A.1. Direct Personnel Salaries  |                                    |                             |                                  |   |                          |  |
|---|------------------------------------|-----------------------------|----------------------------------|---|--------------------------|--|
| <b>County:</b> Webb County                        |                                    |                             |                                  |   |                          |  |
| <b>Contract Number:</b> 23940438                  |                                    |                             |                                  |   |                          |  |
| <b>Budget Effective Date:</b> 10/1/2017-9/30/2018 |                                    |                             |                                  |   |                          |  |
| A   | B                                  | C                           | D                                | E   | F                        |  |
| Position or Title                                 | % of Time Spent on IV-E Activities | Number of Months of Service | Estimated Total Expense* (AxBxC) | Anticipated Federal Reimbursement (estimated EPR x 50% FFP) | Anticipated County Match |  |
|   |                                    |                             | \$0.00                           | \$0.00  | \$0.00                   |  |
|   |                                    |                             | \$0.00                           | \$0.00  | \$0.00                   |  |
|   |                                    |                             | \$0.00                           | \$0.00  | \$0.00                   |  |
|   |                                    |                             | \$0.00                           | \$0.00  | \$0.00                   |  |
|   |                                    |                             | \$0.00                           | \$0.00  | \$0.00                   |  |
|   |                                    |                             | \$0.00                           | \$0.00  | \$0.00                   |  |
| <b>Total Direct Personnel Salaries</b>            |                                    |                             | \$0.00                           | \$0.00  | \$0.00                   |  |

\* estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc.  
[http://www.dfps.state.tx.us/handbooks/Title\\_IV\\_E\\_County/default.jsp](http://www.dfps.state.tx.us/handbooks/Title_IV_E_County/default.jsp)





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

| <b>Administration</b>   |                                 |  |                                 |
|---|---------------------------------|--|---------------------------------|
| <b>A.3. Direct Personnel Travel</b>   |                                 |  |                                 |
| <b>County:</b>  |                                 | <b>Webb County</b>   |                                 |
| <b>Contract Number:</b>   |                                 | <b>23940438</b>  |                                 |
| <b>Budget Effective Date:</b>   |                                 | <b>10/1/2017-9/30/2018</b>   |                                 |
| <b>Type of Travel Expense</b><br>Note: only include travel <u>NOT</u> related to personnel training | <b>Estimated Total Expense*</b> | <b>Anticipated Federal Reimbursement (estimated EPR x 50% FFP)</b> | <b>Anticipated County Match</b> |
|   |                                 | \$0.00   | \$0.00                          |
|   |                                 | \$0.00   | \$0.00                          |
|   |                                 | \$0.00   | \$0.00                          |
|   |                                 | \$0.00   | \$0.00                          |
|   |                                 | \$0.00   | \$0.00                          |
|   |                                 | \$0.00   | \$0.00                          |
|   |                                 | \$0.00   | \$0.00                          |
|   |                                 | \$0.00   | \$0.00                          |
| <b>Total Direct Personnel Travel</b>  | <b>\$0.00</b>                   | <b>\$0.00</b>  | <b>\$0.00</b>                   |

\* estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc.  
[http://www.dfps.state.tx.us/handbooks/Title\\_IVE\\_County/default.jsp](http://www.dfps.state.tx.us/handbooks/Title_IVE_County/default.jsp)

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

| <b>Administration</b>                           |                                     |  |                                     |
|---|-------------------------------------|--|-------------------------------------|
| <b>A.4. Direct Materials and Supplies</b>       |                                     |  |                                     |
|   |                                     | <b>County:</b>   | <b>Webb County</b>                  |
|   |                                     | <b>Contract Number:</b>  | <b>23940438</b>                     |
|   |                                     | <b>Budget Effective Date:</b>  | <b>10/1/2017-9/30/2018</b>          |
| <b>Materials and Supplies<br/>(description)</b> | <b>Estimated<br/>Total Expense*</b> | <b>Anticipated Federal<br/>Reimbursement<br/>(estimated EPR<br/>x 50% FFP)</b> | <b>Anticipated County<br/>Match</b> |
| Child abuse/neglect awarness materials          | \$1,000.00                          | \$212.97   | \$787.04                            |
|   |                                     | \$0.00   | \$0.00                              |
|   |                                     | \$0.00   | \$0.00                              |
|   |                                     | \$0.00   | \$0.00                              |
|   |                                     | \$0.00   | \$0.00                              |
|   |                                     | \$0.00   | \$0.00                              |
| <b>Total Direct Materials and Supplies</b>      | \$1,000.00                          | \$212.97   | \$787.04                            |

\* estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc.  
[http://www.dfps.state.tx.us/handbooks/Title\\_IVE\\_County/default.jsp](http://www.dfps.state.tx.us/handbooks/Title_IVE_County/default.jsp)

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

| Administration                |  |                             |  |                             |
|-------------------------------|--|-----------------------------|--|-----------------------------|
| A.5. Direct Equipment         |  |                             |  |                             |
| <b>County:</b>                |  | Webb County                 |  |                             |
| <b>Contract Number:</b>       |  | 23940438                    |  |                             |
| <b>Budget Effective Date:</b> |  | 10/1/2017-9/30/2018         |  |                             |
| Equipment<br>(description)    | Method Used<br>(rent/lease/<br>purchase) | Estimated<br>Total Expense* | Anticipated Federal<br>Reimbursement<br>(estimated EPR<br>x 50% FFP) | Anticipated County<br>Match |
|                               |  |                             | \$0.00   | \$0.00                      |
|                               |  |                             | \$0.00   | \$0.00                      |
|                               |  |                             | \$0.00   | \$0.00                      |
|                               |  |                             | \$0.00   | \$0.00                      |
|                               |  |                             | \$0.00   | \$0.00                      |
|                               |  |                             | \$0.00   | \$0.00                      |
|                               |  |                             | \$0.00   | \$0.00                      |
| <b>Total Direct Equipment</b> |  | \$0.00                      | \$0.00   | \$0.00                      |

\* estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc.  
[http://www.dfps.state.tx.us/handbooks/Title\\_IVE\\_County/default.jsp](http://www.dfps.state.tx.us/handbooks/Title_IVE_County/default.jsp)

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

| <b>Administration</b>                |                                     |  |                                     |
|--------------------------------------|-------------------------------------|--|-------------------------------------|
| <b>A.6. Direct Other Costs</b>       |                                     |  |                                     |
|                                      |                                     | <b>County:</b>   | <b>Webb County</b>                  |
|                                      |                                     | <b>Contract Number:</b>  | <b>23940438</b>                     |
|                                      |                                     | <b>Budget Effective Date:</b>  | <b>10/1/2017-9/30/2018</b>          |
| <b>Other Costs<br/>(description)</b> | <b>Estimated<br/>Total Expense*</b> | <b>Anticipated Federal<br/>Reimbursement<br/>(estimated EPR<br/>x 50% FFP)</b> | <b>Anticipated County<br/>Match</b> |
|                                      |                                     | \$0.00   | \$0.00                              |
|                                      |                                     | \$0.00   | \$0.00                              |
|                                      |                                     | \$0.00   | \$0.00                              |
|                                      |                                     | \$0.00   | \$0.00                              |
|                                      |                                     | \$0.00   | \$0.00                              |
|                                      |                                     | \$0.00   | \$0.00                              |
| <b>Total Direct Other Costs</b>      | <b>\$0.00</b>                       | <b>\$0.00</b>  | <b>\$0.00</b>                       |

\* estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc.  
[http://www.dfps.state.tx.us/handbooks/Title\\_IVE\\_County/default.jsp](http://www.dfps.state.tx.us/handbooks/Title_IVE_County/default.jsp)



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

| Anticipated Federal Reimbursement (estimated EPR x 75% FFP) | Anticipated County Match |
|---|--------------------------|
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |



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

| Anticipated Federal Reimbursement<br>(estimated EPR<br>x 65% FFP) | Anticipated<br>County Match |
|---|-----------------------------|
| \$0.00  | \$0.00                      |
| \$0.00  | \$0.00                      |
| \$0.00  | \$0.00                      |
| \$0.00  | \$0.00                      |
| \$0.00  | \$0.00                      |
| \$0.00  | \$0.00                      |
| \$0.00  | \$0.00                      |
| \$0.00  | \$0.00                      |
| \$0.00  | \$0.00                      |
| \$0.00  | \$0.00                      |





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

| Anticipated Federal Reimbursement (estimated EPR x 50% FFP) | Anticipated County Match |
|---|--------------------------|
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |
| \$0.00  | \$0.00                   |

