

APPENDIX XI

EXHIBIT A – SPECIAL PROVISIONS

The following provisions supplement or modify the provisions of Items 1 through 9 of the Integrated Standard Contract, as provided herein:

A-1. ENGAGEMENT, TERM AND CONTRACT DOCUMENT

A-1 Program Specific Terms. In addition to the provisions of Section 1.4.1 hereof, the following definitions apply to this contract.

TERM	DEFINITION / DESCRIPTION
Acting as Authorized Representative	Represent the Client applying, receiving SNAP benefits at issuance, or food purchasing.
Automated Community Connection to Economic Self Sufficiency (ACCESS)	The Department's automated on-line web application that individuals can use to apply for public assistance (food assistance, cash assistance and Medicaid).
Client	Low income individuals and households who are potentially eligible for Supplemental Nutrition Assistance Program (SNAP) benefits.
Community Partner	Local entity working with ACCESS Florida to provide opportunity and resources to allow individuals and households to apply for public assistance benefits.
Food and Nutrition Service (FNS)	A division of the United States Department of Agriculture that oversees federal nutrition programs including the Supplemental Nutrition Assistance Program (SNAP) and associated outreach activities.
Full Time Equivalent (FTE)	A position or positions whose total time worked in a week equals forty hours.
Interfering	Campaigning on behalf of specific Clients during the certification interview or at any other times. Outreach workers may be present to provide support or help explain complicated terms.
Nutrition Education	A set of learning experiences designed to facilitate the voluntary adoption of eating and other nutrition-related behaviors conducive to health and well being for those on a limited budget.
Outreach	Providing information and opportunity to apply for food assistance to those individuals and households who may be eligible for but are not receiving food assistance benefits.
Recruitment	An activity intended to persuade an individual who has made an informed choice not to apply for SNAP benefits to change his or her decision.
Region/Circuit	A territorial division pertaining to a geographical service area of the Florida Department of Children and Families.
Supplemental Nutrition Assistance Program (SNAP)	The title of a Federal program, formerly referred to as the Food Stamp Program, which allows eligible clients to receive food assistance benefits.
United States Department of Agriculture (USDA)	The Federal agency that oversees Food and Nutrition Service (FNS) activities.

A-2. STATEMENT OF WORK

There are no additional provisions or modifications to this section of the Standard Contract.

A-3. PAYMENT, INVOICE AND RELATED TERMS

There are no additional provisions or modifications to this section of the Standard Contract.

A-4. GENERAL TERMS AND CONDITIONS GOVERNING PERFORMANCE

There are no additional provisions or modifications to this section of the Standard Contract.

A-5. RECORDS, AUDITS AND DATA SECURITY

There are no additional provisions or modifications to this section of the Standard Contract.

A-6. PENALTIES, TERMINATION AND DISPUTE RESOLUTION

There are no additional provisions or modifications to this section of the Standard Contract.

A-7. OTHER TERMS

There are no additional provisions or modifications to this section of the Standard Contract.

A-8. FEDERAL FUNDS APPLICABILITY

There are no additional provisions or modifications to this section of the Standard Contract.

A-9. CLIENT SERVICES APPLICABILITY

There are no additional provisions or modifications to this section of the Standard Contract.

The Department reserves the right to add or modify provisions of the Standard Contract following receipt of proposals and/or vendor selection.

THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

EXHIBIT B - SCOPE OF WORK**B-1. SCOPE OF SERVICE**

This contract is purchasing application assistance and supporting activities for Floridians in need of help to access the Supplemental Nutrition Assistance Program (SNAP). The Provider shall identify low-income populations, individuals or households potentially eligible for SNAP benefits and provide application assistance as specified in Florida's SNAP-Outreach State Plan (State Plan), and any revisions or amendments thereto, which is hereby incorporated by reference. SNAP-Outreach services are defined in the United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program: State Outreach Plan Guidance dated July 2017 (the Guidance) and are activities designed to provide SNAP program information to low-income populations, individuals, and households potentially eligible for SNAP benefits, including but not limited to, eligibility requirements, application procedures, program benefits and importantly the provision of direct application assistance and support to help eligible individuals apply for SNAP benefits. The allowable activities are outlined in the Guidance, and any subsequent revisions thereof, which is hereby incorporated by reference.

B-2. MAJOR CONTRACT GOALS

B-2.1. Section 414.31, Florida Statutes (F.S.) designates the Department as the State agency to administer the federal food assistance program, SNAP. This contract, pursuant to the authority under Subsection 20.19(1)(c), F.S., and in accordance with the Guidance, provides for activities designed to assist low-income individuals and households who may be eligible for SNAP food assistance benefits by providing program information, aid and support with application completion.

B-2.2. The goal of SNAP Outreach is to inform and assist low-income individuals or households potentially eligible for SNAP benefits within the communities where the people are in order to meet the needs of certain Florida populations wanting to apply for benefits. The primary goal of the Department is to serve individuals and households which are especially vulnerable and/or need additional assistance beyond the typical applicant and shall upon Department request provide qualified clients access to information for other SNAP Programs, such as SNAP-Education and Training Services.

B-2.3. The secondary goal of the Department is to contract for services that provide value to both Florida's citizens and to the State with a positive return on the investment in this program. To this end, the Department will review the Provider's projects with regard to the attributions of the project(s) in terms of cost and the number of individuals assisted while the Provider must at all times provide quality customer service in interactions with clients.

B-3. SERVICE AREA/LOCATIONS/TIMES

B-3.1. Service Area. Services shall be delivered in the Florida counties specified and approved in the State Plan and in this Contract; **which will be determined based on the awarded proposal(s).**

B-3.2. Service Location(s). Locations for direct service delivery, including types of sites and communities, must meet the needs of the target population(s). Service locations shall be within the counties identified above, in the communities and places with a high likelihood of reaching the target population. Requiring clients to travel or be transported to the Provider's location of business is not allowable.

B-3.3. Changes in Location. The Provider shall notify the Contract Manager, in writing, thirty (30) calendar days in advance of any changes in the street or mailing address, telephone number, or email address, that affect the Department's ability to contact the Provider and shall notify the Department's Contract Manager of changes in areas or locations with significant levels or impact to programming (e.g. state agencies, partnership locations, schools, etc.) in writing, thirty (30) business days in advance of change or cessation of activities.

B-3.4 Service Times. The Provider's administrative office shall be open from 8:00 AM to 5:00 PM Monday through Friday, excluding Department holidays. Service delivery times for clients may vary throughout the service area location sites and shall be scheduled to best meet the needs of the target population, which shall include evenings and weekends.

B-4. CLIENTS TO BE SERVED

Individuals and households with low income, including transient and homeless populations, who may be eligible for SNAP food assistance benefits; individuals and households which are vulnerable and/or need additional assistance beyond the typical applicant.

Projects, services and activities performed under this contract shall at a minimum include and customize services that aid two (2) or more of the following populations:

APPENDIX XI

- Veterans
- Elderly
- Disabled
- Homeless
- Transitional Youth (Foster children transitioning or having transitioned out of foster care)
- Underserved populations (geographically or otherwise) living below the poverty level.

B-5. CLIENT ELIGIBILITY

Clients eligible for services to be performed under this contract are defined in the Guidance and eligibility determination must comport with any subsequent revisions of the Guidance. In general clients eligible for services are individuals or households who are potentially eligible for SNAP food assistance benefits.

B-6. CLIENT DETERMINATION

B-6.1. For the purpose of determining eligibility outreach services, The Provider shall determine client eligibility for based on the criteria described above, the State Plan and terms and conditions of this contract.

B-6.2. The Department shall determine each customer's eligibility for food assistance benefits.

B-7. EQUIPMENT

Equipment, property, or information technology resources that are allowable, reasonable and necessary may be purchased with contract funds in accordance with the Guidance and State requirements and which are specified in the approved State Plan. All such purchases must be pre-approved by the Department's Contract Manager prior to purchase. All equipment shall be inventoried in accordance with Exhibit C, Section C.3., Property, and 7 CFR 277.13.

B-8. CONTRACT LIMITS

This contract is contingent upon available federal funding, state budget authority and the matching funds pledged by the Provider. Funds provided through this contract may be used only for the activities described in Exhibit C or in the approved State Plan.

Additionally, the Provider shall not perform activities or services that are unallowable or unapproved per the Guidance, State Plan and this contract.

THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

APPENDIX XI
EXHIBIT C - TASK LIST

The Provider shall perform all functions necessary for the proper delivery of services including, but not limited to, the following:

C-1. SERVICE TASKS

C-1.1. The Provider shall perform the following service tasks and document the completion of service tasks by completing and delivering all reports as specified in Section C-2.5., Reports (programmatic and to support payment).

C-1.2. Needs Assessment

The Provider shall conduct and provide the results of a needs assessment in a manner consistent with the Guidance (See Statement of Need) in order to identify the areas of greatest need (in terms of both geographic area and vulnerable and underserved populations), to aid in the identification of populations, locations, partnerships, and other aspects of the services to be provided. The needs assessment shall be used to determine the most appropriate and effective approaches and activities and to develop projects accordingly. The needs assessment must estimate the size of the target population in the area to be served. The Provider shall complete a needs assessment at minimum annually to review the past year and identify any adjustments that may need to be made for the next year. The needs assessment shall be delivered to the Department by the time specified in Section C-2.5.2., Table of Reports and before drafting the State Plan document or State Plan updates and must be included in the State Plan per the Guidance.

