



The Federal Funding Accountability and Transparency Act (FFATA) annual certification 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 subrecipient 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 signatory cannot certify all of the statements contained in this section, signatory must provide written notice to DFPS detailing which of the below statements it cannot certify and why.***

Enter your organization's Unique Entity Identifier: Enter the  parent Unique Entity Identifier, if applicable:

Did your organization have 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 Parts A, B, C, and D and complete Part E.  
 If your answer is No or N/A, complete Parts A and B.

**PART 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

**PART 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 A and B, you must complete Part C.  
 If your answer is No to either A or B, skip Parts C and D, and complete Part E:

**PART 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 Yes, skip Part D and complete Part E.  
 If your answer is No, you must provide compensation information to DFPS for FFATA reporting in Part D.  
 If N/A, you may still be required to supply compensation information pending DFPS or federal awarding agency approval. Skip Part D until requested by DFPS to supply compensation information and proceed to complete Part E.



**PART D. Certification Regarding Executive Compensation**

The Names and Total Compensation of the top five (5) executives if:

- More than 80% of annual gross revenues from the Federal government,
- Those revenues are greater than \$25M annually, and
- Compensation information is not already available through reporting to the SEC.

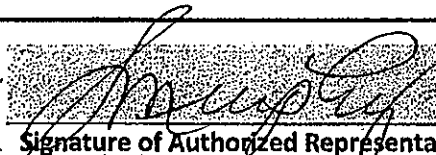
Subrecipient Executive Names	Total Compensation

**PART E. General FFATA Certification**

As the duly authorized representative (Signatory) of the subrecipient 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.

Sydney Murphy

Printed Name of Authorized Representative



Signature of Authorized Representative

County Judge

Title of Authorized Representative

August 9, 2022

Date

Polk County

Legal Name of Subrecipient

24728993

Agency Account ID Number

Livingston, Polk County

Principal Place of Performance (POP) (City, County)

TX

State

77351-3246

9-Character Zip Code (Zip +4)

Congressional District 36

POP Congressional District



**THIS SECTION FOR DFPS USE ONLY**

CONTRACT MANAGER INFORMATION	
<b>Name</b>	Dawn Johnson
<b>Division</b>	Purchased Client Services (CPS)
<b>Region</b>	Region 5
<b>Phone</b>	936-569-5335
<b>Email</b>	dawn.johnson@dfps.texas.gov
<b>Date form received</b>	
CONTRACT INFORMATION	
<b>Contract Number</b>	HHS000285000012
<b>Fiscal Year</b>	2022
<b>Federal Funding Agency</b>	U.S. Department of Health and Human Services
<b>CFDA # (s)</b>	93.658
<b>Award No./FAIN</b>	2201TXFOST
<b>Contract Start Date</b>	10/01/2018
<b>Contract End Date</b>	09/30/2025
<b>FY Contract Amount</b>	\$4,730.16
<b>SCOR Subject</b>	General Goods and Services
<b>SCOR Purpose</b>	DFPS Title IV-E (Child Welfare) Funded Services

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

**CWIVE Summary**

Please select your County and Budget Effective Date from drop down boxes below.

County: POLK COUNTY  
Contract Number: HHS00028500012  
Budget Effective Date: 10/1/2022-9/30/2023

Cost Category	Estimated Total Expenses Allocable to Title IV-E	Total Anticipated Federal Reimbursement	Total Anticipated County Match
<b>A. Administration</b>			
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	\$300.00	\$53.57	\$246.43
A.5. Direct Equipment	\$0.00	\$0.00	\$0.00
A.6. Direct Other Costs	\$100.00	\$17.86	\$82.14
<b>Total Administration:</b>	<b>\$400.00</b>	<b>\$71.43</b>	<b>\$328.57</b>
<b>B. Training</b>			
B.1. Title IV-E Training (75%)	\$0.00	\$0.00	\$0.00
B.2. Title IV-E Fostering Connections Training (75%)	\$0.00	\$0.00	\$0.00
B.3. Non-Title IV-E Training (50%)	\$0.00	\$0.00	\$0.00
<b>Total Training:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>C. Supplemental Foster Care Maintenance (SFCM)</b>			
<b>Total SFCM:</b>	<b>\$8,200.00</b>	<b>\$5,417.74</b>	<b>\$2,782.26</b>
<b>D. Indirect Costs (if applicable)</b>			
<b>Total Indirect Costs:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Grand Total:</b>	<b>\$8,600.00</b>	<b>\$5,489.17</b>	<b>\$3,110.83</b>

Estimated Federal Reimbursement for expenses based on Eligible Population Rate (EPR) during 2nd quarter of the preceding fiscal year. Actual reimbursement will be based on EPR in effect for the county during the month in which expenses were	<b>35.71%</b>
Estimated Federal Reimbursement for Supplemental Foster Care Maintenance expenses based on Federal Medicaid Assistance Percentage (FMAP) rate in effect during preceding fiscal year. Actual reimbursement will be based on FMAP rate in effect at the time reimbursement is made to	<b>66.07%</b>
Indirect Cost Rate, if applicable (attach a copy of the approved Certificate of Indirect Costs):	<b>0.00%</b>

