

Signature Authority Designation

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All Contractors/Potential Contractors are required to fill out and submit this form.

Completion of this form designates signature authority for Contractor: Hopkins County

The Contractor may: (1) designate additional signature authority by including the additional signature authority's name and title; or (2) verify that the signature below is the only signature authority designated for contracting with DFPS.

The Contractor understands that there is an ongoing duty to notify DFPS in writing of any change to signature authority during the term of the contract with DFPS. The Contractor verifies that the signature(s) below is a complete, true and correct representation of signature authority.

Robert Newsom
Printed Name

[Handwritten Signature]
Signature of Authorized Representative

County Judge
Title of Authorized Representative

August 24, 2015
Date

Hopkins County
Legal Name of Contractor/Potential Contractor

239939996/23939997
Contract or Procurement Number

The Designated Signature Authority as referenced above has authorized the following person(s) listed below to also approve and sign on the contract functions as indicated. Please note that both the printed name and signature is required for each authorized individual.

Table with 4 columns: Printed Name, Title, Function, Signature. Multiple rows for listing authorized individuals.

I certify that the person(s) indicated above are designated as "Authorized Official(s)" for the purpose stated and that the signatures are valid. I further understand that it is my responsibility to immediately notify the DFPS in writing of any changes to the above list.

Printed or Typed Name & Title of Contract Signatory Signature

Internal Control Structure Questionnaire (ICSQ) for Title IV-E County ≥ \$25,000

Contractor Name: Hopkins County

Fiscal Year: 2016

Contract Number: 23939996/2393999 7

Please refer to instructions at end of this questionnaire.

SECTION I: FINANCIAL POSITION (This section should be answered about your organization as a whole.)		
1.	Please indicate the accounting system in place (e.g., accrual, cash, or modified accrual). _____	
2.	Does your organization complete yearly financial statements (e.g., Balance Sheet, Income Statement, Cash Flow)? <i>If yes:</i> a. Please list the name(s) of the person(s) responsible for preparing the annual financial statements: _____ b. Please attach copy of your most current statements as ATTACHMENT# I-2 . <i>If no, please provide any manual or automated information maintained regarding your current financial position as ATTACHMENT #I-2.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are your accounting and financial system operations audited at regular intervals by an independent auditor (Certified Public Accountant)? Note that this is not referring to compliance monitoring performed by State Contract Managers. <i>If yes:</i> a. Attach an original, bound audit report and management letter (if applicable) as provided by the independent auditor as ATTACHMENT #I-3 . b. Please indicate the frequency with which your accounting records are audited by an independent auditor. _____ c. Please describe how independent audit results are shared with the governing body of your organization. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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SECTION II: INTERNAL CONTROLS

II. A. GENERAL/ACCOUNTING CONTROLS

(This section should be answered about your organization as a whole. When a question mentions "contracts," it is referring to any contract or grant you administer with funding received through DFPS or any other state or federal agency.)

1.	Has the county submitted a cost allocation plan to DFPS for review? <i>If no, please attach a description of your allocation process as ATTACHMENT #II-1.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																														
2.	Please attach a list of all of your contracts with state agencies, including DFPS. For each contract, include: state agency name, type of service provided, contract number, dollar amount, and payment method (e.g., cost reimbursement, fee for service) as ATTACHMENT #II-2.																															
3.	Does your organization maintain a separate ledger account for: a. Deposits for each source of funds? b. Disbursement of each source of funds? Please provide a copy of your chart of accounts, and a description of how your accounting system identifies contract revenues and expenditures separately as ATTACHMENT #II-3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No																														
4.	Are costs and expenditures under budgetary control for: a. Total contract budget? b. By budget category?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No																														
5.	Do all purchases require approval from an authorized individual in the requesting department?	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
6.	Indicate the name and title of individual(s) authorized to: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 16.6%;">SIGN CHECKS OR AUTHORIZE PAYMENTS</th> <th style="width: 16.6%;">APPROVE PURCHASES <small>(INCLUDING ON-LINE AND CREDIT CARD)</small></th> <th style="width: 16.6%;">PREPARE PAYMENTS <small>(CHECKS AND ELECTRONIC FUND TRANSFERS)</small></th> <th style="width: 16.6%;">RECONCILE ACCOUNTS <small>(INTERNAL ACCOUNTS TO BANK RECORDS)</small></th> <th style="width: 16.6%;">CONTROL INVENTORY</th> <th style="width: 16.6%;">RECEIVE CASH</th> </tr> </thead> <tbody> <tr> <td>Name:</td> <td>Name:</td> <td>Name:</td> <td>Name:</td> <td>Name:</td> <td>Name:</td> </tr> <tr> <td>Title:</td> <td>Title:</td> <td>Title:</td> <td>Title:</td> <td>Title:</td> <td>Title:</td> </tr> <tr> <td>Name:</td> <td>Name:</td> <td>Name:</td> <td>Name:</td> <td>Name:</td> <td>Name:</td> </tr> <tr> <td>Title:</td> <td>Title:</td> <td>Title:</td> <td>Title:</td> <td>Title:</td> <td>Title:</td> </tr> </tbody> </table>		SIGN CHECKS OR AUTHORIZE PAYMENTS	APPROVE PURCHASES <small>(INCLUDING ON-LINE AND CREDIT CARD)</small>	PREPARE PAYMENTS <small>(CHECKS AND ELECTRONIC FUND TRANSFERS)</small>	RECONCILE ACCOUNTS <small>(INTERNAL ACCOUNTS TO BANK RECORDS)</small>	CONTROL INVENTORY	RECEIVE CASH	Name:	Name:	Name:	Name:	Name:	Name:	Title:	Title:	Title:	Title:	Title:	Title:	Name:	Name:	Name:	Name:	Name:	Name:	Title:	Title:	Title:	Title:	Title:	Title:
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7.	Are all expenditures reconciled with your general ledger? If no, please explain. _____ <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>																															
8.	How often are bank accounts reconciled to internal check registers? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (please specify) _____																															