C-1.3. State Plan

Provide a complete and detailed draft State Plan (or State Plan amendments and updates, as required) annually in a manner consistent with the Guidance, the State's goals, and using the format of the templates located in the Guidance by the time specified in Section C-2.5.2., Table of Reports. The Provider shall make edits as requested by the Department. Each year of the contract the Provider shall submit updates to the required sections for FNS approval by the time frame specified in Section C-2.5.2., Table of Reports.

Proposed State Plan projects must show the estimated number of individuals expecting to be served through the projects and the primary activities to be performed while taking into account that these are inclusive of tasks that directly assist the person in applying for benefits (e.g. application and documentation assistance) as well as those that help them become more self-sufficient (e.g. instruction on MyACCESS Account and email notification). The Provider must integrate a holistic approach in serving the most vulnerable of Florida's population.

C-1.4. Annual Report

The Provider shall complete and submit the *Annual Contract Data Report* and the *Annual Project Narrative Report* as specified in Exhibit C - Section C-2.5.2, Table of Reports; for inclusion in the Department's SNAP-Outreach annual report as required by the USDA, FNS at end of each Federal Fiscal Year.

C-1.5. Primary Activities

The Provider shall perform allowable and approved activities pursuant this contract which are in accord with the Guidance and shall document the completion of activities by delivering all reports as specified in Section C-2.5, Reports (programmatic and to support payment). Service tasks shall be delivered throughout the service delivery area to address all service needs as identified in the Statement of Need, as required by this contract and as approved in the State Plan. The Provider shall continually assess the service delivery model to ensure the adequate distribution of service delivery.

C-1.5.1 Eligibility Prescreening (as applicable)

Eligibility Prescreening tasks that help a client determine if they may be eligible for SNAP benefits should include but are not limited to:

- a. Provide the client with information on SNAP benefits.
- b. Obtain written client consent (Attachment 4) for the Provider to communicate with the Department regarding the SNAP application and benefits.
- c. If the client is not receiving SNAP benefits, ask the client for household and income information, and explain the income guidelines using the Department's Income Chart, which is located at <http://www.dcf.state.fl.us/programs/access/docs/fafactsheet>

APPENDIX XI

- d. If the client's income exceeds but is within reasonable range of the income guidelines, advise the client of the benefits of applying and allowing the Department to make the final determination, offer to assist in the application process, and when available, assist the client in completing the Prescreening tool located at <http://www.myflorida.com/accessflorida/>
- e. Translation of materials and bilingual accommodation to convey eligibility requirements and assist persons with limited English proficiency during the application process.

C-1.5.2 Application Assistance

Application Assistance tasks that help a client apply for SNAP benefits should include but are not limited to:

- a. Assist the client in setting up a MyACCESS Account in the self-service portal, inform the client of the benefits of email notification if accessible, and help the client select email notification if the client is agreeable.
- b. Obtain written client consent (Attachment 4) for the Provider to communicate with the Department regarding the SNAP application and benefits, if prescreening is not done or the form was completed more than 90 days prior.
- c. Assist the client in completing and submitting the application through the ACCESS online system at <http://www.myflorida.com/accessflorida/>, or other means the client may choose. If the Provider is helping the client complete screens on the web application, the Provider shall have the customer submit the electronic application themselves.
- d. Provide the client with a copy of their rights and responsibilities [form CF-ES 2064(English), CF-ES 2064H (Haitian-Creole), CF-ES 2064S (Spanish)] and HIPAA policy statement [forms CF-ES 2320 (English), CF-ES 2320H (Haitian-Creole), CF-ES 2320S (Spanish)].
- e. Inform the client on what to expect next in the application, the interview process and other services such as Child Support Enforcement and Employment and Training Programs.
- f. Provide the client with their ACCESS application number and other relevant information such as the Department contact information, the EBT/ACCESS card phone number and the Provider's contact information for follow up assistance as needed.
- g. Provide assistance with SNAP benefit recertification if requested by the client and the client requires assistance to continue participation in the program. The Provider may contact clients receiving SNAP benefits beginning 30 days prior to their due date for recertification, regarding their recertification responsibilities, as needed.
- h. Translation of materials and bilingual accommodation to convey eligibility requirements and assist persons with limited English proficiency during the application process.
- i. Inform the community of any special accommodations that are available which are designed to assist clients with special needs with the application process.

C-1.5.3 Documentation Assistance

Assistance in Obtaining Verification Documents to support an application for SNAP benefits should include but are not limited to these tasks:

- a. Assist clients to understand what verifications are outstanding and necessary in order for the Department to determine eligibility.
- b. For clients with submitted applications, teach the client how to upload and index documents through their MyACCESS Account. If the client needs additional assistance, scan the client's available required documents and digitally submit them to the Department through a Department approved secure connection (Virtual Private Network) or fax to the Department.
- c. Provide guidance to the client regarding documents the Department considers acceptable proof of identity. If the client does not have a valid proof of identity, provide the client with instructions on how to obtain a valid proof of identity.
- d. Provide guidance regarding completion of the Verification of Income form, which should be completed by the employer, and is used to meet the SNAP benefit income verification requirement.
 - 1. Provide guidance to the client on how to request income verification information from their current or previous employer.
 - 2. Inform clients of the importance of keeping record of payment from their employer (e.g. pay stubs).

APPENDIX XI

3. If self-employed, provide guidance on completing the Department's Self-employed Income Log.
- e. If additional documents are required, inform the client of the different methods of sending their documents to the Department, including the use of MyACCESSAccount, and the importance of timely submission of these and other documents that the Department may request. Remind the client of the selected method of notification and to watch for notices from the Department.

C-1.6 Supporting Activities

Supporting activities are allowable activities that are likely to occur as part of or to enhance the provision of primary activities. These activities should not be the focus of or take precedence in the service provider's time and effort or project resources.

C-1.6.1 Community Events

Services at community events include, but are not limited to, setting up and staffing events to provide factual SNAP information and literature on SNAP benefits, preferably in combination with or leading up to application assistance, at community events in the service delivery counties. Projects that include participation in community events should be clear on the purpose for participating, the population(s) being reached through the event, the anticipated number of events annually, and the event location(s) (type of site) and community based entity(ies) with which the vendor is partnering.

C-1.6.2 Information Dissemination

Information dissemination tasks that inform clients of factual information regarding SNAP benefits so they may make an informed decision should include, but are not limited to, the following tasks. Projects that include information dissemination should be clear on the purpose, the avenues for disseminating information, identify the types of locations, what service area, where population information dissemination is planned to occur, identify the target populations the information would benefit the amount of time and resources directed to information dissemination, identify the primary activity of which the information dissemination would support.

- a. Use or customization of FNS outreach materials for distribution to clients.
- b. Development and distribution of factual SNAP informational material. All material shall contain the current Civil Rights statements as required by FNS. The Provider must obtain approval of content from the Department prior to distribution.
- c. Translate materials, as needed, based on the language needs of the population(s) be served.
- d. Disseminate SNAP literature through direct contact or the distribution of material that a client may keep, or posting of SNAP informational material and other information on Outreach services at locations where people with low income gather, particularly those of the target population(s).

C-1.6.3 Additional Supporting Activities may be added or modified based on the approved projects.

C-1.7. Additional Required Tasks

C-1.7.1 Confidentiality of Client Information. The Provider shall use confidential client information only for those purposes set forth in this contract. The Provider may use such information to assist the applicant, the recipient or the Department, or their respective duly authorized representatives, with the completion of the application process for public assistance benefits and to prepare performance reports regarding performance under this contract. Any requests for use or disclosure shall be referred to the Contract Manager for review and action.

C-1.7.2 Partner View. In order to provide the most complete assistance to those clients served by the Provider and to accurately report to the Department on performance under this contract, the Department may allow Provider staff access to the MyACCESS Account Partner View. Through Partner View the Department will provide limited access to confidential client case file information. This access will be granted solely to assist the Provider in reconciling and reporting to the Department and in their limited role of assisting with the Department's application process for SNAP benefit eligibility through the provision of services pursuant to this contract.

- a. The Provider shall complete and submit, to the Contract Manager, the required security forms for each individual allowed access to confidential customer case file information and shall complete the security training provided by the Department. The Provider must notify the Contract Manager of termination of any employees that have or had access to confidential case file information.
- b. The Provider shall follow Department policies regarding Partner View. The Provider shall abide by the Department's Partner View Guide which is hereby incorporated by reference. The Department will monitor Provider's compliance with the terms and

APPENDIX XI

conditions of customer consent or authorization relating to information concerning applicants and recipients. Monitoring will occur using on-site visits, computerized surveillance, desk reviews and by other means deemed necessary by the Department.

- c. Prior to viewing client case file information, Provider staff using MyACCESS Account Partner View will obtain written consent or authorization from the applicant or recipient authorizing the Department to share confidential public assistance case file information related to eligibility determination with the Provider (see Attachment 4).
- d. In assisting clients, the Provider must first attempt to use the MyACCESS Account when with clients to encourage its use and help the clients become familiar with and learn how to use the system for optimal self-sufficiency. The Provider must provide each client with their MyACCESS Account user information to take with them.

