

17,503 (1)

FILED FOR RECORD
at 3:00 o'clock P M

MAY 31 2022

BECKY LANDRUM
County Clerk, Hogg County, Tex.

ATTACHMENTS CHECKLIST
INTERNAL CONTROL STRUCTURE QUESTIONNAIRE
(ICSQ)– TITLE IV-E COUNTY ≥ \$25,000 (Form 9007 CIVE)

- ATTACHMENT #I-2
Copy of the most current annual financial statement from County Auditor's Office.

- ATTACHMENT #I-3
An original, bound audit report and management letter (if applicable) as provided by the independent auditor.

- ATTACHMENT #II-1
Not Applicable

- ATTACHMENT #II-2
A list of all of your contracts with state agencies, including DFPS. For each contract, include: state agency name, type of service provided, contract number, dollar amount, and payment method (e.g., cost reimbursement, fee for service).

- ATTACHMENT #II-3
A copy of the county's chart of accounts for ledger accounts showing deposits for each source of funds and disbursements for each source of funds. Include a description of how your accounting system identifies contract revenues and expenditures separately.

ATTACHMENT #II-25

An explanation of your purchase orders/requisition controls.

ATTACHMENT #II-26

An explanation describing the process for maintaining supporting documentation, such as:

- *How supporting records are kept and filed (e.g., filed by check number, month of payment)?*
- *How documents are marked when paid to prevent duplication of claims?*
- *How authorizations are maintained internally?*

ATTACHMENT #II-29

An explanation of your system for identifying unallowable costs/expenditures.

- ATTACHMENT #II-31
A copy of your procedures for safeguarding contract information.
- ATTACHMENT #33
Submit a blank time sheet and/or activity sheet and a copy of the related policy.
- ATTACHMENT #II-38
A copy of your travel policy, a blank travel voucher and a blank travel log.
- ATTACHMENT #II-42
Not Applicable
- ATTACHMENT #II-44
Not Applicable
- ATTACHMENT #II-48
A description of the process or a copy of the written policy for the process caseworkers must follow to obtain assistance from the County Child Welfare Board for a Foster Child.
- ATTACHMENT #II-51
A description of the process used to pay supplemental child care expenses, including the name and/or positions of responsible person/staff.

ATTACHMENT #II-52

A description of the required back-up documentation the county maintains to support Title IV-E reimbursements.

ATTACHMENT #II-56

A description of the process used to ensure that all expenditures claimed are allowable.

The Hunt County Child Welfare Board has a board that approved any expenditure, and a monthly finance sheet is produced. (see attached forms).

ATTACHMENT #II-57

A description of the process used to ensure that all raised or donated funds used as certified match for Title IV-E Claims Voucher are unrestricted funds.

Donated funds are put into the Rainbow Room Account. Items such as diapers, pack & plays, etc. are used with Rainbow Room funds. (see attached forms).

ATTACHMENT #II-58

A description of the process and the name and/or position of the responsible person/staff that determines which children are IV-E eligible.

Hunt County Child Welfare Board purchases items for children that are recommended by CPS caseworkers and supervisors. (see attached forms).

17,503 (a)
**Risk Analysis Questionnaire
 FY 2022**

Legal Name of Contractor:	Hunt County Texas	Contract Number¹:	16812
Please provide the person's name, title, and number to contact for questions or if additional information is needed:		Contact Name & Title: Bobby W. Stovall, Hunt County Judge Contact Phone Number: (903) 408-4146	

FILED FOR RECORD
 at 3:00 o'clock P M

Active Contracts & Payment Types

MAY 31 2022

1. Do you currently have other active contracts with DFPS or any other entity either within or outside of Texas [Federal, State (ISD, University), County, or Private Business]?
- Yes No

By BECKY LANDRUM
 County Clerk, Hunt County, Tex.

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

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

Entity Name	Contract Number	Payment Type
US TREASURY DEPARTMENT: AMERICAN RESCUE PLAN-SLFRF	116	COST REIMBURSEMENT
US DEPT OF HOUSING AND URBAN DEVELOPMENT:DEPT OF AG. COMMUNITY DEV BLOCK GRANT	7218220	COST REIMBURSEMENT
US DEPART OF HEALTH AND HUMAN SERVICES: DEPT OF STATE HEALTH SERVICES: IMMUNIZATION	000108400001	COST REIMBURSEMENT
US DEPT OF HEALTH AND HUMAN SERVICES: DEPT OF STATE HEALTH SERVICES: CITIES READINESS	180144	COST REIMBURSEMENT
US DEPT OF HEALTH AND HUMAN SERVICES: DEPT OF STATE HEALTH SERVICES: RLSSALPHS	000485600200	COST REIMBURSEMENT
US DEPT OF HOUSING AND URBAN DEVELOPMENT:DEPT OF AG. COMMUNITY DEV BLOCK GRANT	7217006	COST REIMBURSEMENT
US DEPT OF JUSTICE: BULLETPROOF VEST PARTNERSHIP PROGRAM	BUBX20021432	COST REIMBURSEMENT
US DEPT OF JUSTICE: CRIMINAL ALIEN ASSISTANCE PROGRAM	FY2020	FIXED PRICE

¹ For DFPS internal purposes only, if a SCOR contract number has not been assigned, please use the Agency ID from IMPACT.