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9.	Is your accounting system automated? If no, please skip to Question #17.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Please describe how your accounting system is secured and/or protected (e.g. location, the use of passwords, access limits, checks and balances). _____	
11.	Please specify the name(s) and title(s) for the individuals with access to the accounting system to perform the following functions: Review Only: _____ Record Transactions: _____ Update/Change: _____ Delete: _____	
12.	Please explain the process (initiation, review, approval, etc.) for making updates, changes, deletions, and year end adjustments to the accounting system. _____	
13.	Are there controls to provide reasonable assurance that transactions are not lost, duplicated, or added before and/or after data entry and editing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are there controls to provide reasonable assurance that transactions with errors are rejected from further processing (e.g., prevented from updating the files/database)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Is the data entered into the accounting system verified? <i>If yes, please specify whom (name and title) is/are responsible for verifying the data, and how the verification is done.</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	What, if any, additional internal controls and approvals are in place within the organization to ensure payments made are valid and authorized? _____	
17.	Are all checks pre-numbered and accounted for? If no, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	a. Are all disbursements (excluding petty cash) made by check?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	<p>If no, what other means does your organization use to make disbursements?</p> <p>_____</p> <p>b. Is a check register (disbursement journal) used to record disbursements and maintain balances?</p> <p>If no, how are disbursements and balances tracked?</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19.</p>	<p>Are all disbursements approved prior to payment?</p> <p>If no, please explain.</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>20.</p>	<p>Is there any additional review or special approval required for payment transactions (check or electronic disbursement) that exceed a specific dollar amount?</p> <p><i>If yes, please specify the dollar limit(s), name(s) and title(s) of responsible staff.</i></p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>21.</p>	<p>Does your organization have a system for tracking:</p> <p>a. Voided checks?</p> <p>b. Credit card transactions?</p> <p>c. Other electronic transactions?</p> <p>If no, please explain.</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>22.</p>	<p>Does your organization use a check-signing machine?</p> <p><i>If yes, please describe how the facsimile signature plates are safeguarded from improper use.</i></p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>23.</p>	<p>Are unused checks safeguarded and in the custody of a person who does not manually sign checks, control the use of facsimile signature plates or operate the facsimile signature machine?</p> <p>Please indicate name and title of person who has custody of unused checks.</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>24.</p>	<p>Are the following practices prohibited:</p> <p>a. The drafting of checks to "CASH"?</p> <p>b. The signing of blank checks?</p> <p>c. The removal of blank checks from the checkbook?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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	<p>If no, please explain.</p> <p>_____</p>	
25.	<p>Are purchase orders/requisitions controlled in such a way that they can all be accounted for (e.g., by sequential pre-numbering, by entry in a register)?</p> <p><i>If yes, please attach an explanation of your purchase orders/requisition controls as ATTACHMENT #II-25.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
26.	<p>Are supporting documents (e.g., service authorizations, invoices, receipts, approvals, receiving reports, canceled checks) maintained with each disbursement and clearly referenced for easy location and retrieval?</p> <p><i>If yes, please attach an explanation as ATTACHMENT #II-26. The attachment should describe your process for maintaining supporting documentation, such as:</i></p> <ul style="list-style-type: none"> • <i>How supporting records are kept and filed (e.g., filed by check number, month of payment)?</i> • <i>How documents are marked when paid to prevent duplication of claims?</i> • <i>How authorizations are maintained internally?</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	<p>Do supporting documents accompany checks for the check signer's signature?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	<p>Are invoices marked to identify allocation of payment?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	<p>Does your organization have procedures to identify costs and expenditures not allowable under federal and/or state regulations?</p> <p><i>If yes, please attach an explanation of your system for identifying unallowable costs/expenditures as ATTACHMENT #II-29.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.	<p>Does your organization have a contract file for each contract?</p> <p><i>If yes, does each contract file contain:</i></p> <p>a. <i>The executed contract with all attachments?</i></p> <p>b. <i>A copy of each contract amendment (as applicable)?</i></p> <p>c. <i>Billing documents?.....</i></p> <p>d. <i>Documentation of contract performance?</i></p> <p>e. <i>Related correspondence?.....</i></p> <p>f. <i>A copy of each subcontract agreement (as applicable)?</i></p> <p>If no to any of the above, please explain.</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
31.	<p>Does your organization have a process to prevent unauthorized access to confidential information related to your contracts (for example, sensitive client information or records)?</p> <p><i>If yes, please attach a copy of your procedures for safeguarding contract information as ATTACHMENT #II-31.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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II. B. PERSONNEL