C-1.7.3. **Partnerships.** Develop and maintain multiple community partnerships throughout the counties served for the provision of services, especially primary activities. Partnerships shall be distributed throughout the service delivery area to address all service needs as identified in the Statement of Need, as required by this contract and as approved in the State Plan. The Provider shall continually assess the number and type of community partnerships to ensure the adequate distribution for service delivery to the target population(s).

C-1.7.4. **Schedule.** Maintain and publicize in each community, by way of community partners, website and by other means of distribution as relevant and effective, a current written schedule that, at a minimum, specifies the date, time and location of each outreach activity, denoting in particular where service providers will assist clients with SNAP applications. Activities must be planned and advertised with sufficient time in advance to ensure community partner involvement and to timely inform participants of available services. A schedule of activities must be delivered to the Department upon request. The Provider must plan and hold activities in all service areas specified in the State Plan.

C-1.7.5. **Training.** Provider staff engaged in assisting clients shall complete, at a minimum, the following trainings:

- a. HIPAA
- b. Security Awareness
- c. ACCESS Self Service Portal
- d. ACCESS Civil Rights
- e. Service Delivery for the Deaf and Hard of Hearing

The Provider shall ensure that staff with access to confidential client information complete the above training prior to assisting clients and ensure staff complete annual trainings by the due date as specified in Section C-2.5., Table of Reports. The Provider shall maintain documentation to certify training completion by staff and shall submit certification documentation to the Department by the due date as specified in section C-2.5., Table of Reports or upon Department request.

C-1.7.5. **Department Initiatives.** The Department identifies certain initiatives for its programs from time to time. The Provider shall perform activities as requested by the Department and plan feasible approaches to provide services to align with Department initiatives. Such activities may require the Provider coordinate and create partnerships resulting from Department initiatives that are within the scope of the approved State Plan and this Contract.

C-1.7.6 **Performance.** By execution of this contract the Provider recognizes its singular responsibility for the tasks, activities, and deliverables described herein and warrants that it has fully informed itself of all relevant factors affecting accomplishment of the tasks, activities, and deliverables and shall be fully accountable for the performance thereof.

The Provider shall collect data and submit performance measure results as specified in section C-2.5., Table of Reports, and Exhibit E, Minimum Performance Measures.

C-1.7.7 Monitoring.

The Provider shall conduct fiscal and programmatic reviews and monitoring to ensure proper spending and maximum program effectiveness, efficiency, and reach continuously throughout the life the Contract. Results of the reviews and monitoring shall be made available to the Department upon request.

- a. Fiscal monitoring includes, but is not limited to, reconciliation of the budget and ensuring funds are being used for allowable, reasonable, necessary, and allocable expenses, in the most effective and efficient manner, and for the intended and approved grant purpose. The Provider shall use a system to capture and report all expenses in a manner consistent with the fiscal record

APPENDIX XI

keeping and reporting requirements of the Guidance, including but not limited to 2 CFR 200, 2 CFR 400, 7 CFR 277, the Department of Financial Services Reference Guide for State Expenditure, and others as applicable.

- b. Programmatic monitoring includes, but is not limited to, program integrity, reach and effectiveness in performing the primary, and supporting activities as listed in this contract and the State Plan, best practices, recognition and effective mitigation of constraints to getting services, comprehensive and effective partnerships, staffing, training progress and completion, activity and event schedules, completion of all tasks and requirements outlined in this contract, corrective action should it be necessary, as well as various monitoring and reporting requirements from federal and state instruction and guidance.

C-1.8 The Department reserves the right to modify or add to the task list based on the vendor's response to RFP# RFP030618FCO and in the event new projects are approved in the State Plan throughout the term of the contract

C-1.9 Task Limits.

Nutrition education, interfering, recruitment, acting as authorized representative, transportation of clients, or promotion of the program through media, television, radio, or billboard advertisements, shall not be delivered or performed under this Contract or funded with these contract funds nor any match funds supporting this contract.

C-2. ADMINISTRATIVE TASKS

C-2.1. Staffing

C-2.1.1 Staffing Levels.

- a. The Provider shall maintain the full-time equivalent positions as described in the Line Item Budget and Budget Narrative submitted in response to the RFP# RFP030618FCO1 and subsequently approved in the State Plan, which are hereby incorporated by reference and maintained in the Department's contract file, and any revisions approved by the Department. The Provider shall maintain the staffing levels specified in the State Plan unless otherwise instructed or approved by the Department.
- b. Staffing levels must remain sufficient to provide continuous and effective services. The Provider shall have a staffing backup plan and adequate backup staff available during performance under this contract to ensure continuity of services. The Provider shall at all times ensure it can complete the services, maintain the partnerships, and meet the performance standards as stated in this contract and the State Plan.
- c. The Provider shall designate a representative as the sole point of contact for the Department's Contract Manager for all issues related to the contract. The Provider Representative's responsibilities include, but are not limited to, administration of the program, submission of accurate and timely deliverables and reports, submission of accurate and timely invoices, management of the project(s) to ensure that all the specified tasks and activities are thoroughly and timely completed, assignment and supervision of staff, participation in all conference calls and on-site and off-site meetings with the Department, when requested. The Provider Representative must have the authority to ensure all services are completed in a manner consistent with this contract, the State Plan and the Guidance.

C-2.1.2. Staffing Changes.

- a. Upon anticipated change or vacancy in any of the staff positions specified in the State Plan, the Provider shall notify the Contract Manager, in writing, within five (5) business days of the change or vacancy and provide a coverage plan to ensure continuity of services.
- b. Any change in the Provider Representative identified in Section 1.2. of the Standard Contract shall be notified immediately, in writing, to the Contract Manager.
- c. Positions approved in the State Plan are approved with the reason that they are considered allowable, reasonable and necessary to reach the project goals, as defined by the vendor's response to RFP# RFP030618FCO1, the contract and the State Plan. The Department reserves the right to review and disallow/discontinue a position, if such position is determined to be unallowable, unreasonable or unnecessary.
- d. In the event the Provider desires to substitute or divert any key personnel submitted with the RFP# RFP030618FCO1 proposal or in the approved State Plan, either permanently or temporarily, the Provider will submit a written request to the Department prior to making any substitutions. Written justification shall include documentation of the circumstances requiring change and a

APPENDIX XI

list of the proposed substitutions in sufficient detail to permit evaluation of the impact to the program. The Department, at its option, may agree to accept personnel of equal or superior qualifications in the event that circumstances necessitate the replacement of previously assigned personnel.

- e. The Provider shall replace any staff whose continued presence would be harmful to the program, as determined by the Department and the Department shall not be responsible for any costs associated with the removal or replacement of such staff.

C-2.2. Professional Qualifications

The minimum qualifications of staff described in Section C.2.1.1, are established in the Provider's position description narratives submitted in response to RFP# RFP030618FCO1 and subsequently in the approved State Plan and any revisions as approved by the Department, which are hereby incorporated by reference, and maintained in the Department's contract file. The Provider shall employ staff meeting the above described position description requirements to perform the tasks set out herein and the services stated in the approved State Plan.

- a. Staff hired pursuant to this contract, including any subcontracted staff (if applicable) are deemed by the Department to be in positions of special trust and responsibility and therefore must have a Level 2 background screening completed, received, and reviewed for any disqualifying offenses prior to starting work under the contract. The Provider shall ensure that staff are of good moral character and meet the Level 2 Employment Screening standards specified in section 4.14., Employment Screening, and the Children and Families Operating Procedure 60-25, Chapter 2.
- b. To ensure quality service delivery the staff must be professional, trained in Department eligibility requirements and have an understanding of the diverse audience they are serving. The Provider must ensure staff hired to perform services have the requisite language skills to be able to communicate effectively and meet the needs of the target population.

C-2.3. Subcontracting

The primary and major supporting activities (particularly those that result in direct interaction with clients) under this contract shall not be subcontracted, however supporting or ancillary activities may be subcontracted with prior written approval from the Department and subject to the provisions of Section 4.3. of this contract. The Provider must submit to the Contract Manager a copy of the proposed subcontract for approval prior to executing the subcontract and engaging the subcontractor for services under this contract.

The Provider is responsible for providing well-executed projects and services, including fiscal coordination and management of funding (including match funds) and all services provided by subcontracted entities. The Provider shall ensure that its subcontractors comply with all requirements of this contract, the approved State Plan, and the Guidance.

C-2.4. Records and Documentation

The Provider shall maintain at minimum the following records and documentation:

C-2.4.1 All source documents or supporting documentation used to substantiate and determine compliance with all tasks performed performance measures and deliverables;

C-2.4.2 Documentation of service delivery for each client served; develop and maintain an encrypted list of each assisted individual/household applicant along with the social security number(s), FLORIDA case number or both. The list shall be submitted to the Contract Manager at the Department's request.

C-2.4.3 Support to the Deaf or Hard-of-Hearing Single-Point-of-Contact designation, Effective Communication Online training, and signed Attestation of Understanding, in accordance with Section 9.3 of this contract.

