

AB#  
514304

AGENCY SUPORTED FOSTER CARE SUBGRANT

BETWEEN  
THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILDREN AND FAMILY SERVICES  
AND  
Cedars Youth Services

AMENDMENT ONE, MARCH 2015

This subgrant is entered into by and between the Nebraska Department of Health and Human Services, **DIVISION OF CHILDREN AND FAMILY SERVICES** (hereinafter "DHHS"), and **Cedars Youth Services 6601 Pioneer Boulevard Lincoln, NE 68506** (hereinafter "Subrecipient").

CFDA Title & #: Foster Care Title IV-E 93.658 Federal Agency: DHHS-ACF  
Award Name: IV-E Foster Care Federal Award Identifier #: 1401NE1401  
Issue Date: 10/1/2013 This award is not for research and does not  
Award Date: 10/01/13 to 9/30/2014 include ARRA funds.

CFDA Title & #: Foster Care Title IV-E 93.658 Federal Agency: DHHS-ACF  
Award Name: IV-E Foster Care Federal Award Identifier #: 1501NEFOST  
Issue Date: 10/01/2014 This award is not for research  
Award Date: 10/01/2014 to 9/30/2015 and does not Include ARRA funds.

The Subgrant between the parties dated July 1, 2014 through June 30, 2015 to provide Agency Supported Foster Care (ASFC) services for children and families of the State of Nebraska is hereby amended as follows:

Article II. Paragraph A. is amended to read:

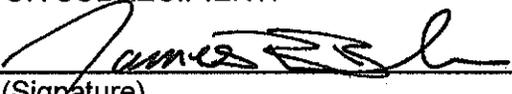
A. TOTAL SUBGRANT. DHHS shall pay the Subrecipient a total amount, not to exceed \$4,300,000.00 (Four million three hundred thousand dollars) for the activities specified herein.

The original subgrant attachment 2 is hereby revised and is attached.

All other terms and conditions of the subgrant remain in full force and effect.

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

FOR DHHS:  
  
\_\_\_\_\_  
(Signature)

FOR SUBRECIPIENT:  
  
\_\_\_\_\_  
(Signature)

Joseph M. Acierno, Acting CEO  
Department of Health and Human Services

James R. Blue, President/CEO  
Cedars Youth Services

DATE: 3/31/15

DATE: 3/23/15

  
\_\_\_\_\_  
(Signature)

Tony Green, Acting Director  
Department of Health and Human Services  
Division of Children and Family Services

DATE: 3.30.15

## Subrecipient Reporting Worksheet

## Section A – Federal Award Information

Federal Award Identifier Number (FAIN) 1401NE1401  
(Must Match Notice of Award)

Federal Awarding Agency Name DHHS-ACF

Award Date 10/1/2013 to 10/1/2014

CFDA Program Number 93.658  
(Must Match Notice of Award)

Subaward Amount From This  
Award: \$ \_\_\_\_\_

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

## Section B – Subrecipient Information

Subrecipient DUNS 131097292  
(Unique Entity Identifier)

Subrecipient Name Cedars Youth Services

Subrecipient Address: Street 6601 Pioneers Blvd. Suite 1

City Lincoln State NE

Country USA Zip Code + 4 68506-9972

Congressional District 1

Amount of Subaward \$ \_\_\_\_\_

Subaward Date 7/1/14 to 6/30/15

Subrecipient Principal City \_\_\_\_\_ State \_\_\_\_\_

Place of Performance: Country \_\_\_\_\_ Zip Code + 4 \_\_\_\_\_

Congressional District \_\_\_\_\_

Subaward Number \_\_\_\_\_ (y3 number assigned once approvals completed)

Signature Date \_\_\_\_\_ (Date Subaward signed by DHHS or last party)

Subaward Project Description To provide Agency Supported Foster Care services for children and families of the State of Nebraska.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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>1501NEFOST</u> |   |
| Federal Awarding Agency Name <u>DHHS-ACF</u>             | Award Date <u>10/1/14 to 9/30/15</u>      |
| CFDA Program Number <u>93.658</u>                        | 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      | \$ _____ | total of grants in Section A   |
| Amount funded from State General Funds | \$ _____ |                                |
| Amount funded from State Cash Funds    | \$ _____ |                                |
| Amount funded from Federal Cash Funds  | \$ _____ | fed sources other than grants  |
| Total amount funded from all sources   | \$ _____ | should equal total of subaward |