<p>32.</p>	<p>Does your organization have written personnel policies?</p> <p>If no, please explain.</p> <hr/> <p>If yes, are personnel policies distributed to all employees?</p> <p>Do the personnel policies include:</p> <p>a. Hiring?</p> <p>b. Performance evaluations?</p> <p>c. Time and leave?</p> <p>d. Conflict of interest?</p> <p>e. Nepotism?</p> <p>f. Related-party transactions?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>33.</p>	<p>Does your organization require individual time or activity sheets to be prepared at least monthly for personnel (part-time, full-time, and/or in-kind volunteers)?</p> <p>If no, please explain.</p> <hr/> <p><i>If yes, please submit a blank time sheet and/or activity sheet and a copy of the related policy as ATTACHMENT II-33.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>34.</p>	<p>Does your organization have on file an established rate of pay and withholding information for each employee?</p> <p>If no, please explain.</p> <hr/>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>35.</p>	<p>Does your organization have a written job description with a set salary level for each position?</p> <p>If no, please explain.</p> <hr/>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>36.</p>	<p>Is the amount being paid to each employee based on documentation of actual hours worked?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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37.	<p>a. Is your organization current with your payroll taxes?</p> <p>b. Does your organization pay payroll taxes directly?</p> <p>If no, please explain and indicate name of withholding agent.</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>II. C. TRAVEL</p> <p>Reimbursements for travel expenses will be paid according to the State of Texas travel rates in effect on the date of travel as approved by the Office of the Comptroller of Public Accounts.</p>		
38.	<p>Are travel expenditures substantiated by travel vouchers, travel logs or other supporting documentation?</p> <p>If no, please explain.</p> <p>_____</p> <p><i>If yes, please submit a copy of your travel policy, a blank travel voucher and a blank travel log as ATTACHMENT II-38.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>II. D. EQUIPMENT</p>		
39.	<p>a. Please specify the level of capitalization (dollar amount) used by your organization.</p> <p>_____</p> <p>b. Please provide your organization's definition of equipment:</p> <p>_____</p>	
40.	<p>Does your organization conduct a physical inventory of capital equipment purchased with federal funds?</p> <p>If yes, how often?</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
41.	<p>Has DFPS funds been used (in whole or in part) to purchase equipment or controlled assets (e.g., computers, furniture, cameras, camcorders, laser disc (DVD) players, TVs)?</p> <p>Note: Contractors should review the Comptroller's State Property Accounting User Manual at https://fmx.cpa.state.tx.us/fmx/spa/classcodes/control.php for the most current listing of controlled assets. Contractors must add these items classified as controlled assets to their inventory list based on the noted acquisition costs.</p> <p>If no, please skip to Section II.E. Subcontractors.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
42.	<p>Are inventory records maintained that include: item description, serial number, funding source(s), acquisition cost, acquisition date and inventory number?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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	<i>Please attach a blank inventory form as ATTACHMENT #II-42</i>	
43.	Are all equipment items and controlled assets tagged for the purpose of internal tracking and inventory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44.	Does your organization have policies regarding the documentation required for equipment that has been disposed of? If yes, please attach a copy of your equipment disposal policy as ATTACHMENT #II-44 .	<input type="checkbox"/> Yes <input type="checkbox"/> No

II. E. SUBCONTRACTORS

If your organization does not subcontract DFPS services, or does not intend to subcontract DFPS services, mark N/A here and skip to Section II.F. Title IV-E Child Welfare Services Contract Information.

45.	Does your organization have written policies and procedures for subcontracted services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46.	Does your organization have a state contract of \$100,000 or greater?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II. F: TITLE IV-E CHILD WELFARE SERVICES CONTRACT INFORMATION

This section pertains only to any County Title IV-E Child Welfare Services Contracts with DFPS and *does not* pertain to any Title IV-E County Legal Services Contract with DFPS. For purposes of this Section, the terms County and County Child Welfare Board are synonymous.

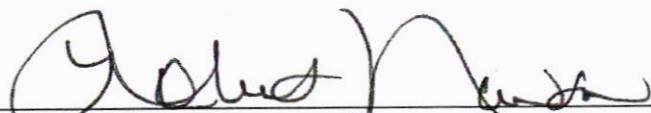
47.	If administrative costs will be claimed, has the county submitted an administrative budget to DFPS for review and approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
48.	Does the County Child Welfare Board have a process that Caseworkers must follow in order to obtain assistance from the County Child Welfare Board for a Foster Child? If yes, is the above policy a written (published) policy? <i>If yes, please attach a description of the process or a copy of the written policy as ATTACHMENT #II-48</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
49.	Has/have the county Title IV-E contract(s) been audited by county internal or external auditors? If yes, please enter date of last audit. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
50.	Do the region and the county conduct an annual review of the county Title IV-E contracts? If yes, please enter date of last review. _____ Note: An annual review of the contract is specified in the contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No
51.	How does the Child Welfare Board pay for supplemental child-care expenses? <i>Please provide a description of the process used to pay supplemental child care expenses, including the name and/or position of responsible person/staff as ATTACHMENT #II-51.</i>	
52.	What back-up documentation does the county maintain to support Title IV-E reimbursements? <i>Please provide a description of the required documentation as ATTACHMENT #II-52.</i>	
53.	Who maintains the documentation within the county (e.g., Child Welfare Board, County Auditor)?	

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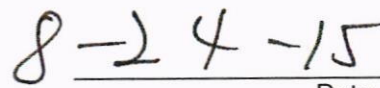
	Please provide the name of the county Department or name and/or position of responsible person/staff. _____	
54.	Who, within the county, signs the County Title IV-E Claims Voucher (Form 4116 – State of Texas Purchase Voucher Quarterly Billing)? Please provide the name and/or position of the responsible person/staff. _____	
55.	How does the county ensure the County Title IV-E Claims Voucher is reconciled with the county's general ledger? _____	
56.	Does the county have a process to ensure that all expenditures claimed are allowable? <i>If yes, please attach a description of the process as ATTACHMENT #II-56.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
57.	Does the county have a process to ensure that all raised or donated funds used as certified match for the County Title IV-E Claims Voucher are unrestricted funds? <i>If yes, please attach a description of the process as ATTACHMENT #II-57.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
58.	How does the county know which children are IV-E eligible? Please provide a description of the process and the name and/or position of responsible person/staff as ATTACHMENT #II-58.	