C-2.4.4 For all individuals performing services under this contract, the Provider shall maintain:

- a. Copies of time documentation, logged by activity, to support staff effort;
- b. Copies of employment screening results for each staff;
- c. Signed and dated Security Agreement Form CF-114;
- d. Annual documentation of completion of the latest Departmental Security Awareness training; and
- e. Copies of travel logs (Attachment 5) and requests for reimbursement for staff travel (Attachment 6), must completed in accordance with CFOP 40-1 and Section 3.3.1 of this contract.

APPENDIX XI

C-2.5. Reports (programmatic and to support payment)

C-2.5.1 The Provider shall deliver to the Contract Manager the following deliverable reports to document the completion of tasks as specified in the Section C-1. The Provider shall use the MyACCESSAccount Partner View to reconcile applications submitted with those pending, approved and denied for reporting purposes. Reports must be received by the Contract Manager in accordance with the following table and prior to submission of the Request for Payment for the term of the contract. If the due date for a report falls on a State of Florida approved holiday or weekend, the report will be due the next business day.

C-2.5.2 Table of Reports

#	Report Title	Report Due Date	Type and # of Copies	Contents
Programmatic Reports				
1.	Monthly Report	The 15 th of each calendar month for the previous month's services.	Electronic & 1 Hard	Specify the service area and report period and provide, at minimum the following*: <u>Eligibility Prescreening:</u> 1. # of Clients Prescreened for SNAP Eligibility by County <u>Application Assistance:</u> 1. Total # Assisted with SNAP Applications by County 2. # Assisted with Recertification, if any (subset of #1, above) 3. # of applications submitted (subset of #1, above) 4. # of approvals (subset of #3, above) 5. # denials and reasons (subset of #3, above) 6. # pending applications and reason (subset of #3, above) <u>Information Dissemination:</u> 1. Information Dissemination locations 2. Estimated # of individuals reached <u>Community Events:</u> 1. Date held 2. Location – Where event was held 3. Staff assigned to event 4. Estimated # of clients informed/assisted at a community event *The Department reserves the right to add or change report elements based on the proposals received and during the term of the contract as projects are approved in the State Plan.
2.	Monthly Performance Report	By the 15 th day of each calendar month following the month of service.	Electronic	Report stating compliance with Performance Measures listed in Exhibit E.
3.	Annual Contract Data Report	11/15 of each year for the previous FFY (10/01– 09/30)	Electronic	Include all items required for Monthly Status Report plus the following: 1. The disposition of any applications listed as pending in the monthly reports as approvals or denials with reasons for denials, as applicable 2. Total dollars expended by approved budget category for federal fiscal year
4.	Annual Projects Narrative Report	11/15 of each year for the previous FFY (10/01– 09/30)	Electronic	Narrative to include: 1. Accomplishments and Achievements Describe accomplishments and achievement of each approved Project. 2. Major Challenges and Solutions Developed Discuss issues that affected implementation of projects and outcomes and how they were resolved.

APPENDIX XI

				3. Evaluation Methodology and Findings Discuss the results of the project in comparison to established goals.
5.	Draft Annual SNAP-Outreach State Plan and Budget Detail by FFY and Contract Year	05/31 of each year for the upcoming FFY (10/01– 09/30) and SFY (7/1 – 6/30)	Electronic	1. State Plan format and content requirements will follow the USDA/FNS SNAP- Outreach templates 2. Budget Detail and Narrative for upcoming FFY 3. Budget Detail for SFY
6.	Amended SNAP-Outreach State Plan	As needed and/or requested no later than 03/31 of each calendar year for current FFY (10/01 – 09/30 applicable)	Electronic	As required by USDA and/or the Department.
Administrative Reports				
7.	Support to the Deaf or Hard of Hearing Auxiliary Aid Service Record Monthly Summary Report	By the 5th business day of each calendar month for the previous month	Electronic	Completed in a manner consistent with the Department's Statewide Auxiliary Aids and Service Plan for Persons with Disabilities and Persons with Limited English Proficiency The monthly report can be found on-line at: https://fs16.formsite.com/DCFTraining/Monthly-Summary-Report/form_login.html
8.	Training on Services to Customers who are Deaf or Hard of Hearing	by July 31 st each calendar year	Electronic	Documentation that all required staff has taken the Department's annual training between June 1 and June 30 of each contract year.
9.	Yearly Civil Rights Training	by July 31 st each calendar year	Electronic	Documentation that all required staff has taken the Department's yearly civil rights training between June 1 and June 30 of each contract year.
10.	Employment Screening Affidavit	Within 30 days from the start of the contract and by July 31 st each calendar year		Pursuant to section 4.14, Employment Screening
11.	Property Inventory	06/30 of each SFY (if applicable)	Electronic	See section C.3., Property

C-2.5.3 Submission of reports shall not be construed to mean acceptance of those reports; acceptance of required reports shall constitute a separate act and must be approved by the Contract Manager as such. Reports must be approved by the Contract Manager prior to authorizing payment. The Department reserves the right to reject reports as incomplete, inadequate, or unacceptable according to the limits set forth in this contract. The Provider shall, without additional compensation, correct or revise any incomplete, inadequate, or unacceptable reports. The Department, at its option, may allow additional time for the Provider to remedy the objections noted by the Department, or the Department may, after giving the Provider a reasonable opportunity to make a report complete, adequate, or acceptable to the Department declare this contract to be in default. The Provider shall work with the Department to ensure the reliability of data collected through established reporting formats appropriate to the program.

C-3 PROPERTY:

C-3.1 **Property:** The word "property" as used in this section means equipment, fixtures, and other tangible personal property of a non-consumable and nonexpendable nature, the value or cost of which is \$1,000 or more and the normal expected life of which is one (1) year or more, and hardback-covered bound books that are circulated to students or the general public, the value or cost of which is \$25 or more, and hardback-covered bound books, the value or cost of which is \$250 or more. Each item of property which it is practicable to identify by marking shall be marked in the manner required by the Auditor General. Each custodian shall maintain an adequate record of property in his or her custody, which record shall contain such information as shall be required by the Auditor General. Once each year, by July 1, and whenever there is a change of custodian, each custodian shall take an inventory of property in his or her custody. The

APPENDIX XI

inventory shall be compared with the property record, and all discrepancies shall be traced and reconciled. All publicly supported libraries shall be exempt from marking hardback-covered bound books, as required by this section. The catalog and inventory control records maintained by each publicly supported library shall constitute the property record of hardback-covered bound books with a value or cost of \$25 or more included in each publicly supported library collection and shall serve as a perpetual inventory in lieu of an annual physical inventory. All books identified by these records as missing shall be traced and reconciled, and the library inventory shall be adjusted accordingly.

C-3.2 When state property will be assigned to a Provider for use in performance of a contract, the title for that property or vehicle shall be immediately transferred to the Provider where it shall remain until this contract is terminated or until other disposition instructions are furnished by the Contract Manager. When property is transferred to the Provider, the Department shall pay for the title transfer. The Provider's responsibility starts when the fully accounted for property or vehicle is assigned to and accepted by the Provider. Business arrangements made between the Provider and its subcontractors shall not permit the transfer of title of state property to subcontractors. While such business arrangements may provide for subcontractor participation in the use and maintenance of the property under their control, the Department shall hold the Provider solely responsible for the use and condition of said property. Provider inventories shall be conducted in accordance with Children and Families Operating Procedure (CFOP) 80-2.

C-3.3 If any property is purchased by the Provider with funds provided by this Contract, the Provider shall inventory all nonexpendable property including all computers. A copy of which shall be submitted to the Department along with the expenditure report for the period in which it was purchased. At least annually the Provider shall submit a complete inventory of all such property to the Department whether new purchases have been made or not.

C-3.4 The inventory shall include, at a minimum, the identification number; year and/or model, a description of the property, its use and condition; current location; the name of the property custodian; class code (use state standard codes for capital assets); if a group, record the number and description of the components making up the group; name, make, or manufacturer; serial number(s), if any, and if an automobile, the Vehicle Identification Number (VIN) and certificate number; acquisition date; original acquisition cost; funding source; and, information needed to calculate the federal and/or state share of its cost.

C-3.5 The Contract Manager must provide disposition instructions to the Provider prior to the end of the Contract period. The Provider cannot dispose of any property that reverts to the Department without the Contract Manager's approval. The Provider shall furnish a closeout inventory no later than 30 days before the completion or termination of this Contract. The closeout inventory shall include all nonexpendable property including all computers purchased by the Provider. The closeout inventory shall contain, at a minimum, the same information required by the annual inventory.

C-3.6 The Provider hereby agrees that all inventories required by this Contract shall be current and accurate and reflect the date of the inventory. If the original acquisition cost of a property item is not available at the time of inventory, an estimated value shall be agreed upon by both the Provider and the Department and shall be used in place of the original acquisition cost.

C-3.7 Title (ownership) to and possession of all property purchased by the Provider pursuant to this Contract shall be vested in the Department upon completion or termination of this contract. During the term of this Contract, the Provider is responsible for insuring all property purchased by or transferred to the Provider is in good working order. The Provider hereby agrees to pay the cost of transferring title to and possession of any property for which ownership is evidenced by a certificate of title. The Provider shall be responsible for repaying to the Department the replacement cost of any property inventoried and not transferred to the Department upon completion or termination of this Contract. When property transfers from the Provider to the Department, the Provider shall be responsible for paying for the title transfer.