Risk Analysis Questionnaire FY 2022

Independent Audits

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

- If no, skip question 3.
- If yes, please identify the authority requiring the audit:

3. What is the date of your most recent audit? 9/30/21

Provide a copy of your most recent audit.

(E.g., Annual Financial Statement audit, Compliance audit was completed by an independent auditor, including other state/federal agencies such as the State Auditor's Office (SAO) or the Office of Inspector General (OIG). Monitoring activities conducted by another state agency are not considered independent audits for this purpose.

Related Party Transactions

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

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

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

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

Risk Analysis Questionnaire FY 2022

Subcontractors

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

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

Key Management Staff

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

6. Has there been a change in any key management staff at your business organization within the past two years (24 months)?

- Yes No

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

Fiscal components refer to the financial aspect of the contract.

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

Executive Director, Sole Proprietor, President or Equivalent	<input checked="" type="checkbox"/> Less than 2 years (24 months) with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input type="checkbox"/> At least 2 years (24 months) with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input type="checkbox"/> At least 2 years (24 months) with fiscal <u>and</u> programmatic components of federal and/or state contracted programs
Accounting Director, Comptroller, Chief Financial Officer, Business Manager, etc.	<input checked="" type="checkbox"/> Less than 2 years (24 months) with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input type="checkbox"/> At least 2 years (24 months) with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input type="checkbox"/> At least 2 years (24 months) with fiscal <u>and</u> programmatic components of federal and/or state contracted programs
Program Director, Program Coordinator or Equivalent	<input checked="" type="checkbox"/> Less than 2 years (24 months) with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input type="checkbox"/> At least 2 years (24 months) with fiscal <u>or</u> programmatic components of federal and/or state contracted programs	<input type="checkbox"/> At least 2 years (24 months) with fiscal <u>and</u> programmatic components of federal and/or state contracted programs

Direct Delivery Staff

8. Please indicate change in direct delivery staff at your business organization within the preceding year.

- No change Turnover <= 49% Turnover >= 50%

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

- Less than 24 months 24 months or more

Risk Analysis Questionnaire FY 2022

Internal Controls

10. Does your business organization have any outstanding remedies, damages or pending litigation?

Yes No

If Yes, provide a brief summary:

Term	Definition/Example
Litigations	Pending lawsuit(s) – generally meaning any current litigation involving the business entity for which the results could have a negative impact on the business.

CERTIFICATION

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

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



Signature

5-31-2022

Date

Bobby W. Stovall

Print Name

5-31-2022

Title

17,503 (3)

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

FILED FOR RECORD
at 3:00 o'clock 9 M

Contractor Name: Hunt County

MAY 31 2022

Fiscal Year: 2022

BECKY LANDRUM
County Clerk, Hunt County, Tex.
Contract Number: _____

Please refer to instructions at end of this questionnaire.

SECTION I: FINANCIAL POSITION	
(This section should be answered about your organization as a whole.)	
1.	<p>Please indicate the accounting system in place (e.g., accrual, cash, or modified accrual).</p> <p style="text-align: center;"><u>Modified Accrual</u></p>
2.	<p>Does your organization complete yearly financial statements (e.g., Balance Sheet, Income Statement, Cash Flow)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes:</i></p> <p style="margin-left: 20px;">a. Please list the name(s) of the person(s) responsible for preparing the annual financial statements:</p> <p style="margin-left: 20px;"><u>County Auditor</u></p> <p style="margin-left: 20px;">b. Please attach copy of your most current statements as ATTACHMENT# I-2.</p> <p><i>If no, please provide any manual or automated information maintained regarding your current financial position as ATTACHMENT #I-2.</i></p>
3.	<p>Are your accounting and financial system operations audited at regular intervals by an independent auditor (Certified Public Accountant)? Note that this is not referring to compliance monitoring performed by State Contract Managers. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes:</i></p> <p style="margin-left: 20px;">a. Attach an original, bound audit report and management letter (if applicable) as provided by the independent auditor as ATTACHMENT #I-3.</p> <p style="margin-left: 20px;">b. Please indicate the frequency with which your accounting records are audited by an independent auditor.</p> <p style="margin-left: 20px;"><u>Yearly</u></p> <p style="margin-left: 20px;">c. Please describe how independent audit results are shared with the governing body of your organization.</p> <p style="margin-left: 20px;"><u>Presented to Commissioner's Court and posted on Hunt County public webpage</u></p>

