



13778-43

**FAMILY VIOLENCE PREVENTION, SHELTER, AND RELATED SERVICES
SUBGRANT AWARD RENEWAL**

Bid Document No: 3312- Z1

Subrecipient Name and Address:

Rape/Domestic Abuse Program of North Platte, Inc.
Joni Matson
P.O. Box 393
North Platte, NE 69103

CFDA Title & #:	93.671	Award Amount:	<u>\$944,615</u>
Award Name:	<u>Family Violence Prevention & Services State Grants</u>	Federal Agency:	<u>Administration for Children and Families</u>
Issue Date:	<u>5/4/12</u>	Federal Award Identifier #	<u>G-1201NEFVPS</u>
Award Date:	<u>10/1/11 to 9/30/13</u>	This award is not for research and does not include ARRA funds.	

This is an award renewal to the above Subrecipient for the following services:
Family violence prevention, shelter, and related services for the amount of \$ 74,265 (seventy four thousand two hundred sixty five dollars and no cents) to provide services in Service Area Five (5) in Nebraska for the period beginning July 1, 2012 and ending June 30th, 2013.

Family Violence Prevention and Services Act Funds: \$31,949
State Funds: \$42,316

Results Based Accountability.

DHHS will be using this year (FY'13) to provide the foundation for Results Based Accountability. The goal is to use this FY to develop the points below so that when contracts are being prepared for FY'14, all the performance measures and reporting strategies are in place.

DHHS and the Subrecipient will:

1. Negotiate performance measures for outcomes that are aligned with our Child and Family Services Review Protocol;
2. Develop and adopt continuous improvement strategies for services performed and outlined in this award;
3. Simplify and make efficient the performance reporting requirements;
4. Develop schedule for desk audit/field audit over the award year; and
5. Develop a regular feedback loop for ideas to improve the system and discuss what the parties can do collaboratively to improve the overall system.

All 5 Results Based Accountability expectations will be completed no later than 60 days prior to the FY'14 renewal process.

The signature on the Request for Proposal for Contractual Services form is a commitment to DHHS to perform the specified services and adhere to all specified terms and conditions. The signatures below indicate a mutual agreement for the services.

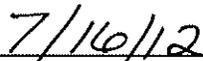
The agreement consists of the following documents:

1. Subgrant Award Renewal
2. Service Contract Award Renewal Form;
3. Service Contract Award Form;
4. Any future signed contract amendment(s);
5. Request for Proposal for Contractual Services form;
6. Request for Proposal;
7. Request for Proposal addenda, attachments, and amendments including Questions and answers; and
8. Vendor or Contractor's Proposal.

For Rape/Domestic Abuse Program of North Platte, Inc.:



Joni Matson
Executive Director



Date:

FOR DHHS:



Thomas D. Pistow, MSW, ACSW
Director
Department of Health and Human Services
Division of Children and Family Services

Date:

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Children and Family Services
AUDIT REQUIREMENT CERTIFICATION

Subrecipients and certain contractors receiving funds from the Nebraska Department of Health and Human Services are required to complete this document. Reference to the Office of Management and Budget Circular A-133, Audits of States, Local Governments and Non-Profit Organizations, in this document is "Circular A-133".

Grant Name Family Violence Prevention and Services Program Grant G-120INEFVPS
 CFDA* # 93.671

*(Catalog of Federal Domestic Assistance)

Contractor's Name Rape and Domestic Abuse Program

Address: 113 N. Vine P.O. Box 393

City: North Platte State: NE Zip Code: 69101

Federal Tax Identification Number (FTIN) 363507635

Contractor's Fiscal Year July, 2012 to June 30, 2013

All written communications from the Certified Public Accountant (CPA) engaged under #1 or #2 below, given to the contractor related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance* and any additional reports issued by the auditor as a result of this engagement must be provided to the DHHS immediately upon receipt, unless the Subrecipient or contractor has directed the CPA to provide the copy directly to the DHHS and has verified this has occurred.

Check either 1 or 2

1. As the subrecipient or contractor named above, we expect to expend less than \$500,000 from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore, we are not subject to the audit requirements of Circular A-133.

We are, however, responsible for engaging a licensed Certified Public Accountant (CPA) to conduct an audit of our organization's financial statements if we have total federal expenditures over \$100,000. We acknowledge the audit must be completed no later than nine months after the end of our organization's current fiscal year. A copy of the report must be submitted to DHHS address as shown below within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

2. As the subrecipient or contractor named above, we expect to expend \$500,000 or more from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore, we are subject to the single audit requirements of Circular A-133.

Sub Recipient Reporting Worksheet

Section A – Federal Award Information

Federal Award Identifier Number (FAIN) 1201NEFVPS

Federal Awarding Agency Name Administration of Children and Families

Award Date 5-4-2012

CFDA Program Number 93.671

Sub Award Amount From This

Total Federal Funding Amount \$944,615

Award: \$31,949

**See instructions if the sub-grant is funded from more than one funding source*

Section B – Sub Recipient Information

Sub Recipient DUNS 180275661

Sub Recipient Name Rape/domestic Abuse Program of North Platte, Inc.

Sub Recipient Address: Street 113 N. Vine

City North Platte State NE

Country USA Zip Code + 4 69101-0393

Congressional District 3rd

Amount of Sub Award \$31,949 Sub Award Date 7-1-2012

Sub Recipient Principal City North Platte State NE

Place of Performance:

Country USA Zip Code + 4 69101-0393

Congressional District 3rd

Sub Award Number _____ (will be completed by Support Services)

Sub Award Project Description Family Violence and Services funds are used to provide emergency shelter and related assistance such as support groups, counseling, advocacy, and crisis hotline access to victims and their dependents. The funds are also used to provide public awareness and community education to prevent family violence.

Section C – Officer Compensation

1. In your business or organization's previous fiscal year, did your business organization (including parent organization, all branches, and all affiliates worldwide) receive 80% or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements AND \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

Yes – answer Question 2

No – not required to provide officer compensation

2. Does the public have access to information about the compensation of the senior executives 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 – not required to provide officer compensation

No – provide the names and total compensation of the five most highly compensated officers of the entity below

1. _____ Name	\$ _____ Compensation
2. _____ Name	\$ _____ Compensation
3. _____ Name	\$ _____ Compensation
4. _____ Name	\$ _____ Compensation
5. _____ Name	\$ _____ Compensation

Section A – Federal Award Information (Continuation)

Use this page only if the sub-grant is being funded by multiple sources (multiple federal grants or a combination of federal and state funds)

Federal Award Identifier Number (FAIN) _____	
Federal Awarding Agency Name _____	Award Date _____
CFDA Program Number _____	Sub Award Amount From This
Total Federal Funding Amount \$ _____	Award: \$ _____

Federal Award Identifier Number (FAIN) _____	
Federal Awarding Agency Name _____	Award Date _____
CFDA Program Number _____	Sub Award Amount From This
Total Federal Funding Amount \$ _____	Award: \$ _____

Federal Award Identifier Number (FAIN) _____	
Federal Awarding Agency Name _____	Award Date _____
CFDA Program Number _____	Sub Award Amount From This
Total Federal Funding Amount \$ _____	Award: \$ _____

Amount funded from Federal Grants	<u>\$31,949</u>	total of grants in Section A
Amount funded from State General Funds	<u>\$42,316</u>	
Amount funded from State Cash Funds	<u>\$ _____</u>	
Amount funded from Federal Cash Funds	<u>\$ _____</u>	fed sources other than grants
Total amount funded from all sources	<u>\$74,265</u>	should equal total of sub-award