C-3.8 If the Provider replaces or disposes of property purchased by the Provider pursuant to this Contract, the Provider is required to provide accurate and complete information pertaining to replacement or disposition of the property as required on the Provider's annual inventory.

C-3.9 The Provider hereby agrees to indemnify the Department against any claim or loss arising out of the operation of any motor vehicle purchased by or transferred to the Provider pursuant to this Contract.

C-4. STANDARD CONTRACT REQUIREMENTS Provider will perform all acts required by Sections 4, 5, 7, 8 and 9 of the Standard Contract.

APPENDIX XI

EXHIBIT D – DELIVERABLES

D-1. A unit of service is one calendar month of service as described in and meeting the requirements of Exhibits B, Scope of Work, and Exhibit C, Task List, and documented pursuant to Exhibit C, section C-2.5, Reports. The unit of service shall be delivered in accordance with the terms and conditions of this contract, the State Plan, and the Guidance and performed in a manner acceptable to the Department.

D-2. The Department reserves the right to revise and/or identify additional deliverables based on proposals received and throughout the contract as projects are approved in the State Plan.

D-3. Performance Requirements.

The Provider shall perform tasks, provide all services and have valid documentation to substantiate satisfactory delivery of service in accordance with Exhibit C-1, Service Tasks, through the submission of the reports listed under in Exhibit C, Section C-2.5.2, Table of Reports.

D-4. Minimum Performance Levels.

See Exhibit E – Minimum Performance Measures.

THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

EXHIBIT E – MINIMUM PERFORMANCE MEASURES

E-1. MINIMUM PERFORMANCE MEASURES

See Exhibit E-3, Monthly Performance Measure Compliance Report, for the description of anticipated performance measures. The Department reserves the right to revise and/or identify additional performance measures based on proposals received and throughout the contract as projects are approved in the State Plan.

E-2. Performance Evaluation Methodology.

See Section E-3, Monthly Performance Measure Compliance Report.

E-3. Monthly Performance Measure Compliance Report.

The Provider will use the Monthly Performance Measure Compliance Report format and content as shown below for performance reporting.

Monthly Performance Measure Compliance Report

State Fiscal Year: _____ Month/Year: _____

#	Performance Measure	Performance Evaluation Methodology Mathematical Formula	Collection Methodology	Compliance With Measure
1.	Application Assistance as specified in Section C-1.5.2 with direct application assistance provided to an average of TBD applicants per month per period of three (3) consecutive months.	The average shall be calculated by taking the sum of applicants provided direct application assistance each month, for the current month and the previous two consecutive months, and divide by three. The average number provided assistance as specified shall be equal to or greater than TBD.	The Provider shall collect and submit monthly data on the number of persons assisted and the type of assistance provided.	Monthly Average Goal => TBD Monthly Average Actual _____
2.	An average approval rate of 85% of applications submitted per month per period of three (3) consecutive months.	The average shall be calculated by taking the sum of applications approved each month for the current month and the previous two consecutive months, and divide by the total number submitted excluding the number pending. The average number of applications approved as specified shall be equal to or greater than 85%.	The Provider shall collect data on the total number of applications submitted, pending decision, approved and denied.	Monthly Average Goal => 85% Monthly Average Actual _____
3.	Additional performance measures may be added based on the awarded vendor(s)' proposal	TBD	The Provider shall collect and report monthly data on the measure.	TBD

Signature of Person Completing the Form

Date

APPENDIX XI

EXHIBIT F - METHOD OF PAYMENT

F-1. This is a cost reimbursement contract funded by a Federal reimbursement grant and funding is contingent for each federal fiscal year (FFY) on Federal approval of the State Plan. The Federal funding amount varies from one FFY to the next FFY. Appropriation for budget authority is set by the Legislature each state fiscal year. Funding is contingent on both FNS approval of the State Plan budget and release of funds to Florida and on the appropriation of budget authority by the Florida Legislature. The provider must fiscally cover 100% of the cost incurred providing allowable services prior to being reimbursed for allowable expenses (not to exceed 50% of the cost).

F-2. The Department will reimburse the Provider for 50% of allowable outreach expenditures incurred pursuant to the terms of the of the contract for a total dollar amount, subject to the availability of funds, not to exceed the following:

Fiscal Year	By State Fiscal Year July 1 through June 30	By Federal Fiscal Year October 1 through September 30
2018-2019	TBD	TBD
2019 -2020	TBD	TBD
2020 - 2021	TBD	TBD
2021 - 2022	TBD	TBD
TOTAL	TBD	

F-3. An original and one (1) hard copy of the Monthly Expenditure Report and Request for Reimbursement, Attachment 7, shall be submitted by the 15th calendar day of each month for the previous calendar month. An original and one (1) hard copy of the Federal Financial Report, Attachment 8, (Standard Form 425) shall be submitted with each Monthly Expenditure Report and Request for Reimbursement.

F-4. The Provider will be reimbursed for expenditures incurred to administer the program that are allowable, reasonable, necessary and allocable to operate approved program, projects, efforts and support the core mission and the operation of the program. Program activities and administrative activities must be approved in the State Plan, this Contract and by the Department. Expenditures, activities, time and effort spent must be "necessary and reasonable" for the accomplishment of approved program objectives.

All program expenditures must meet the following Allowable, Reasonable, Necessary, and Allocable Guidelines:

F-4.1. **Allowable Expenditures** are purchases and activities that can be reimbursed pursuant State and federal guidelines, the Guidance, this contract and the State Plan. Allowable Expenditures must be approved in the state plan, contract or by the Department, must be included in your approved budget and must be "reasonable and necessary" and for the accomplishment of approved program objectives. For expenditures charged to this contract to be allowable, they must be valid obligations of the State, local government or sub-grantee, and must support activities within the scope of the contract and the approved State Plan.

F-4.2. **Reasonable Costs** provide a benefit generally commensurate with the costs incurred, are in proportion to other program costs for the reach and function that the costs serve. Reasonable costs benefit the program objective of providing SNAP assistance services to clients and are appropriate priority expenditures when considering the other demands and needs of the program and the benefit to the scope of work goals.

F-4.3. **Necessary Costs** are incurred to carry out essential program and administrative functions, cannot be avoided without adversely affecting program operations, and do not duplicate existing efforts in activities, reach and service delivery.

Allocable Expenditures are expenses that must be in accordance with the Guidance, must be correlated with the program benefits obtained by incurring them.

F-4.4 If any compensation under this contract is based on Provider costs, in order to be recognized for such purposes, all such costs must be of a type authorized by this contract, allowable in nature under Federal standards and State law, reasonable in amount and prudently incurred in the performance of services under this contract. Additionally, cost reimbursement remains subject to any contract terms relating to performance and other conditions affecting compensation. Except as otherwise provided in this contract, to the extent that administrative, overhead or similar costs are recognized for purposes of compensation, such costs are limited to recurring costs normally and prudently incurred in the ordinary course of business in the delivery of services under this contract and will not include extraordinary costs or costs resulting from or relating to uninsured loss, litigation or nonrecurring events, regardless of cause.

APPENDIX XI

Furthermore, recovery of any cost is barred by the indemnity provisions of this contract to the extent resulting from any imprudent or negligent act or omission of the Provider, its agents, employees or subcontractors.

F-4.5. Changes between budget categories in the Approved Line Item Budget that are individually or cumulatively equal to or greater than 10% of the total SFY original or amended Approved Line Item Budget may be modified only through amendment to this contract, which shall be initiated by a written request to the Contract Manager that includes justification supporting the need for modification. Modifications requiring an amendment cannot be made retroactive to a date prior to the execution date of the formal amendment.

F-4.6 The Provider may make changes in or between line items of the Approved Line Item Budget that are cumulatively less than 10% of the total state fiscal year original or amended Approved Line Item Budget only if the following conditions are met:

- a. The change does not decrease or increase the original dollar amount of each state fiscal year's contract budget;
- b. There is another line item in the budget from which funds can be shifted without affecting the scope of the work;
- c. The change does not involve establishing a new line item or category;
- d. The change does not increase or decrease the total number of FTE; and
- e. Written notification shall be submitted to and approved by the Contract Manager prior to the submission of the Monthly Expenditure Report and Request for Reimbursement in which the change to the Approved Line Item Budget was made.

Budget modifications that do not meet the above conditions shall require a contract amendment, signed by the Provider and the Department prior to implementation of the specific modification. Budget modifications may require FNS approval and, if so, must not be implemented until approval is received.

F-5. Supporting Documentation Requirements:

The Provider must document all expenditures in sufficient detail to satisfy the requirements of the OMB Uniform Guidance and provide to the Department upon request.

F-5.1. **Copies:** Charges on the invoice shall be accompanied by two (2) hard copies of supporting documentation.

F-5.2. **Salaries:** The invoice must include a general statement of the services being provided. The time period covered by the invoice, as well as the hourly rate times the number of hours worked, must be stated. Supporting documentation must be included detailing the hours represented on the invoice. Such documentation must include timesheets or time log and copies of canceled payroll checks or other documentation. The State Chief Financial Officer reserves the right to require further documentation on an as needed basis.

The Provider may make adjustments to staff compensation at any time, however compensation exceeding that proposed and approved at the time of contract execution will not be reimbursed.

