

AB#
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26952-43

2015-2016 SUBAWARD

BETWEEN THE

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES
AND**

BRIDGE OF HOPE CHILD ADVOCACY CENTER

AMENDMENT ONE, NOVEMBER 2015

This agreement is entered into by and between the Nebraska Department of Health and Human Services, **DIVISION OF CHILDREN AND FAMILY SERVICES** (hereinafter "DHHS"), and **BRIDGE OF HOPE CHILD ADVOCACY CENTER (CAC)** (hereinafter "Subrecipient").

The agreement between the parties dated 08/12/2015 is hereby amended as follows:

Article II, Paragraph A is amended to read:

A. TOTAL SUBAWARD DHHS shall pay the Subrecipient a total amount, not to exceed \$177,826.00 (One hundred seventy-seven thousand, eight hundred and twenty-six dollars) for the activities specified herein and in accordance with the attached budget (Attachment A and Attachment B). Said amount includes \$2,204.00 (Two thousand two hundred and four dollars) in Children's Justice Act funds, \$2772.00 (Two thousand seven hundred and seventy-two dollars) in Child Abuse Prevention and Treatment Act funds and \$172,850.00 (One hundred seventy-two thousand and eight hundred and fifty dollars) in State General Funds.

1. \$50,000 (Fifty thousand dollars) will be used to support the operation of the Satellite CAC currently in operation at Ogallala, NE.

Article II, Paragraph B is amended to read:

1. Twelve payments will be made contingent upon the Subrecipient submitting reports as required. The first payment of 10,654.00 will be made following the first month upon the receipt of a billing document and initial report. Payments in the amount of \$10,652.00 will be made on or after each eleven subsequent months following receipt of the required report and billing document. Consideration for continued funding is contingent, in part, upon receipt of these reports.
2. The Subrecipient understands and agrees that this Sub-Award Agreement does not guarantee that DHHS shall request such services. Futhermore, the Subrecipient understands and agrees that no minimum number of referrals for services from DHHS shall be expected.
3. DHHS reserves the right to withhold payment until required reports are received.
4. The Subrecipient is responsible for any and all costs associated with the production and delivery of reports. No other charges may be submitted under the terms of this contract without prior approval and agreement of DHHS.

5. The Subrecipient agrees not to accept payment from the family of the youth unless an established part of DHHS case plan includes a fee for services.
6. The Subrecipient understands and agrees that any bills submitted for payments that are over a year from the date of service will not be paid.
7. Payments not to exceed a total of \$50,000 for the Ogallala CAC satellite office will be made upon receipt of required billing documents and reports. The Subrecipient shall be paid \$6,250.00 for each month, from November 1, 2015 through June 30, 2016, upon the receipt of a billing document and initial report for the Ogallala satellite CAC. Consideration for continued funding is contingent, in part, upon receipt of these reports.

All other terms and conditions remain in full force and effect.

The original subaward attachment 2 is hereby revised and attached.

IN WITNESS THEREOF, the parties have duly executed this subaward hereto, and each party acknowledges the receipt of a duly executed copy of this subaward with original signatures.

FOR DHHS:

Signature

Douglas J. Weinberg, Director
Division of Children and Family Services
Department of Health and Human Services

DATE: 11/24/15

FOR SUBRECIPIENT:

Signature

Anne Power
Executive Director
Bridge of Hope CAC

DATE: 11/19/15

Reddick, Patti

From: Ivy Svoboda <isvoboda@nebraskacacs.com>
Sent: Monday, June 29, 2015 9:10 AM
To: Ivy Svoboda
Subject: Bridge of Hope: CAC agency budgets

From: Anne Power
Sent: Friday, June 26, 2015 3:48 PM
To: Anne Power
Subject: RE: CAC agency budgets

DHHS CONTRACT FUNDS	
\$127,826	
Personnel	
Executive Director	\$34,000.00
Coordinator/Forensic Interviewer	\$35,400.00
Insurance Benefit	\$2,400.00
Advocacy Coordinator	\$26,856.00
Insurance Benefit	\$1,020.00
Outreach Coordinator	\$5,200.00
Payroll Taxes (Employer Share)	
IRS Taxes/NE Revenue	\$10,814.00
Facility Operation Costs	
ALLO (Internet/Phone/Fax)	\$1,800.00
Copies	\$1,200.00
Medical Room Supplies	\$96.00
Printing/Publish	\$1,896.00
Contracts	
Bookkeeping	\$3,600.00
Equipment - Copier Lease	
Hometown Leasing	\$1,848.00
Maintenance	
Repairs - Recording Equipment	\$1,000.00
TOTAL	\$127,826.00

Proposed Budget – DHHS Service Contract October 1, 2015 - July 30, 2016

Child Advocacy Center		Bridge of Hope-- Ogallala
Executive Director		Anne Power
Service Contract Amount (9 Months)	\$	50,000.00
Total Annual Satellite CAC Budget	\$	60,000.00

Personnel (Salary and Benefits- Forensic Interviewer /Coordin. and Administrative Salary)	\$	15,000.00
Facility and Utilities (Rent/Mortgage, Utilities, Insurance, Recording Equipment/Install)	\$	31,500.00
Office Supplies	\$	2,000.00
Mileage (2609 miles * \$.575)	\$	1,500.00
TOTAL DHHS SERVICE CONTRACT EXPENSES	\$	50,000.00

Anne Power

Executive Director
 Bridge of Hope Child Advocacy Center
 410 West 5th Street
 North Platte, NE 69101
 308-534-4064
www.bridge-of-hope-cac.org



Subrecipient Reporting Worksheet

Section A – Federal Award Information

Federal Award Identifier Number (FAIN) G-1401NECJA1
(Must Match Notice of Award)

Federal Awarding Agency Name Administration for Children and Families
Award Date 10/1/14 to 9/30/16

CFDA Program Number 93.643
(Must Match Notice of Award)
Subaward Amount From This
Award: \$2,204.00

**See instructions if the subaward is funded from more than one funding source*

Section B – Subrecipient Information

Subrecipient DUNS 619290849
(Unique Entity Identifier)

Subrecipient Name Bridge of Hope Child Advocacy Center

Subrecipient Address: Street 410 West 5th Street

City North Platte State NE

Country USA Zip Code + 4 69101-3820

Congressional District 3

Amount of Subaward \$177,826.00 Subaward Date 7/1/15 to 6/30/16

Subrecipient Principal City North Platte State NE
Place of Performance:

Country USA Zip Code + 4 69101-3820

Congressional District 3

Subaward Number _____ (y3 number assigned once approvals completed)

Signature Date _____ (Date Subaward signed by DHHS or last party)

Subaward Project Description Child advocacy services and support of the investigation and treatment of child abuse and neglect allegations to the children of the State of Nebraska.

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For Grants Management Use Only:

Received by Grants: _____ FFATA Processed By: _____

Report Month/Year: _____

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, subawards, and/or cooperative agreements AND \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subawards, 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 subaward is being funded by multiple sources (multiple federal grants or a combination of federal and state funds)

Federal Award Identifier Number (FAIN) <u>G-1101NECA01</u>	
Federal Awarding Agency Name <u>Administration for Children and Families</u>	Award Date <u>10/1/10 to 9/30/15</u>
CFDA Program Number <u>93.669</u>	Subaward Amount From This Award: <u>\$2,772.00</u>

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

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

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

Amount funded from Federal Grants	<u>\$4,976</u>	total of grants in Section A
Amount funded from State General Funds	<u>\$172,850</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>\$177,826</u>	should equal total of subaward