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

| <b>C. Supplemental Foster Care Maintenance (SFCM)</b> |                                     |   |                                     |
|---|-------------------------------------|---|-------------------------------------|
|   |                                     | <b>County:</b>  | <b>Webb County</b>                  |
|   |                                     | <b>Contract Number:</b>   | <b>23940438</b>                     |
|   |                                     | <b>Budget Effective Date:</b>                                     | <b>10/1/2017-9/30/2018</b>          |
| <b>Other Costs<br/>(description)</b>                  | <b>Estimated<br/>Total Expense*</b> | <b>Anticipated Federal<br/>Reimbursement<br/>(estimated FMAP)</b> | <b>Anticipated County<br/>Match</b> |
| Allowances  |                                     | \$0.00  | \$0.00                              |
| Clothing  | \$26,000.00                         | \$14,788.80   | \$11,211.20                         |
| Gifts   |                                     | \$0.00  | \$0.00                              |
| Graduation Expenses                                   | \$500.00                            | \$284.40  | \$215.60                            |
| Personal Items  | \$400.00                            | \$227.52  | \$172.48                            |
| School Supplies                                       |                                     | \$0.00  | \$0.00                              |
| Reasonable Child Specific Travel                      |                                     | \$0.00  | \$0.00                              |
| <b>Total Direct Other Costs</b>                       | <b>\$26,900.00</b>                  | <b>\$15,300.72</b>  | <b>\$11,599.28</b>                  |

\* estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc.  
[http://www.dfps.state.tx.us/handbooks/Title\\_IVE\\_County/default.jsp](http://www.dfps.state.tx.us/handbooks/Title_IVE_County/default.jsp)

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

**Budget Narrative**

**County:** Webb County  
**Contract Number:** 23940438  
**Budget Effective Date:** 10/1/2017-9/30/2018

Clearly describe each expense to be incurred and billed to this contract. Refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses documentation requirements, etc. [http://www.dfps.state.tx.us/handbooks/Title\\_IV\\_E\\_County](http://www.dfps.state.tx.us/handbooks/Title_IV_E_County)

**A. Administration**

A.1. Direct Personnel Salaries

A.2. Direct Personnel Fringe Benefits

A.3. Direct Personnel Travel

A.4. Direct Materials and Supplies

Child Abuse/Neglect awareness materials (posters and other promotional items).

A.5. Direct Equipment

A.6. Direct Other Costs

**B. Training**

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

B.2. Title IV-E Fostering Connections Training (75%)

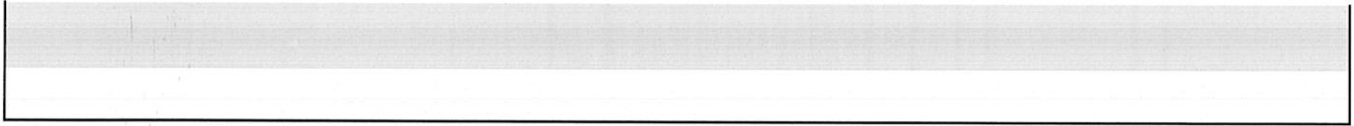
B.3. Non-Title IV-E Training (50%)

**C. Supplemental Foster Care Maintenance (SFCM)**


Graduation expenses - personal items, gifts. Personal items - toiletries, duffle bags. Clothing and school supplies.

**D. Indirect Costs (if applicable)**

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



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

| Summary  |  |  |                                      |
|--|--|--|--------------------------------------|
|  |  | <b>County:</b>                                 | <b>Webb County</b>                   |
|  |  | <b>Contract Number:</b>                        | <b>23940437</b>                      |
|  |  | <b>Budget Effective Date:</b>                  | <b>10/1/2017-9/30/2018</b>           |
| Cost Category  | Estimated Total Expenses<br>Allocable to<br>Title IV-E | Total Anticipated<br>Federal<br>Reimbursement* | Total Anticipated<br>County<br>Match |
| <b>A. Administration</b>   |  |  |                                      |
| A.1. Direct Personnel Salaries   | \$446,284.80   | \$95,043.04                                    | \$351,241.76                         |
| A.2. Direct Personnel Fringe Benefits  | \$137,411.09   | \$29,263.75                                    | \$108,147.34                         |
| 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>\$583,695.89</b>                                    | <b>\$124,306.80</b>                            | <b>\$459,389.09</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. 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>\$583,695.89</b>                                    | <b>\$124,306.80</b>                            | <b>\$459,389.09</b>                  |
| *Estimated Federal Reimbursement for expenses based on Eligible Population Rate (EPR) during 3rd quarter of the preceding fiscal year: |  |  | <b>42.593%</b>                       |
| Actual reimbursement will be based on EPR in effect for the county during the month in which expenses were incurred.                   |  |  |                                      |
| Indirect Cost Rate, if applicable (attach a copy of the approved Certificate of Indirect Costs):                                       |  |  | <b>0.000%</b>                        |
| <b>Contractor Certification</b>  |  |  |                                      |
| <br><hr/> Signature                                 |  | November 27, 2017<br><hr/> Date                |                                      |
| Tano E. Tijerina, Webb County Judge<br>Printed Name & Title  |  |  |                                      |