F-5.3. **Supply, Internet and Copying Expenses:** Purchases made from outside vendors must be supported by paid invoices and/or receipts. If paid by check the name of bank and the check number must be noted on the invoice and/or receipt.

F-5.4. **Travel:** Mileage will be reimbursed at the current state mileage rate. For all travel expenses, a Department travel voucher, Form DFS-AA-15 (Attachment 6 - State of Florida Voucher for Reimbursement of Traveling Expenses) and Vicinity/Map Mileage Log C676 VM (Attachment 5) must be submitted. Receipts for expenses incurred during officially authorized travel, such as tolls, are required for reimbursement. Subsection 287.058(1)(b), F.S., requires that bills for any travel expense shall be submitted in accordance with s. 112.061(7)(d)1.a., F.S., governing payments by the state for traveling expenses. The Department of Children and Families Operating Procedure (CFOP) 40-1 (Official Travel of DCF Employees and Non-Employees) provides further explanation, clarification and instruction regarding the reimbursement of traveling expenses necessarily incurred during the performance of official outreach business.

F-5.5. **Service Delivery Documentation:** The Provider must maintain records documenting the total number of clients and names (or unique identifiers) of clients to whom services were provided and the date(s) on which services were provided so that an audit trail documenting the service provision is available.

F-5.6. **Time and Effort Logs:** The Provider shall obtain and maintain records documenting and validating the amount of time spent per employee on services performed pursuant to this contract. The Provider may use the Provider's current time and effort logs, if approved by the Department. Alternately, a sample time and effort log format is included in the Guidance in Section D.3.

F-6. Restriction of Expenditures:

APPENDIX XI

Items expressly prohibited from purchase with these contract funds include but are not limited to items such as: client transportation, flowers, awards or plaques, meals (excluding meals associated with travel per Chapter 112, F.S.) including bottled water, snacks, refreshments, entertainment, and promotional items that do not have a specific statutory authority including but not limited to ribbons, wrist bands.

F-7. Match Requirements:

The SNAP Outreach program requires a local match contribution of 50 percent from the Provider. The commitment of the cash local match contribution is documented and maintained in the Contract Manager's contract file.

F-7.1 Cash contributions used to match other federal grants, contracts or services shall not be used as match for this contract.

F-7.2 The Provider shall report the monthly cash match contribution concurrent with the Monthly Expenditure and Match Contribution Report and Request for Reimbursement, Section F-2, to support these contract services.

F-7.3 Failure to meet or report the local match cash contributions shall result in a pro rata adjustment to each monthly payment.

F-7.4 Expenditures that are disallowed as determined by the Guidance and/or the Department may not be used as match for this contract.

F-8. Line Item Budget

To be determined with selection of Provider(s) resulting from this RFP.

THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

EXHIBIT F1 –ADDITIONAL FINANCIAL CONSEQUENCES

The following financial consequences apply in addition to the Financial Consequences provided in Section 6.1 of this Contract.

F1-1. The parties agree that the remedy of law for Provider's failures to perform in accordance with the requirements of this contract described in Exhibit E, Minimum Performance Measures, would be inadequate and that it would be impracticable and extremely difficult to determine the actual damages to the Department as a result thereof. It is therefore agreed that the financial consequences specified below shall be applied by the Department to payments otherwise due to the Provider in lieu of actual damages upon the occurrence of the events described herein. The remedies provided herein, shall be cumulative and assessed upon each separate occurrence. Such remedies shall not limit or restrict the Department's application of any remedies available in this contract other than assessment of actual damages. Failure to reflect such deductions in a request for reimbursement shall constitute grounds for the Department to reject the request for reimbursement. Unless otherwise stated, the financial consequences described herein, are applicable only for the failures to perform to the associated performance expectation, and the Department reserves all rights to claim and pursue actual damages for Provider's failure to perform in accordance with the requirements of this contract not specified in this Exhibit. Financial consequences paid under this provision may not be paid from contract funds, may not be charged as a contract expense and may not reduce funds available for delivery of services under this contract.

F1-2. Financial consequences shall be assessed in the amount of \$75.00 per occurrence for each of the following Performance Measures that the Provider fails to meet the specified threshold during the prior month:

F1-2.1 #TBD applications for food assistance submitted per month with which the Provider directly assisted the client (this measure will be based on the proposal of the awarded vendor(s)).

F1-2.1 85% approval rate of applications submitted per month.

Additionally, the Department reserves the right to set project-specific and/or additional financial consequences based on the Provider's proposed activities and services.

F1-3. In the event the Provider fails to meet the performance measures it shall develop a Corrective Action Plan (CAP) at the request of the Department detailing how it intends to attain the performance measures in the following performance period and the performance requirements made to subcontractors, if any.

F1-4. With regard to financial consequences in this Exhibit, in the event that the noncompliance was the result of adverse circumstance beyond the Provider's control, the Department will consider waiving or reducing the financial consequences under the following circumstances:

- a. Adverse circumstances beyond the Provider's control refer to unforeseeable events not arising from an act or omission of the Provider, its officers or employees that materially impaired the Provider's ability to perform and for which there were no reasonable means to mitigate or avoid the adverse impact.
- b. Adverse circumstances arising from the acts or omissions of the Provider's subcontractors will not be considered beyond the control of the Provider unless the Provider demonstrates that the subcontractor(s) had in place a Provider-approved quality assurance plan, with sufficient Provider monitoring and controls in place to ensure achievement of performance standards.
- c. The Provider shall demonstrate that it had corrected the noncompliance as quickly as reasonably possible and detail the steps that the Provider has put into place to avoid a future recurrence of the noncompliance.
- d. In order to be able to rely on this section F1-4, the Provider's representative possessing contract signature authority shall attest to and document the adverse circumstances beyond the Provider's control to the Contract Manager at the time that it provides its response to any notice of noncompliance or notice of financial consequences.
- e. Receipt of the attestation by the Contract Manager does not constitute acceptance of the attestation. It is specifically agreed by the parties that acceptance, in writing by the Contract Manager, of the sufficiency of the adverse circumstances beyond the Provider's control is a condition of any waiver or reduction of the financial consequences provided for hereunder.
- f. Barring Department acceptance of adverse circumstances beyond the Provider's control, the Department's Contract Manager shall assess financial consequences against the Provider in accordance with those described in this Exhibit F1.

APPENDIX XI

F1-5. In addition to any other financial consequence, the Department will withhold the following percentages from invoice payments pending correction of a deficiency in performance.

- a. In the first month in which a deficiency is not corrected the Department will hold back fifteen percent (15%) of the total payment owed to the Provider by the Department.
- b. In each subsequent consecutive month in which the deficiency is not corrected, the Department will hold back thirty percent (30%) of the total payments owed to the Provider by the Department.

Payments will be held back as provided above until the Provider objectively demonstrates to the Department that it has fully corrected all deficiencies and will thereafter fully comply with the performance standards. Upon such objective demonstration, the Department will promptly pay the Provider all outstanding payment amounts held back.

THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

APPENDIX XI
ATTACHMENT 1

The administration of resources awarded by the Department of Children & Families to the provider may be subject to audits as described in this attachment.

MONITORING

In addition to reviews of audits conducted in accordance with 2 Code of Federal Regulations (CFR) §§ 200.500- 200.521 and § 215.97, F.S., as revised, the Department may monitor or conduct oversight reviews to evaluate compliance with contract, management and programmatic requirements. Such monitoring or other oversight procedures may include, but not be limited to, on-site visits by Department staff, agreed-upon procedures engagements as described in 2 CFR § 200.425 or other procedures. By entering into this agreement, the recipient agrees to comply and cooperate with any monitoring procedures deemed appropriate by the Department. In the event the Department determines that a limited scope audit of the recipient is appropriate, the recipient agrees to comply with any additional instructions provided by the Department regarding such audit. The recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Department's inspector general, the state's Chief Financial Officer or the Auditor General.

AUDITS

PART I: FEDERAL REQUIREMENTS

This part is applicable if the recipient is a State or local government or a non-profit organization as defined in 2 CFR §§ 200.500-200.521.

In the event the recipient expends \$750,000 or more in Federal awards during its fiscal year, the recipient must have a single or program-specific audit conducted in accordance with the provisions of 2 CFR §§ 200.500-200.521. The recipient agrees to provide a copy of the single audit to the Department's Single Audit Unit and its contract manager. In the event the recipient expends less than \$750,000 in Federal awards during its fiscal year, the recipient agrees to provide certification to the Department's Single Audit Unit and its contract manager that a single audit was not required. In determining the Federal awards expended during its fiscal year, the recipient shall consider all sources of Federal awards, including Federal resources received from the Department of Children & Families, Federal government (direct), other state agencies, and other non-state entities. The determination of amounts of Federal awards expended should be in accordance with guidelines established by 2 CFR §§ 200.500-200.521. An audit of the recipient conducted by the Auditor General in accordance with the provisions of 2 CFR Part 200 §§ 200.500-200.521 will meet the requirements of this part. In connection with the above audit requirements, the recipient shall fulfill the requirements relative to auditee responsibilities as provided in 2 CFR § 200.508.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the Department shall be fully disclosed in the audit report package with reference to the specific contract number.