CERTIFICATION

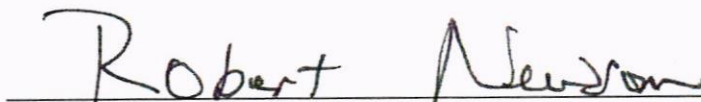
Signed by an individual with documented authority as designated by the business entity.

I HEREBY CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THE INFORMATION REPORTED
HEREIN IS TRUE, CORRECT, AND COMPLETE.


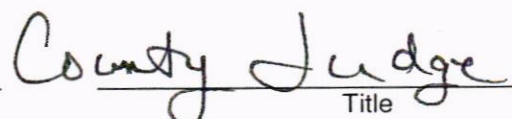
Signature



Date



Printed/Typed Name



Title

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ICSQ Instructions

Every business entity should have internal controls. Internal controls consist of the policies and procedures that a business entity develops and implements to ensure that assets (such as cash and equipment) are safeguarded, that expenditure transactions (such as purchases) are authorized, and that financial data are accurately recorded. Another way of saying this is that a system of internal controls helps to ensure that assets that belong to the business entity are used only for authorized business purposes.

A system of internal controls is not designed primarily to detect errors but rather to reduce the opportunity for errors or dishonesty to occur. In an effective system of internal controls, no one person should carry out all phases of a business transaction from beginning to end. For example, if one person were permitted to order supplies, receive the supplies, write a check to pay for the supplies, and record the transaction in the accounting records, then there would be no protection against either fraud or errors.

A system of internal controls frequently may be improved by physical safeguards (acting as compensatory controls). Computers help to improve the efficiency and accuracy of record keeping functions. Cash registers, safes, and pre-numbered business forms are very helpful in safeguarding cash and establishing responsibility for it. Any system of internal controls must be supervised with care if it is to function effectively.

The Internal Control Structure Questionnaire (ICSQ) consists of a series of questions related to the processes and procedures for handling cash receipts, cash disbursements, physical inventory, file maintenance, etc. Responses to the questions included in the ICSQ allow for an assessment of the effectiveness of the procedures described as compared to best practices and/or specific state and federal guidelines.

Instructions for Submitting the ICSQ

An up-to-date ICSQ is required to be submitted with each new proposal to contract with DFPS. ***Please use the ICSQ that appropriately reflects the entire contract amount for Title IV-E funds, not just the DFPS drawdown amount.***

No two-sided copies will be accepted. No pamphlets or books will be accepted (except for required financial reports and/or audits). Responses must be typed or printed. All attachments must be clearly numbered.

Instructions for Completing the ICSQ

The ICSQ has been divided into several sections, as follows:

SECTION I: FINANCIAL POSITION

This section requests background information about the organization, including the financial system used to maintain the accounting records, preparation of financial statements and the frequency with which financial information is audited.

SECTION II: INTERNAL CONTROLS

This section addresses Internal Controls as described below:

II. A. GENERAL/ ACCOUNTING CONTROLS

The general accounting section addresses file maintenance and the contractor's responsibility to meet contract terms and/or state/federal regulations.

Accounting controls assist with the safeguarding of assets (cash and fixed assets) and the reliability of financial records. The objective sought in the control of cash receipts is to ensure that all cash that is receivable by the business entity is collected and recorded without loss. The system of controlling cash payments should be designed to ensure that no unauthorized payments are made. Control is accomplished by division of responsibility to achieve independent verification of transactions without duplication of effort.

Question 1:

Cost allocation ensures that costs are properly allocated to a specific funding source and that all costs are properly identified.

Cost allocation is required when a cost will benefit more than one contract or funding source. If cost allocation is necessary, contractors must use reasonable methods of allocating costs consistently. Any cost allocation method used should be a reasonable reflection of actual business operations.

Questions 5 - 6:

It is a good business practice to require authorized individuals to approve purchases or electronic transactions made on behalf of their department. Designating separate individuals to sign checks or authorize payments, approve purchases, prepare payments, reconcile internal accounts to the general ledger, control assets, and receive cash is also a good business practice. For smaller staffs, it may be necessary to identify compensating controls where adequate separation of duties is not possible.

Questions 7 - 8:

All costs that are reported and/or billed to a funding source should be reconciled with the general ledger (the book or file that contains all of the organization's accounts) as well as bank account transaction records.

Questions 9 - 16:

If the business entity's accounting system is automated, please complete questions 9 - 16 to provide detail as to who has access to the accounting system and how the system is protected.

Questions 17 - 25:

These are examples of internal controls that act as safeguards against unauthorized expenditures and/or check disbursement.

Questions 26 - 27:

It is a best practice to maintain supporting documents with each disbursement. Alternatively, supporting documents should be numbered, clearly referenced, and filed for easy retrieval.

Question 28:

If more than one funding source is to be used to reimburse a cost, then it is extremely important that the invoice documents how the cost is to be allocated.

Question 29:

Contractors should reference the applicable Texas Administrative Code (TAC) or Office of Management and Budget (OMB) Circulars to identify costs and expenditures that are not allowable.

Question 30:

An element of a good file maintenance process is having a systematic approach to filing the numerous contract documents that flow through a business entity. A systematic filing approach decreases the risk of lost documents, and provides a central place for documents that pertain to a specific contract.

Question 31:

An important protective measure to safeguard sensitive information is controlling physical access to the information or records related to your contracts. All contract information must be cared for with the appropriate level of physical and electronic security. Procedural safeguards ensure adequate controls against unauthorized access, fraudulent activity, disclosure, loss or damage, whether accidental or deliberate, as well as to ensure the availability, integrity, authenticity, and confidentiality of information. Procedural safeguards may include adequate separation of duties, limiting physical access (e.g., storing information in a safe or fireproof filing cabinet, locks on doors or filing cabinets, passwords) or computer-related controls dealing with access privilege.