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

| Administration                         |                |                                    |                             |                                  |   |                          |
|--|----------------|------------------------------------|-----------------------------|----------------------------------|---|--------------------------|
| A.1. Direct Personnel Salaries         |                |                                    |                             |                                  |   |                          |
| <b>County:</b>                         |                | Webb County                        |                             |                                  |   |                          |
| <b>Contract Number:</b>                |                | 23940437                           |                             |                                  |   |                          |
| <b>Budget Effective Date:</b>          |                | 10/1/2017-9/30/2018                |                             |                                  |   |                          |
| Position or Title                      | A              | B                                  | C                           | D                                | E   | F                        |
|  | Monthly Salary | % of Time Spent on IV-E Activities | Number of Months of Service | Estimated Total Expense* (AxBxC) | Anticipated Federal Reimbursement (estimated EPR x 50% FFP) | Anticipated County Match |
| Attorney                               | \$7,901.00     | 60%                                | 12                          | \$56,887.20                      | \$12,114.98   | \$44,772.22              |
| Attorney                               | \$7,518.00     | 60%                                | 12                          | \$54,129.60                      | \$11,527.71   | \$42,601.89              |
| Attorney                               | \$7,613.00     | 60%                                | 12                          | \$54,813.60                      | \$11,673.38   | \$43,140.22              |
| Attorney                               | \$6,807.00     | 60%                                | 12                          | \$49,010.40                      | \$10,437.50   | \$38,572.90              |
| Attorney                               | \$5,514.00     | 50%                                | 12                          | \$33,084.00                      | \$7,045.73  | \$26,038.27              |
| Attorney                               | \$7,334.00     | 50%                                | 12                          | \$44,004.00                      | \$9,371.31  | \$34,632.69              |
| Attorney                               | \$5,514.00     | 50%                                | 12                          | \$33,084.00                      | \$7,045.73  | \$26,038.27              |
| Investigator                           | \$4,150.00     | 100%                               | 12                          | \$49,800.00                      | \$10,605.66   | \$39,194.34              |
| Legal Assistant                        | \$3,125.00     | 100%                               | 12                          | \$37,500.00                      | \$7,986.19  | \$29,513.81              |
| Legal Assistant                        | \$2,831.00     | 100%                               | 12                          | \$33,972.00                      | \$7,234.85  | \$26,737.15              |
| <b>Total Direct Personnel Salaries</b> |                |                                    |                             | \$446,284.80                     | \$95,043.04   | \$351,241.76             |

\*estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc.  
[http://www.dfps.state.tx.us/handbooks/Title\\_IV\\_E\\_County/default.jsp](http://www.dfps.state.tx.us/handbooks/Title_IV_E_County/default.jsp)

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

| <b>Administration</b>                         |                          |   |                            |
|---|--------------------------|---|----------------------------|
| <b>A.2. Direct Personnel Fringe Benefits</b>  |                          |   |                            |
|   |                          | <b>County:</b>  | <b>Webb County</b>         |
|   |                          | <b>Contract Number:</b>                                     | <b>23940437</b>            |
|   |                          | <b>Budget Effective Date:</b>                               | <b>10/1/2017-9/30/2018</b> |
| Type of Fringe Benefits                       | Estimated Total Expense* | Anticipated Federal Reimbursement (estimated EPR x 50% FFP) | Anticipated County Match   |
| Health Insurance                              | \$46,011.96              | \$9,798.94  | \$36,213.03                |
| FICA  | \$34,140.79              | \$7,270.79  | \$26,869.99                |
| Retirement                                    | \$49,091.33              | \$10,454.73   | \$38,636.59                |
| Unemployment                                  | \$3,704.16               | \$788.86  | \$2,915.31                 |
| Workers Compensation                          | \$4,462.85               | \$950.43  | \$3,512.42                 |
|   |                          | \$0.00  | \$0.00                     |
|   |                          | \$0.00  | \$0.00                     |
|   |                          | \$0.00  | \$0.00                     |
|   |                          | \$0.00  | \$0.00                     |
|   |                          | \$0.00  | \$0.00                     |
|   |                          | \$0.00  | \$0.00                     |
| <b>Total Direct Personnel Fringe Benefits</b> | <b>\$137,411.09</b>      | <b>\$29,263.75</b>  | <b>\$108,147.34</b>        |