PART II: STATE REQUIREMENTS

This part is applicable if the recipient is a nonstate entity as defined by Section 215.97(2), Florida Statutes.

In the event the recipient expends \$500,000 or more (\$750,000 or more for fiscal years beginning on or after July 1, 2016) in state financial assistance during its fiscal year, the recipient must have a State single or project-specific audit conducted in accordance with Section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. The recipient agrees to provide a copy of the single audit to the Department's Single Audit Unit and its contract manager. In the event the recipient expends less than \$500,000 (less than \$750,000 for fiscal years beginning on or after July 1, 2016) in State financial assistance during its fiscal year, the recipient agrees to provide certification to the Department's Single Audit Unit and its contract manager that a single audit was not required. In determining the state financial assistance expended during its fiscal year, the recipient shall consider all sources of state financial assistance, including state financial assistance received from the Department of Children & Families,

CF Standard

APPENDIX XI

other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.

In connection with the audit requirements addressed in the preceding paragraph, the recipient shall ensure that the audit complies with the requirements of Section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapters 10.550 or 10.650, Rules of the Auditor General.

The schedule of expenditures should disclose the expenditures by contract number for each contract with the Department in effect during the audit period. The financial statements should disclose whether or not the matching requirement was met for each applicable contract. All questioned costs and liabilities due the Department shall be fully disclosed in the audit report package with reference to the specific contract number.

PART III: REPORT SUBMISSION

Any reports, management letters, or other information required to be submitted to the Department pursuant to this agreement shall be submitted within 180 days after the end of the provider's fiscal year or within 30 (federal) or 45 (State) days of the recipient's receipt of the audit report, whichever occurs first, directly to each of the following unless otherwise required by Florida Statutes:

- A. Contract manager for this contract (1 copy)
- B. Department of Children & Families (1 electronic copy and management letter, if issued)
Office of the Inspector General
Single Audit Unit
Building 5, Room 237
1317 Winewood Boulevard
Tallahassee, FL 32399-0700
Email address: HQW.IG.Single.Audit@myflfamilies.com
- C. Reporting packages for audits conducted in accordance with 2 CFR Part 200 §§ 200.500-200.521, and required by Part I of this agreement shall be submitted, when required by § 200.512 (d) by or on behalf of the recipient directly to the Federal Audit Clearinghouse using the Federal Audit Clearinghouse's Internet Data Entry System at: <https://harvester.census.gov/facweb/> and other Federal agencies and pass-through entities in accordance with 2 CFR § 200.512.
- D. Copies of reporting packages required by Part II of this agreement shall be submitted by or on behalf of the recipient directly to the following address:
Auditor General
Local Government Audits/342
Claude Pepper Building, Room 401
111 West Madison Street
Tallahassee, Florida 32399-1450
Email address: flaudgen_localgovt@aud.state.fl.us

Providers, when submitting audit report packages to the Department for audits done in accordance with 2 CFR §§ 200.500-200.521, or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit or for-profit organizations), Rules of the Auditor General, should include, when available, correspondence from the auditor indicating the date the audit report package was delivered to them. When such correspondence is not available, the date that the audit report package was delivered by the auditor to the provider must be indicated in correspondence submitted to the Department in accordance with Chapter 10.558(3) or Chapter 10.657(2), Rules of the Auditor General.

PART IV: RECORD RETENTION

The recipient shall retain sufficient records demonstrating its compliance with the terms of this agreement for a period of six years from the date the audit report is issued and shall allow the Department or its designee, Chief Financial Officer or Auditor General access to such records upon request. The recipient shall ensure that audit working papers are made available to the Department or its designee, Chief Financial Officer or Auditor General upon request for a period of three years from the date the audit report is issued, unless extended in writing by the Department.

APPENDIX XI
ATTACHMENT 2

This Attachment contains the terms and conditions governing the Provider's access to and use of Protected Health Information and provides the permissible uses and disclosures of protected health information by the Provider, also called "Business Associate".

Section 1. Definitions

1.1 Catch-all definitions:

The following terms used in this Attachment shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Designated Record Set, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

1.2 Specific definitions:

- 1.2.1 "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR § 160.103, and for purposes of this Attachment shall specifically refer to the Provider.
- 1.2.2 "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR § 160.103, and for purposes of this Attachment shall refer to the Department.
- 1.2.3. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
- 1.2.4. "Subcontractor" shall generally have the same meaning as the term "subcontractor" at 45 CFR § 160.103 and is defined as an individual to whom a business associate delegates a function, activity, service, other than in the capacity of a member of the workforce of such business associate.

Section 2. Obligations and Activities of Business Associate

2.1 Business Associate agrees to:

- 2.1.1 Not use or disclose protected health information other than as permitted or required by this Attachment or as required by law;
- 2.1.2 Use appropriate administrative safeguards as set forth at 45 CFR § 164.308, physical safeguards as set forth at 45 CFR § 164.310, and technical safeguards as set forth at 45 CFR § 164.312; including, policies and procedures regarding the protection of PHI and/or ePHI set forth at 45 CFR § 164.316 and the provisions of training on such policies and procedures to applicable employees, independent contractors, and volunteers, that reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI and/or ePHI that the Provider creates, receives, maintains or transmits on behalf of the Department;
- 2.1.3 Acknowledge that (a) the foregoing safeguards, policies and procedures requirements shall apply to the Business Associate in the same manner that such requirements apply to the Department, and (b) the Business Associate's and their Subcontractors are directly liable under the civil and criminal enforcement provisions set forth at Section 13404 of the HITECH Act and section 45 CFR §§ 164.500 and 164.502(E) of the Privacy Rule (42 U.S.C. 1320d-5 and 1320d-6), as amended, for failure to comply with the safeguards, policies and procedures requirements and any guidance issued by the Secretary of Health and Human Services with respect to such requirements;
- 2.1.4 Report to covered entity any use or disclosure of protected health information not provided for by this Attachment of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR § 164.410, and any security incident of which it becomes aware;
- 2.1.5 Notify the Department's Security Officer, Privacy Officer and the Contract Manager as soon as possible, but no later than five (5) business days following the determination of any breach or potential breach of personal and confidential departmental data;

APPENDIX XI

- 2.1.6 Notify the Privacy Officer and Contract Manager within (24) hours of notification by the US Department of Health and Human Services of any investigations, compliance reviews or inquiries by the US Department of Health and Human Services concerning violations of HIPAA (Privacy, Security Breach).
- 2.1.7 Provide any additional information requested by the Department for purposes of investigating and responding to a breach;
- 2.1.8 Provide at Business Associate's own cost notice to affected parties no later than 45 days following the determination of any potential breach of personal or confidential departmental data as provided in section 501.171, F.S.;
- 2.1.9 Implement at Business Associate's own cost measures deemed appropriate by the Department to avoid or mitigate potential injury to any person due to a breach or potential breach of personal and confidential departmental data;
- 2.1.10 Take immediate steps to limit or avoid the recurrence of any security breach and take any other action pertaining to such unauthorized access or disclosure required by applicable federal and state laws and regulations regardless of any actions taken by the Department;
- 2.1.11 In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information. Business Associate's must attain satisfactory assurance in the form of a written contract or other written agreement with their business associate's or subcontractor's that meets the applicable requirements of 164.504(e)(2) that the Business Associate or Subcontractor will appropriately safeguard the information. For prior contracts or other arrangements, the provider shall provide written certification that its implementation complies with the terms of 45 CFR § 164.532(d);
- 2.1.12 Make available protected health information in a designated record set to covered entity as necessary to satisfy covered entity's obligations under 45 CFR § 164.524;
- 2.1.13 Make any amendment(s) to protected health information in a designated record set as directed or agreed to by the covered entity pursuant to 45 CFR § 164.526, or take other measures as necessary to satisfy covered entity's obligations under 45 CFR § 164.526;
- 2.1.14 Maintain and make available the information required to provide an accounting of disclosures to the covered entity as necessary to satisfy covered entity's obligations under 45 CFR § 164.528;
- 2.1.15 To the extent the business associate is to carry out one or more of covered entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s); and
- 2.1.16 Make its internal practices, books, and records available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance with the HIPAA Rules.

Section 3. Permitted Uses and Disclosures by Business Associate

- 3.1 The Business associate may only use or disclose protected health information covered under this Attachment as listed below:
 - 3.1.1 The Business Associate may use and disclose the Department's PHI and/or ePHI received or created by Business Associate (or its agents and subcontractors) in performing its obligations pursuant to this Attachment.
 - 3.1.2 The Business Associate may use the Department's PHI and/or ePHI received or created by Business Associate (or its agents and subcontractors) for archival purposes.
 - 3.1.3 The Business Associate may use PHI and/or ePHI created or received in its capacity as a Business Associate of the Department for the proper management and administration of the Business Associate, if such use is necessary (a) for the proper management and administration of Business Associate or (b) to carry out the legal responsibilities of Business Associate.
 - 3.1.4 The Business Associate may disclose PHI and/or ePHI created or received in its capacity as a Business Associate of the Department for the proper management and administration of the Business Associate if (a) the disclosure is required by law or (b) the Business Associate (1) obtains reasonable assurances from the person to whom the PHI and/or ePHI is disclosed that it will be held confidentially and used or further disclosed only as

APPENDIX XI

- required by law or for the purpose for which it was disclosed to the person and (2) the person agrees to notify the Business Associate of any instances of which it becomes aware in which the confidentiality and security of the PHI and/or ePHI has been breached.
- 3.1.5 The Business Associate may aggregate the PHI and/or ePHI created or received pursuant this Attachment with the PHI and/or ePHI of other covered entities that Business Associate has in its possession through its capacity as a Business Associate of such covered entities for the purpose of providing the Department of Children and Families with data analyses relating to the health care operations of the Department (as defined in 45 C.F.R. § 164.501).
 - 3.1.6 The Business Associate may de-identify any and all PHI and/or ePHI received or created pursuant to this Attachment, provided that the de-identification process conforms to the requirements of 45 CFR § 164.514(b).
 - 3.1.7 Follow guidance in the HIPAA Rule regarding marketing, fundraising and research located at Sections 45 CFR § 164.501, 45 CFR § 164.508 and 45 CFR § 164.514.

