



TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

COMMISSIONER
H. L. Whitman, Jr.

August 10, 2016

Honorable Judge Jacques Blanchette
Tyler County
100 W Bluff, Rm 102
Woodville, Texas 75979

RE: Title IV-E Child Welfare: Contract #23938992

Dear Judge Blanchette:

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

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

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

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



9105 RAQ
7-2016.doc

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

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: **07-390-5267**

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 |
|----------------------------|--------------------|
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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.

JACQUES L. Blanchette
Printed Name of Authorized Representative

Signature of Authorized Representative

Tyler County Judge
Title of Authorized Representative

Date

Legal Name of Contractor
(Subawardee Name)

Contract Number
(Subaward Number)

Primary City
(Subawardee Principal Place of Performance)

State

9-Character Zip Code
(Zip +4)

This Section For DFPS Use Only

Contract Manager Information

Name _____ Phone _____

Department _____ Region _____

Email _____

This Section For DFPS Use Only (continued)

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

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

| Summary | | | |
|---|--|---|--------------------------------|
| | | County: | Tyler |
| | | Contract Number: | 23938992 |
| | | Budget Effective Date: | 10/1/2016-9/30/2017 |
| Cost Category | Estimated Total Expenses Allocable to Title IV-E | Total Anticipated Federal Reimbursement | Total Anticipated County Match |
| A. Administration | | | |
| A.1. Direct Personnel Salaries | \$0.00 | \$0.00 | \$0.00 |
| A.2. Direct Personnel Fringe Benefits | \$0.00 | \$0.00 | \$0.00 |
| A.3. Direct Personnel Travel | \$0.00 | \$0.00 | \$0.00 |
| A.4. Direct Materials and Supplies | \$100.00 | \$12.99 | \$87.01 |
| A.5. Direct Equipment | \$0.00 | \$0.00 | \$0.00 |
| A.6. Direct Other Costs | \$0.00 | \$0.00 | \$0.00 |
| Total Administration | \$100.00 | \$12.99 | \$87.01 |
| B. Training | | | |
| 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 |
| Total Training | \$0.00 | \$0.00 | \$0.00 |
| C. Supplemental Foster Care Maintenance (SFCM) | | | |
| Total SFCM | \$4,900.00 | \$2,752.82 | \$2,147.18 |
| D. Indirect Costs (if applicable) | | | |
| Indirect Cost Base | \$0.00 | \$0.00 | \$0.00 |
| Grand Total | \$5,000.00 | \$2,765.81 | \$2,234.19 |
| <p>*Estimated Federal Reimbursement for expenses based on Eligible Population Rate (EPR) during 2nd quarter of the preceding fiscal year:</p> <p>Actual reimbursement will be based on EPR in effect for the county during the month in which expenses were incurred.</p> | | | 25.974% |
| <p>* Estimated Federal Reimbursement for Supplemental Foster Care Maintenance expenses based on Federal Medicaid Assistance Percentage (FMAP) rate in effect during preceding fiscal year:</p> <p>Actual reimbursement will be based on FMAP rate in effect at the time reimbursement is made to contractor.</p> | | | 56.18% |
| <p>Indirect Cost Rate, if applicable (attach a copy of the approved Certificate of Indirect Costs):</p> <p align="center"><u>Contractor Certification</u></p> | | | 0.000% |
| <p>_____ Signature</p> | | <p>_____ Date</p> | |
| <p>_____ Printed Name & Title</p> | | | |

Risk Analysis Questionnaire FY 2017

| | |
|--|--|
| Legal Name of Contractor: | Contract Number: |
| Please provide the person's name, title, and number to contact for questions or if additional information is needed: | Contact Name & Title: Contact Phone Number: |

Active Contracts & Payment Types

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

Yes No

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

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

| Entity Name | Contract Number | Payment Type |
|-------------|-----------------|--------------|
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Independent Audits

2. Is your business entity required to undergo an independent audit? Yes No
 If yes, please identify the authority requiring the audit: *Local Government Code*
3. How long has it been since your last independent audit (e.g., Annual Financial Statement audit, Compliance audit) was completed by an independent auditor, including other state/federal agencies such as the State Auditor's Office (SAO) or the Office of Inspector General (OIG)? (Note: Monitoring activities conducted by another state agency are not considered independent audits for this purpose.)
- Within 21 Months Within 22-34 Months 35 Months or More No Audit Completed Provide a copy of the most recent independent audit, if applicable.

Additional Information:

RAI Factor #15

Related Party Transactions

4. Disclose the type of business transactions (compensated or not) that occur between your business entity and any related party. For purposes of this question, related party refers to:
- a) A family member (including blood, marriage, or adoption),
 - b) A member of the Board of Directors,
 - c) Stockholders with >5% Ownership,
 - d) Key Employees Paid Separately for Other Responsibilities (e.g., consulting services, not direct employees),
 - e) Parent/Subsidiaries, or
 - f) Organizations Under Common Ownership or Control (excluding routine relationships for an LLC).

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

| | |
|---|---|
| Non-Compensated Services | <input type="checkbox"/> Yes <input 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 #11

Subcontractors

5. Indicate the percentage of work performed by subcontractors for the contracted service (as allowable by the contract).
- No Subcontractor Involvement
 - Subcontractors Account for 50% or Less of Work Performed
 - Subcontractors Account for More than 50% of Work Performed

RAI Factor #9

Key Management Staff

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

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

Yes No

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

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

Fiscal components refer to the financial aspect of the contract.

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

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

RAI Factor #7

Direct Delivery Staff

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

Yes No

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

0 - 23 months

24 - 59 months

60 or more months

RAI Factor #8

Internal Controls

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

Yes No

If Yes, Describe:

RAI Factor #10

CERTIFICATION

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

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

Signature

Date

Printed Name

Title