\*estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc. [http://www.dfps.state.tx.us/handbooks/Title\\_IV\\_E\\_County/default.jsp](http://www.dfps.state.tx.us/handbooks/Title_IV_E_County/default.jsp)



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

| Administration<br>A.3. Direct Personnel Travel  |                          |   |                          |
|---|--------------------------|---|--------------------------|
|   |                          | <b>County:</b> <u>Webb County</u>                           |                          |
|   |                          | <b>Contract Number:</b> <u>23940437</u>                     |                          |
|   |                          | <b>Budget Effective Date:</b> <u>10/1/2017-9/30/2018</u>    |                          |
| Type of Travel Expense<br><small>Note: only include travel <u>NOT</u> related to personnel training</small> | Estimated Total Expense* | Anticipated Federal Reimbursement (estimated EPR x 50% FFP) | Anticipated County Match |
|   |                          | \$0.00  | \$0.00                   |
|   |                          | \$0.00  | \$0.00                   |
|   |                          | \$0.00  | \$0.00                   |
|   |                          | \$0.00  | \$0.00                   |
|   |                          | \$0.00  | \$0.00                   |
|   |                          | \$0.00  | \$0.00                   |
|   |                          | \$0.00  | \$0.00                   |
|   |                          | \$0.00  | \$0.00                   |
| <b>Total Direct Personnel Travel</b>  | \$0.00                   | \$0.00  | \$0.00                   |

\*estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc. [http://www.dfps.state.tx.us/handbooks/Title\\_IV\\_E\\_County/default.jsp](http://www.dfps.state.tx.us/handbooks/Title_IV_E_County/default.jsp)

Please refer to the Texas State Comptroller's office for current mileage rates. <https://fmx.cpa.state.tx.us/fmx/travel/texttravel/trans/personal.php>

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

| <b>Administration</b>                           |                                     |  |                                     |
|---|-------------------------------------|--|-------------------------------------|
| <b>A.4. Direct Materials and Supplies</b>       |                                     |  |                                     |
|   |                                     | <b>County:</b>   | <b>Webb County</b>                  |
|   |                                     | <b>Contract Number:</b>  | <b>23940437</b>                     |
|   |                                     | <b>Budget Effective Date:</b>  | <b>10/1/2017-9/30/2018</b>          |
| <b>Materials and Supplies<br/>(description)</b> | <b>Estimated<br/>Total Expense*</b> | <b>Anticipated Federal<br/>Reimbursement<br/>(estimated EPR<br/>x 50% FFP)</b> | <b>Anticipated County<br/>Match</b> |
|   |                                     | \$0.00   | \$0.00                              |
|   |                                     | \$0.00   | \$0.00                              |
|   |                                     | \$0.00   | \$0.00                              |
|   |                                     | \$0.00   | \$0.00                              |
|   |                                     | \$0.00   | \$0.00                              |
|   |                                     | \$0.00   | \$0.00                              |
|   |                                     | \$0.00   | \$0.00                              |
|   |                                     | \$0.00   | \$0.00                              |
| <b>Total Direct Materials and Supplies</b>      | <b>\$0.00</b>                       | <b>\$0.00</b>  | <b>\$0.00</b>                       |

\*estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc. [http://www.dfps.state.tx.us/handbooks/Title\\_IVE\\_County/default.jsp](http://www.dfps.state.tx.us/handbooks/Title_IVE_County/default.jsp)

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

| Administration                |  |                             |  |                             |
|-------------------------------|--|-----------------------------|--|-----------------------------|
| A.5. Direct Equipment         |  |                             |  |                             |
| <b>County:</b>                |  | <u>Webb County</u>          |  |                             |
| <b>Contract Number:</b>       |  | <u>23940437</u>             |  |                             |
| <b>Budget Effective Date:</b> |  | <u>10/1/2017-9/30/2018</u>  |  |                             |
| Equipment<br>(description)    | Method Used<br>(rent/lease/<br>purchase) | Estimated<br>Total Expense* | Anticipated Federal<br>Reimbursement<br>(estimated EPR<br>x 50% FFP) | Anticipated County<br>Match |
|                               |  |                             | \$0.00   | \$0.00                      |
|                               |  |                             | \$0.00   | \$0.00                      |
|                               |  |                             | \$0.00   | \$0.00                      |
|                               |  |                             | \$0.00   | \$0.00                      |
|                               |  |                             | \$0.00   | \$0.00                      |
|                               |  |                             | \$0.00   | \$0.00                      |
|                               |  |                             | \$0.00   | \$0.00                      |
|                               |  |                             | \$0.00   | \$0.00                      |
| <b>Total Direct Equipment</b> |  | \$0.00                      | \$0.00   | \$0.00                      |