**Contractor Certification**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Printed Name & Title \_\_\_\_\_

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

**Administration  
A.1. Direct Personnel Salaries**

**County:** POLK COUNTY  
**Contract Number:** HHS000285000012  
**Budget Effective Date:** 10/1/2022-9/30/2023

Position or Title	Monthly Salary	% of Time Spent on IV-E Activities	Number of Months of Service	Estimated Total Expense* (AxBxC)
				\$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
<b>Total Direct Personnel Salaries:</b>				<b>\$0.00</b>

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

**Administration:**  
**A.2: Direct Personnel Fringe Benefits**

**County:** POLK COUNTY  
**Contract Number:** HHS000285000012  
**Budget Effective Date:** 10/1/2022-9/30/2023

Type of Fringe Benefits	Estimated Total Expense*
<b>Total Direct Personnel Fringe Benefits:</b>	<b>\$0.00</b>

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

**Administration**  
**A.3: Direct Personnel Travel**

**County:** POLK COUNTY

**Contract Number:** HHS000285000012

**Budget Effective Date:** 10/1/2022-9/30/2023

<b>Type of Travel Expense</b> Note: only include travel NOT related to personnel training	<b>Estimated Total Expense*</b>
<b>Total Direct Personnel Travel:</b>	<b>\$0.00</b>

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

**Administration:**  
**A.4. Direct Materials and Supplies**

**County:** POLK COUNTY  
**Contract Number:** HHS000285000012  
**Budget Effective Date:** 10/1/2022-9/30/2023

Materials and Supplies (description)	Estimated Total Expense*
Foster/Adoptive Recruitment	\$100.00
Overhead Expenses	\$200.00
<b>Total Direct Materials and Supplies:</b>	<b>\$300.00</b>



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

**Administration  
A.5. Direct Equipment**

**County:** POLK COUNTY  
**Contract Number:** HHS000285000012  
**Budget Effective Date:** 10/1/2022-9/30/2023

Equipment (description)	Method Used (rent/lease/ purchase)	Estimated Total Expense*
<b>Total Direct Equipment:</b>		<b>\$0.00</b>

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

**Administration**  
**A.6. Direct Other Costs**

**County:** POLK COUNTY  
**Contract Number:** HHS000285000012  
**Budget Effective Date:** 10/1/2022-9/30/2023

Other Costs (description)	Estimated Total Expense*
Citation by Publication	\$100.00
<b>Total Other Costs:</b>	<b>\$100.00</b>

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

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

**County:** POLK COUNTY  
**Contract Number:** HHS000285000012  
**Budget Effective Date:** 10/1/2022-9/30/2023

Training (Description and Title)	Registration* (amount allocable to Title IV-E)	Lodging* (amount allocable to Title IV-E)	Meals* (amount allocable to Title IV-E)	Transportation (amount allocable to Title IV-E)	Subtotal	Number of Employees Attending	Estimated Total Expense*
					\$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
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					\$0.00		\$0.00
					\$0.00		\$0.00
					\$0.00		\$0.00
					\$0.00		\$0.00
					\$0.00		\$0.00
					\$0.00		\$0.00
<b>Total Training:</b>							<b>\$0.00</b>

\* estimated amount allocable to Title IV-E  
**NOTE: Form 9321 Training Expense Documentation Form must be submitted to DFPS for review/approval by Federal Funds prior to training.**





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

**Budget Narrative**

**County:** POLK COUNTY  
**Contract Number:** HHS000285000012  
**Budget Effective Date:** 10/1/2022-9/30/2023

characters, you will have to either manually insert a return at the end of each line (Alt-Enter) or go to the next row/cell below to type the remaining text.

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/default.asp](http://www.dfps.state.tx.us/handbooks/Title_IV_E_County/default.asp)

**A. Administration**

A.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

Supplies for recruitment of foster homes such as ribbons, pamphlets, etc..

Overhead expenses related to conducting Title IV-E related business such as postage, stationary and banking expenses.

A.5. Direct Equipment

N/A

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

**A.6. Direct Other Costs**

Citation by publication as required for eligible youth in foster care.

***B. Training***

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

N/A

**B.2. Title IV-E Fostering Connections Training (75%)**

N/A

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

N/A

***C. Supplemental Foster Care Maintenance (SFCM)***

Expenses paid on behalf of eligible Title IV-E youth in foster care including allowances, clothing, gifts, graduation expenses, personal items, school supplies, and travel for children visiting parents, siblings, relatives and other caregivers.

***D. Indirect Costs (if applicable)***

N/A

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

**Supplemental Foster Care Maintenance (SFCM)**

**County:** POLK COUNTY  
**Contract Number:** HHS00028500012  
**Budget Effective Date:** 10/1/2022-9/30/2023

<b>Supplemental FC Maintenance (description)</b>	<b>Estimated Total Expense*</b>
Allowances	\$500.00
Clothing	\$500.00
Gifts	\$5,000.00
Graduation Expenses	\$600.00
Personal Items	\$500.00
School Supplies	\$1,000.00
Reasonable Child Specific Travel	\$100.00
<b>Total SFCM Costs:</b>	<b>\$8,200.00</b>