II. B. PERSONNEL

Question 32:

Each business entity should have written personnel policies that are made available to all employees. The policies need to be consistently applied and should include all federally mandated policies related to human resource issues.

**Internal Control Structure Questionnaire (ICSQ)
for Title IV-E County ≥ \$25,000**

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Questions 33 - 37:

OMB Circular A-122, Attachment B, Paragraph 8, subparagraph "m" (revised May 2004) and OMB Circular A-87, Attachment B, Paragraph 8, subparagraph "h" (revised May 2004) address documentation necessary to support salaries and wages. These circulars further state that the allocation of direct service delivery staff salaries between programs and/or contracts must be documented.

II. C. TRAVEL (Travel Costs Paid with DFPS Funds)

Question 38:

Travel expenses for which reimbursement will be requested from DFPS must conform to the current state travel requirements and rates for lodging, meals, and personal vehicle mileage. Supporting documentation for travel expenses must include receipts for the following expenses: parking fees, hotel lodging, taxis, and airfare.

II. D. EQUIPMENT

Questions 39 - 44:

Equipment is defined in 45 Code of Federal Regulations (CFR) Part 74.2 and the Office of Federal Financial Management, Office of Management and Budget (OMB) Circulars.

It is a federal requirement that a physical inventory be taken at least once every two years for equipment acquired with federal funds (including DFPS funds).

The disposition of all equipment purchased with federal funds must be made according to appropriate regulations and departmental policies, as per OMB Circular A-110, Section 34 (G). Equipment purchased using DFPS contract funds is subject to an equitable claim by the state (DFPS) at contract termination. No disposition should take place without prior notification to DFPS contract management.

II. E. SUBCONTRACTORS

This section must be completed if DFPS funds are or will be provided to subcontractors.

Question 45:

Subcontracting policies and procedures should, at minimum, address contractor selection and monitoring.

Subcontractor selection procedures should reflect a system in which the best subcontractor is fairly and objectively selected. Procedures should clearly identify the method of contractor selection utilized (e.g., competitive selection or bidding, negotiation with individual). (OMB Circular A-110, Sections 40-48.) The subcontractor selection process should also include established criteria to evaluate potential subcontractors, ranking method, and the consideration of past performance factors.

Subcontractor monitoring procedures should be sufficient to ensure that subcontractors consistently provide quality services by measuring performance against well-documented outcome expectations. The monitoring function should focus on the outcomes of services provided with an appropriate emphasis on contract monitoring in proportion to the amount/extent of the contracted services. Procedures should adequately describe who is responsible for monitoring, how often monitoring occurs, the monitoring process to include follow-up procedures when corrective action is required. It is also a good business practice to include an ongoing system for ensuring that funds are spent appropriately.

Question 46:

DFPS is committed to encouraging participation and increased opportunities for any minority and women-owned business that is certified as a Historically Underutilized Business (HUB). DFPS requires contractors who have contracts of \$100,000 or more to do the same.

A good faith effort requires that contractors maintain documentation in purchase and contract files of their efforts to utilize HUBs. When HUB bidders are not solicited or selected, documentation should clearly state the reason. Contractors who have contracts of \$100,000 or more may be required to have a HUB Subcontracting Plan that documents either:

- a) That contractor does not plan to subcontract any component of the DFPS contract, or
- b) That contractor does plan to subcontract and includes at minimum the contractor's written policy/procedures for subcontracting and contractor's methods for soliciting and selecting subcontractors. In this case, a HUB Subcontracting Form must be on file.

II. F. TITLE IV-E CHILD WELFARE SERVICES CONTRACT INFORMATION

Questions 47 - 58:

This section captures county policy and procedures specific to any Title IV-E Child Welfare Services contract and is used in the determination of appropriate monitoring efforts.

The Federal Funding Accountability and Transparency Act (FFATA) certifications enumerated below represent material facts upon which DFPS relies when reporting information to the federal government required under federal law. If the Department later determines that the Contractor knowingly rendered an erroneous certification, DFPS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DFPS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. **If the Signer cannot certify all of the statements contained in this section, Signer must provide written notice to DFPS detailing which of the below statements it cannot certify and why.**

Grant Award Number:

Catalog of Federal Domestic Assistance Number (CFDA):

Did your organization complete the System for Award Management (SAM) registration?
 Yes No

Catalog Federal Domestic Assistance (CFDA) Annual Grant Document Number:

Enter Your Dun & Bradstreet (D&B) DUNS Number, and its parent if applicable:

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year? Yes No N/A (if entity does not generate income)

If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification.
If your answer is "No" or N/A, answer questions "A" and "B".

