

AB#
1871488

22706-43

CASE MANAGEMENT SUBAWARD

BETWEEN THE

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

NEBRASKA FAMILIES COLLABORATIVE

AMENDMENT TWO, APRIL 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 **NEBRASKA FAMILIES COLLABORATIVE** (hereinafter "Subrecipient").

The agreement between the parties dated June, 2014 and amended July, 2014 is hereby amended as follows:

The Subgrant award information is amended to read:

CFDA 93.658 Foster Care IV-E
Title &
#:

Federal Administration for Children and Families
Agency:

Award IV-E Foster Care
Name:

Federal 1401NE1401;1501NEFOST;1601NEFOST
Award (this is subject to change since we don't
Identifier have our grant award)
#:

Issue 10/1/2013;10/1/2014;10/1/2015
Date:
Award 10/1/13 to 9/30/14; 10/1/14 to
Date: 9/30/15; 10/1/15 to 9/30/16

This award is not for research and does not include ARRA funds.

Article I, Section A. is amended to read:

A. TERM. This agreement is in effect from July 1, 2014 the effective date through June 30, 2016, the completion date.

Article II, Section A and B (1) and (2) are amended to read:

A. TOTAL SUBGRANT. DHHS shall pay the Subrecipient a total amount, not to exceed \$119,902,000.00 (One Hundred Nineteen Million, Nine Hundred Two Thousand Dollars and Zero Cents) for the activities specified herein during the period beginning July 1, 2014 and ending June 30, 2016.

B. PAYMENT STRUCTURE. Payment shall be structured as follows:

1. DHHS will pay to Subrecipient a fixed payment of \$2,092,900.00 each month for services provided July 1, 2014 through June 30, 2016, one half payable after the fifteenth of the month, and one half after the end of the month. DHHS will initiate processing of payments as soon as practicable after the fifteenth and last days of the month.

2. In addition to the fixed monthly payment in the foregoing paragraph, DHHS agrees to pay the Subrecipient a variable monthly payment on or about the 15th day of the month following the month services are provided for the period beginning July 1, 2014 and ending June 30, 2016. The variable payment will be based on the number of cases reported each week on the Point in Time Management Report for each category of case. The number of cases will be averaged during the month in which services were provided. The monthly average number of cases will then be multiplied by the number of days in the month times a per diem rate established for each category of case. The average number of cases will be determined by DHHS using a Point in Time Management Report generated using N-Focus data.

There are two case membership categories. The In Home Case Category includes families in which the children (wards and children in non-court cases) are placed in the family home. The services and supports are provided to the entire family which includes parents (custodial and non-custodial), siblings, and significant adults who provide some care-giving role to the child. Each family will count as one (1) case and the Subrecipient will be compensated at the in home rate.

The Out of Home Case Category includes children who are placed outside of the family home (wards, voluntary placement agreements, and children in non-court cases). Services and supports are provided to the entire family which includes parents (custodial and non-custodial), siblings, and foster parents. Each child will count as one (1) case and the Subrecipient will be compensated at the out of home rate.

- a. For the In Home Case Membership Category, the daily variable rate is \$17.02.
- b. For the Out of Home Case Membership Category, the daily variable rate is \$58.98.

The original subaward attachment 1 is hereby revised and attached.

The original subaward attachment 2 is hereby revised and attached.

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

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

Courtney N. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

DATE: 5/12/15

FOR SUBRECIPIENT:



Signature

David P. Newell
President and CEO
Nebraska Families Collaborative

DATE: May 6, 2015

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
AUDIT REQUIREMENT CERTIFICATION**

Subrecipients receiving funds from the Nebraska Department of Health and Human Services (DHHS) are required to complete this certification

Subrecipient's Name: Nebraska Families Collaborative

Address: 2110 Papillion Parkway

City: Omaha State: NE Zip Code: 68164

Subrecipient's Fiscal Year: January 1, 2015 to December 31, 2015

All written communications from the Certified Public Accountant (CPA) engaged under #2 or #3 below, given to the subrecipient 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 has directed the CPA to provide the copy directly to the DHHS and has verified this has occurred.

