

AB#
521035

2015-2016 SUBAWARD

BETWEEN THE

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

FAITH REGIONAL HEALTH SERVICES

AND

NORTHEAST NEBRASKA 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 **FAITH REGIONAL HEALTH SERVICES FOR THE NORTHEAST NEBRASKA CHILD ADVOCACY CENTER** (hereinafter "Subrecipient").

The agreement between the parties dated 08/17/2015 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 \$271,921.00 (Two hundred seventy-one thousand, nine hundred and twenty-one dollars) for the activities specified herein and in accordance with the attached budget (Attachment A and B). Said amount includes \$3,827.00 (Three thousand eight hundred and twenty-seven dollars) in Children's Justice Act funds, \$4,812.00 (Four thousand eight hundred and twelve dollars) in Child Abuse Prevention and Treatment Act funds and \$263,282.00 (Two hundred sixty-three thousand and two hundred and eighty-two 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 O'Neill, 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 \$18,498.00 will be made following the first month upon the receipt of a billing document and initial report. Payments in the amount of \$18,493.00 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 O'Neill CAC satellite office will be made upon receipt of required billing documents and reports. The Subrecipient shall be paid \$6250.00 for each month, from November 1, 2015 through June 30, 2016, upon the receipt of a billing document and initial report for the O'Neill 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

Mark Klosterman,
 President and CEO
 Faith Regional Health Services

DATE:

11/18/15

Kelli Lowe

Kelli Lowe
 Executive Director
 Northeast NE Child Advocacy Center

DATE:

11-15

Attachment A

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

| | | |
|--------------------------------|--|------------|
| Child Advocacy Center | Northeast Nebraska Child Advocacy Center | |
| Executive Director | | Kelli Lowe |
| Service Contract Amount | \$ | 221,921.00 |
| Total Annual CAC Budget | \$ | 295,670.00 |

| | | |
|---|----|------------|
| Personnel (Salary and Benefits) | | |
| • Executive Director | \$ | 54,704.00 |
| • Forensic Interviewer | | \$31,411 |
| • Child Advocate | \$ | 24,204.00 |
| • Coordinator | \$ | 33,659.00 |
| • Coordinator/Prevention Specialist | \$ | 29,833.00 |
| • Medical Team | \$ | 11,337.00 |
| • Employee Benefits | \$ | 36,773.00 |
| Subtotal | \$ | 221,921.00 |
| Facility and Utilities | | |
| • Rent/Mortgage | | |
| • Utilities | | |
| • Phone and internet access | | |
| • Insurance | \$ | - |
| • Repairs and Maintenance | \$ | - |
| • | \$ | - |
| Subtotal | \$ | - |
| Supplies | | |
| • Office supplies | \$ | - |
| • Medical supplies | \$ | - |
| • Cleaning supplies | \$ | - |
| • DVDs | \$ | - |
| • Printing and copying | \$ | - |
| • | \$ | - |
| Subtotal | \$ | - |
| Mileage | \$ | - |
| TOTAL DHHS SERVICE CONTRACT EXPENSES | \$ | 221,921.00 |

NENCAC Satellite Budget for O'Neill, NE**Start-Up Costs** (One-time expenses to equip and furnish the satellite office):

Facility Improvements and Costs: \$26,900

- This would include all costs associated with Video and Voice Interview Recording Management System, Remodeling Expenses, Furniture, Equipment and Supplies

Estimated Ongoing Costs (Ongoing costs associated with the satellite office):

Rent and Utilities, Supplies, IT Costs \$20,082

Mileage (5,250 miles x .575) \$3,018

Total Budget Submitted: **\$50,000**

Total Operational Costs 10/1/15 – 6/30/16 \$86,547

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: \$3,827.00

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

Section B – Subrecipient Information

Subrecipient DUNS 076974369
(Unique Entity Identifier)

Subrecipient Name Northeast Nebraska Child Advocacy Center

Subrecipient Address: Street 1500 Koenigstein Avenue

City Norfolk State NE

Country USA Zip Code + 4 68701-3664

Congressional District 3

Amount of Subaward \$271,921.00 Subaward Date 7/1/15 to 6/30/16

Subrecipient Principal City Norfolk State NE
Place of Performance:

Country USA Zip Code + 4 68701-3664

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.

For Grants Management Use Only:

Received by Grants: _____ FFATA Processed By: _____

Report Month/Year: _____

Section C – Officer Compensation

Subaward
Rev. 01/2015

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-1201NECA01</u> | |
| Federal Awarding Agency Name <u>Administration for Children and Families</u> | Award Date <u>10/1/11 to 9/30/16</u> |
| CFDA Program Number <u>93.669</u> | Subaward Amount From This Award: <u>\$4,812.00</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>\$8,639</u> | total of grants in Section A |
| Amount funded from State General Funds | <u>\$263,282</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>\$271,921</u> | should equal total of subaward |