A. Certification Regarding % of Annual Gross from Federal Awards.

Did your organization receive 80% or more of its annual gross income from federal awards in the previous tax year? Yes No

B. Certification Regarding Amount of Annual Gross from Federal Awards.

Did your organization receive \$25 million or more in annual gross income from federal awards in the previous tax year? Yes No

If your answer is "Yes" to both question "A" and "B", you must answer question "C".
If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

C. Certification Regarding Public Access to Compensation Information.

Does the public have access to information about the compensation [17 CFR 229.402(c)(2)] of the senior executives (e.g., officers, managing partners, or any other employees in management positions) 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 No N/A (if entity reports through some other means, state how:)

If your answer is "No" you must provide compensation information to DFPS for FFATA reporting. If N/A, you may still be required to supply compensation information pending DFPS or federal awarding agency approval.

contractor entry columns						contractor entry column		
B	C	D	E	F	G	H	I	J
<i>Contractor DUNS number</i>	<i>Contractor DUNS+4 digits as applicable</i>	<i>Primary City</i>	<i>Primary State</i>	<i>9 character zip code</i>	<i>Primary Country</i>	<i>DFPS Contract Number</i>	<i>Contractor Compensated Amount</i>	<i>Contractor Legal Name</i>
008517104	1234	LongTree	TX	087341234	USA	529-11-0001-00001	John Brown:50000; Mary Rudd:50000; Eric Landon:400000; Todd Parker:300000; ;Sally Thompson:300000	Henderson Clinic
					USA			
					USA			
					USA			
					USA			
					USA			
					USA			
					USA			
					USA			

As the duly authorized representative (Signatory) of the Contractor named below, I hereby certify that the responses that I have provided to the questions in this certification form are true, complete and correct to the best of my knowledge.

Printed Name of Authorized Representative	Signature of Authorized Representative
County Judge	
Title of Authorized Representative	Date 8-24-15
Hopkins County	23939996/23939997
Legal Name of Contractor	Contract Number

Legal Name of Contractor:	Hopkins County	Contract Number:	23939996/23939997
Please provide the person's name, title, and number to contact for questions or if additional information is needed:		Contact Name & Title: Contact Phone Number:	

Active Contracts & Payment Types

1. Do you currently have other active contracts with DFPS or any other entity either within or outside of Texas [Federal, State (ISD, University), County, or Private Business]?

Yes No

If yes, please provide the entity name, contract number(s), and indicate which of the following payment types is utilized for the contract:

Fixed Price	Fixed price is a deliverables-based payment type for a contract with a firm agreed-upon price for the delivery of goods and services.
Cost Reimbursement	Payment type that reimburses contractors for actual, allowable, reasonable, and necessary expenditures incurred up to an approved amount and within the associated cost categories in the approved budget and budget narrative.
Fee For Service	Contractor is paid a standard fee per unit of service. Typically, rates are either negotiated with the individual vendor and apply only to that vendor or there is a uniform rate that is paid to all vendors providing the service. This rate-based payment type is used when an independent rate setting process does not exist for the contracted service.
Rate-Set Payments	Contractor is paid a set rate per unit of service. A rate setting process where the rate is approved by the Health and Human Services Commission (HHSC) or another agency with rate setting authority. The resulting rate is applied to the purchase of specifically defined units of service.
Blended Foster Care Rate	The blended foster care rate is the HHSC-developed rate equal to the weighted average rate across all placement types that DFPS pays under a Single Source Continuum Contract for each day of service provided to a child or youth in paid foster care.
Blended Foster Care Case Rate	The blended foster care case rate is the rate paid under a Single Source Continuum Contract for each day of service provided to each child or youth as measured against an established length of stay baseline formulated by HHSC for each defined age category or "strata" of children/youth.
Exceptional Foster Care Rate	An exceptional foster care rate applies to a limited number of situations and/or days under a Single Source Continuum Contract where a child requires extraordinary care.
Day (24 hour)	Usually for residential services. This is the rate paid to the provider for each 24-hour period that a DFPS client is in a provider's care.
Other	Any other payment type not defined above.

Entity Name	Contract Number	Payment Type

Independent Audits

2. Is your business entity required to undergo an independent audit? Yes No

If yes, please identify the authority requiring the audit:

3. How long has it been since your last independent audit (e.g., Annual Financial Statement audit, Compliance audit) was completed by an independent auditor, including other state/federal agencies such as the State Auditor's Office (SAO) or the Office of Inspector General (OIG)? (Note: Monitoring activities conducted by another state agency are not considered independent audits for this purpose.)

Within 21 Months Within 22-34 Months 35 Months or More No Audit Completed Provide a copy of the most recent independent audit, if applicable.

Additional Information:

RAI Factor #15

Related Party Transactions

4. Disclose the type of business transactions (compensated or not) that occur between your business entity and any related party. For purposes of this question, related party refers to:

- a) A family member (including blood, marriage, or adoption),
- b) A member of the Board of Directors,
- c) Stockholders with >5% Ownership,
- d) Key Employees Paid Separately for Other Responsibilities (e.g., consulting services, not direct employees),
- e) Parent/Subsidiaries, or
- f) Organizations Under Common Ownership or Control (excluding routine relationships for an LLC).

Transactions include business activities such as purchasing or leasing (e.g., a building, a computer, or a vehicle) and/or obtaining a service (e.g., legal services, accounting services, banking services).

Non-Compensated Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compensated, Non-Recurring Goods, Services, or Labor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compensated, Recurring Goods, Services or Labor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compensated Goods, Services, or Labor w/ Uniform Rate Uniform, Set Rate that Applies to All Contracts for the Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compensated Consulting or Management Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compensated Building Leasing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compensated Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
For-Profit Affiliated with Non-Profit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owned/Operated by Same or Related Entity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Subsidiary Relationship	<input type="checkbox"/> Yes <input type="checkbox"/> No

RAI Factor #11

Subcontractors

5. Indicate the percentage of work performed by subcontractors for the contracted service (as allowable by the contract).

- No Subcontractor Involvement
- Subcontractors Account for 50% or Less of Work Performed
- Subcontractors Account for More than 50% of Work Performed

RAI Factor #9

Key Management Staff

For purposes of this question, key management staff may include individuals with titles such as: Executive Director, President, Sole Proprietor, Comptroller, Chief Financial Officer, Manager, or Program Director.