Check either 1, 2, or 3

1. As the subrecipient named above, we expect to expend less than \$750,000 from all Federal Financial Assistance sources and do not expect to receive \$100,000 or more in subawards from DHHS, including commodities, during our fiscal year. Therefore, we are not subject to the audit requirements of 2 CFR 200 and do not need to submit our audited financial statements to DHHS.
2. As the subrecipient named above, we expect to expend less than \$750,000 from all Federal Financial Assistance sources and expect to receive \$100,000 or more in subawards from DHHS, including commodities, during our fiscal year. Therefore, we are not subject to the audit requirements of 2 CFR 200.

We are, however, responsible for engaging a licensed Certified Public Accountant (CPA) to conduct an audit of our organization's financial statements. We acknowledge that the audited financial statements should be presented in accordance with generally accepted accounting principles (accrual basis). If another basis of accounting is more appropriate or if the accrual basis of accounting is overly burdensome, we will notify the DHHS of this issue and request a waiver of this requirement prior to the end of our fiscal year. We further 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 within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

3. As the subrecipient named above, we expect to expend \$750,000 or more from all Federal Financial Assistance sources, including commodities in our current fiscal year. Therefore, we are subject to the single audit requirements of 2 CFR 200.

We will engage a licensed Certified Public Accountant to conduct and prepare the audit of our organization's financial statements and components of the single audit pertaining to those financial statements. We acknowledge that the audited financial statements should be presented in accordance with generally accepted accounting principles (accrual basis). If another basis of accounting is more appropriate or if the accrual basis of accounting is overly burdensome, we will notify the DHHS of this issue and request a waiver of this requirement prior to the end of our fiscal year. We further acknowledge the audit must be completed no later than nine months after the end of our current fiscal year.

We further acknowledge, that a single audit performed in accordance with 2 CFR 200 must be submitted to the Federal Audit Clearinghouse. The reporting package, as evidence the audit was completed must contain:

- financial statements,
- a schedule of Expenditure of Federal Awards,
- a Summary Schedule of Prior Audit Findings (if applicable),
- a corrective action plan (if applicable) and
- the auditor's report(s) which includes an opinion upon financial statements and Schedule of Expenditures of Federal Awards, a report of internal control, a report of compliance and a Schedule of Findings and Questioned Costs.

We further acknowledge the auditor and this subrecipient must complete and submit with the reporting package a *Data Collection Form for Reporting on Audits of States, Local Governments and Non-Profit Organizations (SF-SAC)*.

We further acknowledge a copy of the subrecipient's financial statements, auditor's report and SF-SAC must be submitted to the DHHS within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period. .

For items #2 and #3 above the required information must be submitted to:

Nebraska Department of Health and Human Services
Internal Audit Section
P.O. Box 95026
Lincoln, NE 68509-5026

Signature  Date May 6, 2015
Name David P. Newell
Title President & CEO

Subrecipient Reporting Worksheet

Section A – Federal Award Information

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

Federal Awarding Agency Name Administration for Children and Families
Award Date 10/1/2013 to 09/30/14

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 _____ 011367579 _____
(Unique Entity Identifier)

Subrecipient Name Nebraska Families Collaborative

Subrecipient Address: Street 2110 Papillion Parkway
City Omaha State NE
Country USA Zip Code + 4 68164-3630
Congressional District 2

Amount of Subaward \$ _____ Subaward Date _____

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 an individualized system of care for families and their children and youth who are wards of the State of Nebraska involved in the Child Welfare or Juvenile Services System or who are non-court involved children and families involved in the Child Welfare System. Service delivery, service coordination, and case management functions will be provided for families served in the Eastern Service Area. Nebraska Families Collaborative currently serves all of the children and families described above in the Eastern Service Area. NFC will continue case management, service coordination, and service delivery for all such children and families in the Eastern Service Area.

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>Adminstration for Children and Families</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) <u>1601NEFOST</u>	
Federal Awarding Agency Name <u>Adminstration for Children and Families</u>	Award Date <u>10/1/15 to 9/30/16</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