Section 4. Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions

- 4.1 Covered entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of covered entity under 45 CFR 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of protected health information.
- 4.2 Covered entity shall notify Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose his or her protected health information, to the extent that such changes may affect Business Associate's use or disclosure of protected health information.
- 4.3 Covered entity shall notify Business Associate of any restriction on the use or disclosure of protected health information that covered entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of protected health information.

Section 5. Termination

- 5.1 Termination for Cause
 - 5.1.1 Upon the Department's knowledge of a material breach by the Business Associate, the Department shall either:
 - 5.1.1.1 Provide an opportunity for the Business Associate to cure the breach or end the violation and terminate the Agreement or discontinue access to PHI if the Business Associate does not cure the breach or end the violation within the time specified by the Department of Children and Families;
 - 5.1.1.2 Immediately terminate this Agreement or discontinue access to PHI if the Business Associate has breached a material term of this Attachment and does not end the violation; or
 - 5.1.1.3 If neither termination nor cure is feasible, the Department shall report the violation to the Secretary of the Department of Health and Human Services.
- 5.2 Obligations of Business Associate Upon Termination
 - 5.2.1 Upon termination of this Attachment for any reason, business associate, with respect to protected health information received from covered entity, or created, maintained, or received by business associate on behalf of covered entity, shall:
 - 5.2.1.1 Retain only that protected health information which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;
 - 5.2.1.2 Return to covered entity, or other entity as specified by the Department or, if permission is granted by the Department, destroy the remaining protected health information that the Business Associate still maintains in any form;
 - 5.2.1.3 Continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health

APPENDIX XI

information, other than as provided for in this Section, for as long as Business Associate retains the protected health information;

- 5.2.1.4 Not use or disclose the protected health information retained by Business Associate other than for the purposes for which such protected health information was retained and subject to the same conditions set out at paragraphs 3.1.3 and 3.1.4 above under "Permitted Uses and Disclosures By Business Associate" which applied prior to termination; and
- 5.2.1.5 Return to covered entity, or other entity as specified by the Department or, if permission is granted by the Department, destroy the protected health information retained by business associate when it is no longer needed by business associate for its proper management and administration or to carry out its legal responsibilities.
- 5.2.1.6 The obligations of business associate under this Section shall survive the termination of this Attachment.

Section 6. Miscellaneous

- 6.1 A regulatory reference in this Attachment to a section in the HIPAA Rules means the section as in effect or as amended.
- 6.2 The Parties agree to take such action as is necessary to amend this Attachment from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.
- 6.3 Any ambiguity in this Attachment shall be interpreted to permit compliance with the HIPAA Rules.

THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature: _____

Date: _____

Application or Contract ID Number: _____

Name of Authorized Individual Application or Contractor: _____

Address of Organization: _____

Attachment No. 4

SAMPLE**Release Form for the Partner View System**

Below is an example of the information that should be included in your site's Partner View system release form. It is important that the customer understands that they are giving you permission to review a limited amount of their case information through this system. The release needs to specifically state the **person's name** at your agency that they are giving their permission to access their Partner View information. **This release cannot be combined with other releases for information in addition to the customer signing to authorize Partner View system usage on their behalf.**

Customer's Name _____ ACCESS Case# _____

I, _____, understand that by my signature I am authorizing the Department of Children and Families (DCF) to release limited case information to _____, a representative of _____ (vendor name), in their role as a DCF SNAP - Outreach Provider and shall be used solely to fulfill their obligation in assisting me with the application filed with DCF on _____ (date application submitted). Information to be released is limited to:

- Verifying my application status (approved, denied, enrolled or pending)
- Reason for closure or denial
- Assisting me with information on scheduled interview dates and time
- Assisting me with understanding what information is needed to complete my case and the dates the information is due
- Assisting me with opening an account through My ACCESS Account
- Other: _____

No additional information shall be provided to the "Customer Look Up" Partner without my specific written consent. This authorization expires no more than ninety (90) days from the date signed.

Dated: _____ day of _____, 20____

Signed: _____

Printed Name: _____

Date of Birth: _____

Customer Look Up Partner Staff Signature: _____

SAMPLE VICINITY/MAP MILEAGE LOG

Name: _____

Office Address: _____

Date	Actual Point of Origin	Point of Destination	Purpose of Travel	On Call	Departure Time	Arrival Time	Beginning Odometer	Ending Odometer	Map Mileage	Vicinity Mileage	Incidental Type	Incidental Amount
Totals (for all pages)									0	0		0.00

I certify that the above information supports the vicinity mileage claimed and the incidental expenses incurred by me as necessary in the performance of my official duties. This claim is true and correct in every material matter and conforms in every respect with the requirements of Section 112.061, Florida Statutes.

TRAVELER'S SIGNATURE: _____

DATE SIGNED: _____

Pursuant to Section 112.061(3)(a), Florida Statutes, I certify that to the best of my knowledge the above travel was for official business of the state of Florida and was performed for the purpose(s) stated above.

SUPERVISOR'S SIGNATURE: _____

DATE SIGNED: _____

**MONTHLY REQUEST FOR EXPENDITURE REIMBURSEMENT
AND MATCH CONTRIBUTION REPORT**

SAMPLE

Provider Name: _____
 Provider Address: _____

Vendor ID No. (FEID): _____
 Telephone No.: _____

Service Activities: SNAP - Outreach	Line Item Budget Approved for FY 20 - 20__			Program Expenditures Current Period Month: _____ Year: 20__			Total Program Expenditures Year - to - Date		
Categories and Line Items	TOTAL PROGRAM COSTS	Direct Costs FEDERAL	Local Match Required	Total Program Expenses	Reimbursement Requested	Local Cash Match	Total Program Costs	Direct Costs FEDERAL	Local Cash Match
PERSONNEL Salaries Benefits									
Sub-Total Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OTHER DIRECT COSTS Copying/Printing Materials Communication Services Supplies & Non Capital Items									
Sub-Total Other Direct Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TRAVEL Local Mileage									
Sub-Total Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
GRAND TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

I CERTIFY THAT THIS REQUEST FOR PAYMENT IS AN ACCURATE REFLECTION OF THE ACTIVITIES FOR THIS PERIOD OF SERVICE; THAT THE AMOUNT EXPENDED IS ONLY FOR ALLOWABLE EXPENDITURES SPECIFIED IN THE APPROVED LINE ITEM BUDGET USED TO ESTABLISH THE COST OF THESE SERVICES; THAT ALL EXPENDITURES ARE DIRECTLY RELATED TO THE PURPOSES OF THIS CONTRACT; AND, THAT THE LOCAL MATCH CASH CONTRIBUTIONS REPORTED ARE FROM PRIVATE SOURCES AND ARE NEITHER GOVERNMENT FUNDS NOR BEING USED FOR MATCH FOR OTHER FEDERAL PROGRAMS.

 Original Authorizing _____ Date _____

Reimbursement Requested: _____

FOR CONTRACT MANAGER USE ONLY		
Date Invoice Received: _____	ORG Code: 60-30-30-xx-xxx	
Date Goods & Services Received: _____	Expansion Option: _____	
Date Inspected & Approved: _____	Other Cost Accumulator: _____	(Contract Manager Signature)
Approved for Payment: _____	Payment Authorized: _____	
Contract Manager: _____		CM Phone Number

Signature

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page 1	of pages
---	---	------------------	-------------

3. Recipient Organization (Name and complete address including Zip code)

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
-----------------	---------	---	---	--

8. Project/Grant Period From: (Month, Day, Year) To: (Month, Day, Year)	9. Reporting Period End Date (Month, Day, Year)
--	--

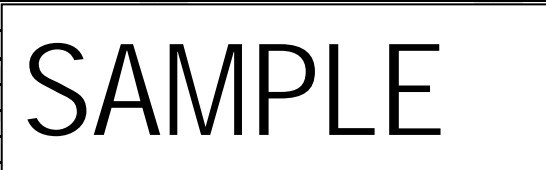
10. Transactions Cumulative

(Use lines a-c for single or multiple grant reporting)

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	
e. Federal share of expenditures	
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	
h. Unobligated balance of Federal funds (line d minus g)	



Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense							
g. Totals:							

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
	d. Email address
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)

14. Agency use only:

Standard Form 425 5HYLVHG
OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

Paperwork Burden Statement:
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.