6. Has there been a change in any key management staff at your business organization within the past two years?

Yes No

If Yes, has the change been within the past 24 months? Yes No

7. Indicate whether or not key management staff have at least two years' worth of experience providing fiscal or programmatic components of the contracted service (even if not with the same business entity).

Fiscal components refer to the financial aspect of the contract.

Programmatic components refer to the service delivery side of the contract, such as ensuring that services are provided to clients, monitoring the quality of the service delivery, complying with the service provisions in the contract.

<p>Executive Director, Sole Proprietor, President or Equivalent</p>	<p><input type="checkbox"/> Less than 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs</p>	<p><input type="checkbox"/> At least 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs</p>	<p><input type="checkbox"/> At least 2 years with fiscal <u>and</u> programmatic components of federal and/or state contracted programs</p>
<p>Accounting Director, Comptroller, Chief Financial Officer, Business Manager, etc.</p>	<p><input type="checkbox"/> Less than 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs</p>	<p><input type="checkbox"/> At least 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs</p>	<p><input type="checkbox"/> At least 2 years with fiscal <u>and</u> programmatic components of federal and/or state contracted programs</p>
<p>Program Director, Program Coordinator or Equivalent</p>	<p><input type="checkbox"/> Less than 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs</p>	<p><input type="checkbox"/> At least 2 years with fiscal <u>or</u> programmatic components of federal and/or state contracted programs</p>	<p><input type="checkbox"/> At least 2 years with fiscal <u>and</u> programmatic components of federal and/or state contracted programs</p>

RAI Factor #7

Direct Delivery Staff

8. Has there been a significant change in direct delivery staff at your business organization within the preceding year?

Yes No

9. Please indicate the average level of experience that direct delivery staff at your organization have in providing the contracted service.

0 - 23 months

24 - 59 months

60 or more months

RAI Factor #8

Internal Controls

10. Does your business organization have any outstanding liabilities or litigations?

Yes No

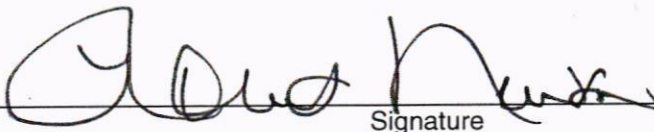
If Yes, Describe:

RAI Factor #10

CERTIFICATION

This form must be signed by an individual with documented signature authority, as designated by the business entity.

I HEREBY CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT THE INFORMATION REPORTED HEREIN IS TRUE, CORRECT, AND COMPLETE.



Signature

8-24-15

Date

Robert Newsom

Printed Name

County Judge

Title

**Budget for Title IV-E
County Child Welfare Services Contract**

Summary			
		County:	Hopkins County-CWB
		Contract Number:	23939996
		Budget Effective Date:	10/1/2014-9/30/2015
Cost Category	Estimated Total Expenses Allocable to Title IV-E	Total Anticipated Federal Reimbursement	Total Anticipated County Match
A. Administration			
A.1. Direct Personnel Salaries	\$0.00	\$0.00	\$0.00
A.2. Direct Personnel Fringe Benefits	\$0.00	\$0.00	\$0.00
A.3. Direct Personnel Travel	\$0.00	\$0.00	\$0.00
A.4. Direct Materials and Supplies	\$350.00	\$23.49	\$326.51
A.5. Direct Equipment	\$0.00	\$0.00	\$0.00
A.6. Direct Other Costs	\$6,650.00	\$446.31	\$6,203.69
Total Administration	\$7,000.00	\$469.81	\$6,530.20
B. Training			
B.1. Title IV-E Training (75%)	\$0.00	\$0.00	\$0.00
B.2. Title IV-E Fostering Connections Training (65%)	\$0.00	\$0.00	\$0.00
B.3. Non-Title IV-E Training (50%)	\$0.00	\$0.00	\$0.00
Total Training	\$0.00	\$0.00	\$0.00
C. Supplemental Foster Care Maintenance (SFCM)			
Total SFCM	\$13,000.00	\$7,546.50	\$5,453.50
D. Indirect Costs (if applicable)			
Indirect Cost Base	\$0.00	\$0.00	\$0.00
Grand Total	\$20,000.00	\$8,016.31	\$11,983.70

*Estimated Federal Reimbursement for expenses based on Eligible Population Rate (EPR) during 3rd quarter of the preceding fiscal year:

13.423%

Actual reimbursement will be based on EPR in effect for the county during the month in which expenses were incurred.

* Estimated Federal Reimbursement for Supplemental Foster Care Maintenance expenses based on Federal Medicaid Assistance Percentage (FMAP) rate in effect during preceding fiscal year:

58.05%

Actual reimbursement will be based on FMAP rate in effect at the time reimbursement is made to contractor.

Indirect Cost Rate, if applicable (attach a copy of the approved Certificate of Indirect Costs):

0.000%

Contractor Certification

Signature

Date

Printed Name & Title

**Budget for Title IV-E
County Child Welfare Services Contract**

Texas Dept. of Family
and Protective Services

Administration A.1. Direct Personnel Salaries						
County: <u>Hopkins County-CWB</u>						
Contract Number: <u>23939996</u>						
Budget Effective Date: <u>10/1/2014-9/30/2015</u>						
Position or Title	A Monthly Salary	B % of Time Spent on IV-E Activities	C Number of Months of Service	D Estimated Total Expense* (AxBxC)	E Anticipated Federal Reimbursement (estimated EPR x 50% FFP)	F Anticipated County Match
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
Total Direct Personnel Salaries				\$0.00	\$0.00	\$0.00

* estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc.
http://www.dfps.state.tx.us/handbooks/Title_IV-E_County/default.jsp