\*estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc. [http://www.dfps.state.tx.us/handbooks/Title\\_IVE\\_County/default.jsp](http://www.dfps.state.tx.us/handbooks/Title_IVE_County/default.jsp)

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

| <b>Administration</b>                |                                     |  |                                     |
|--------------------------------------|-------------------------------------|--|-------------------------------------|
| <b>A.6. Direct Other Costs</b>       |                                     |  |                                     |
|                                      |                                     | <b>County:</b>   | <b>Webb County</b>                  |
|                                      |                                     | <b>Contract Number:</b>  | <b>23940437</b>                     |
|                                      |                                     | <b>Budget Effective Date:</b>  | <b>10/1/2017-9/30/2018</b>          |
| <b>Other Costs<br/>(description)</b> | <b>Estimated<br/>Total Expense*</b> | <b>Anticipated Federal<br/>Reimbursement<br/>(estimated EPR<br/>x 50% FFP)</b> | <b>Anticipated County<br/>Match</b> |
|                                      |                                     | \$0.00   | \$0.00                              |
|                                      |                                     | \$0.00   | \$0.00                              |
|                                      |                                     | \$0.00   | \$0.00                              |
|                                      |                                     | \$0.00   | \$0.00                              |
|                                      |                                     | \$0.00   | \$0.00                              |
|                                      |                                     | \$0.00   | \$0.00                              |
| <b>Total Direct Other Costs</b>      | \$0.00                              | \$0.00   | \$0.00                              |

\*estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc. [http://www.dfps.state.tx.us/handbooks/Title\\_IV\\_E\\_County/default.jsp](http://www.dfps.state.tx.us/handbooks/Title_IV_E_County/default.jsp)







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

#### Budget Narrative

|                               |                            |
|-------------------------------|----------------------------|
| <b>County:</b>                | <b>Webb County</b>         |
| <b>Contract Number:</b>       | <b>23940437</b>            |
| <b>Budget Effective Date:</b> | <b>10/1/2017-9/30/2018</b> |

Clearly describe each expense to be incurred and billed to this contract, including justification for expense. Refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc. <http://www.dfps.s>

#### **A. Administration**

##### A.1. Direct Personnel Salaries

Salaries for staff assigned to CPS cases in the proportion set out in the attachment A-1

##### A.2. Direct Personnel Fringe Benefits

Fringe benefits are the standard fringe benefits for all full-time Webb County employees

##### A.3. Direct Personnel Travel

##### A.4. Direct Materials and Supplies

##### A.5. Direct Equipment

##### A.6. Direct Other Costs

#### **B. Training**

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

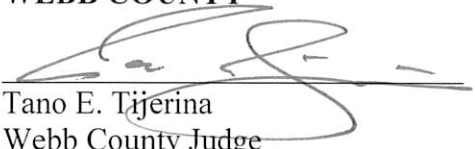
##### B.2. Title IV-E Fostering Connections Training (75%)

##### B.3. Non-Title IV-E Training (50%)

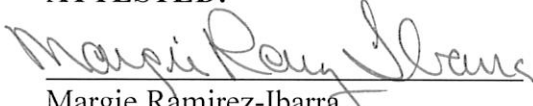
#### **C. Indirect Costs (if applicable)**



**WEBB COUNTY**

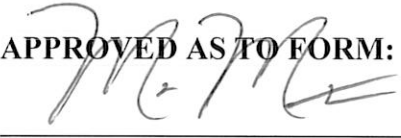
  
Tano E. Tijerina  
Webb County Judge  
Date: \_\_\_\_\_

**ATTESTED:**

  
Margie Ramirez-Ibarra  
Webb County Clerk



**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Marco A. Montemayor  
Webb County Attorney

\*By law, the County Attorney's office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval, and should seek review and approval of their own respective attorney(s).

*Passed and approved by the Webb County Commissioners Court  
On November 27, 2017; Item No.16.*