**Budget for Title IV-E
County Child Welfare Services Contract**

Administration			
A.3. Direct Personnel Travel			
County:		Hopkins County-CWB	
Contract Number:		23939996	
Budget Effective Date:		10/1/2014-9/30/2015	
Type of Travel Expense Note: only include travel <u>NOT</u> related to personnel training	Estimated Total Expense*	Anticipated Federal Reimbursement (estimated EPR x 50% FFP)	Anticipated County Match
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
Total Direct Personnel Travel	\$0.00	\$0.00	\$0.00

* estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc.
http://www.dfps.state.tx.us/handbooks/Title_IVE_County/default.jsp

**Budget for Title IV-E
County Child Welfare Services Contract**

Administration			
A.4. Direct Materials and Supplies			
		County:	Hopkins County-CWB
		Contract Number:	23939996
		Budget Effective Date:	10/1/2014-9/30/2015
Materials and Supplies (description)	Estimated Total Expense*	Anticipated Federal Reimbursement (estimated EPR x 50% FFP)	Anticipated County Match
Office Supplies	\$100.00	\$6.71	\$93.29
Postage	\$150.00	\$10.07	\$139.93
Overhead Expenses	\$100.00	\$6.71	\$93.29
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
Total Direct Materials and Supplies	\$350.00	\$23.49	\$326.51

* estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc.
http://www.dfps.state.tx.us/handbooks/Title_IV_E_County/default.jsp

**Budget for Title IV-E
County Child Welfare Services Contract**

Administration				
A.5. Direct Equipment				
County:		Hopkins County-CWB		
Contract Number:		23939996		
Budget Effective Date:		10/1/2014-9/30/2015		
Equipment (description)	Method Used (rent/lease/ purchase)	Estimated Total Expense*	Anticipated Federal Reimbursement (estimated EPR x 50% FFP)	Anticipated County Match
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
Total Direct Equipment		\$0.00	\$0.00	\$0.00

* estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc.
http://www.dfps.state.tx.us/handbooks/Title_IV_E_County/default.jsp

**Budget for Title IV-E
County Child Welfare Services Contract**

Administration			
A.6. Direct Other Costs			
		County:	Hopkins County-CWB
		Contract Number:	23939996
		Budget Effective Date:	10/1/2014-9/30/2015
Other Costs (description)	Estimated Total Expense*	Anticipated Federal Reimbursement (estimated EPR x 50% FFP)	Anticipated County Match
Citations by Publications	\$500.00	\$33.56	\$466.44
Bookkeeping Fees	\$6,000.00	\$402.69	\$5,597.31
Subpoena Services	\$150.00	\$10.07	\$139.93
		\$0.00	\$0.00
		\$0.00	\$0.00
Total Direct Other Costs	\$6,650.00	\$446.31	\$6,203.69

* estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc.
http://www.dfps.state.tx.us/handbooks/Title_IVE_County/default.jsp

**Budget for Title IV-E
County Child Welfare Services Contract**

Anticipated County Match
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00

**Budget for Title IV-E
County Child Welfare Services Contract**

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C. Supplemental Foster Care Maintenance (SFCM)			
County:		Hopkins County-CWB	
Contract Number:		23939996	
Budget Effective Date:		10/1/2014-9/30/2015	
Other Costs (description)	Estimated Total Expense*	Anticipated Federal Reimbursement (estimated FMAP)	Anticipated County Match
Allowances	\$6,400.00	\$3,715.20	\$2,684.80
Clothing	\$4,000.00	\$2,322.00	\$1,678.00
Gifts	\$2,200.00	\$1,277.10	\$922.90
Graduation Expenses	\$0.00	\$0.00	\$0.00
School Supplies	\$0.00	\$0.00	\$0.00
Personal Items	\$400.00	\$232.20	\$167.80
Reasonable Child Specific Travel	\$0.00	\$0.00	\$0.00
Total Direct Other Costs	\$13,000.00	\$7,546.50	\$5,453.50

* estimated total cost for Title IV-E related activities

Note: Please refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc.
http://www.dfps.state.tx.us/handbooks/Title_IV-E_County/default.jsp

**Budget for Title IV-E
County Child Welfare Services Contract****Budget Narrative****County:** Hopkins County-CWB**Contract Number:** 23939996**Budget Effective Date:** 10/1/2014-9/30/2015

Clearly describe each expense to be incurred and billed to this contract. Refer to Title IV-E Finance Handbook for detailed information regarding allowable expenses, documentation requirements, etc. http://www.dfps.state.tx.us/handbooks/Title_IV_E_County

A. AdministrationA.1. Direct Personnel Salaries

N/A

A.2. Direct Personnel Fringe Benefits

N/A

A.3. Direct Personnel Travel

N/A

A.4. Direct Materials and Supplies

Includes supplies for recruitment of foster homes and community awareness expenses. Overhead expenses including stationary, postage, banking expenses, PO Box rental.

A.5. Direct Equipment

N/A

A.6. Direct Other Costs

Includes citation by publication, subpoena services outside the county, costs of documentation to establish identity and bookkeeping fees.

B. TrainingB.1. Title IV-E Training (75%)

N/A

B.2. Title IV-E Fostering Connections Training (65%)

N/A

B.3. Non-Title IV-E Training (50%)

N/A

**Budget for Title IV-E
County Child Welfare Services Contract**

C. Supplemental Foster Care Maintenance (SFCM)

Includes allowances, clothing, gifts, graduation expenses, personal items, school supplies and reasonable travel provided for the child to visit parents, siblings, relatives, or other caretakers at home or other appropriate locations.

D. Indirect Costs (if applicable)

N/A