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

SECTION II: INTERNAL CONTROLS

II. A. GENERAL/ACCOUNTING CONTROLS

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

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

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

8.	How often are bank accounts reconciled to internal check registers? <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (please specify) _____	
9.	Is your accounting system automated? If no, please skip to Question #17.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Please describe how your accounting system is secured and/or protected (e.g. location, the use of passwords, access limits, checks and balances). <u>The Hunt County Information Technology team establishes rules for access and security that are approved by the Hunt County Commissioner's Court.</u>	
11.	Please specify the name(s) and title(s) for the individuals with access to the accounting system to perform the following functions: Review Only: <u>Sandy Orange, Human Resources Director</u> Record Transactions: <u>Brittini Turner, County Treasurer, Bruce Ballard, County Auditor</u> Update/Change: <u>Brittini Turner, County Treasurer, Bruce Ballard, County Auditor</u> Delete: <u>Brittini Turner, County Treasurer, Bruce Ballard, County Auditor</u>	
12.	Please explain the process (initiation, review, approval, etc.) for making updates, changes, deletions, and year end adjustments to the accounting system. <u>The County Auditor and/or the 1st Assistant Auditor made adjustments or recommend individual audits.</u>	
13.	Are there controls to provide reasonable assurance that transactions are not lost, duplicated, or added before and/or after data entry and editing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are there controls to provide reasonable assurance that transactions with errors are rejected from further processing (e.g., prevented from updating the files/database)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15.	Is the data entered into the accounting system verified? <i>If yes, please specify whom (name and title) is/are responsible for verifying the data, and how the verification is done.</i> <u>AP Supervisor</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	What, if any, additional internal controls and approvals are in place within the organization to ensure payments made are valid and authorized? <u>Payment requests are entered by the Auditor's Office and then reviewed by the Treasurer before checks are</u>	

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

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

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

	<p>Please indicate name and title of person who has custody of unused checks. <u>Auditor and Treasurer staff.</u></p>	
24.	<p>Are the following practices prohibited:</p> <p>a. The drafting of checks to "CASH"?.....</p> <p>b. The signing of blank checks?</p> <p>c. The removal of blank checks from the checkbook?</p> <p>If no, please explain. _____</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
25.	<p>Are purchase orders/requisitions controlled in such a way that they can all be accounted for (e.g., by sequential pre-numbering, by entry in a register)?</p> <p><i>If yes, please attach an explanation of your purchase orders/requisition controls as ATTACHMENT #II-25.</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
26.	<p>Are supporting documents (e.g., service authorizations, invoices, receipts, approvals, receiving reports, canceled checks) maintained with each disbursement and clearly referenced for easy location and retrieval?</p> <p><i>If yes, please attach an explanation as ATTACHMENT #II-26. The attachment should describe your process for maintaining supporting documentation, such as:</i></p> <ul style="list-style-type: none"> • <i>How supporting records are kept and filed (e.g., filed by check number, month of payment)?</i> • <i>How documents are marked when paid to prevent duplication of claims?</i> • <i>How authorizations are maintained internally?</i> 	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
27.	Do supporting documents accompany checks for the check signer's signature?	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
28.	Are invoices marked to identify allocation of payment?	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
29.	<p>Does your organization have procedures to identify costs and expenditures not allowable under federal and/or state regulations?</p> <p><i>If yes, please attach an explanation of your system for identifying unallowable costs/expenditures as ATTACHMENT #II-29.</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
30.	<p>Does your organization have a contract file for each contract?</p> <p><i>If yes, does each contract file contain:</i></p> <p>a. <i>The executed contract with all attachments?</i></p> <p>b. <i>A copy of each contract amendment (as applicable)?</i></p> <p>c. <i>Billing documents?.....</i></p> <p>d. <i>Documentation of contract performance?</i></p> <p>e. <i>Related correspondence?.....</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>

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

	<p><i>f. A copy of each subcontract agreement (as applicable)?</i></p> <p>If no to any of the above, please explain.</p> <p>_____</p>	
31.	<p>Does your organization have a process to prevent unauthorized access to confidential information related to your contracts (for example, sensitive client information or records)?</p> <p><i>If yes, please attach a copy of your procedures for safeguarding contract information as ATTACHMENT #II-31.</i></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

II. B. PERSONNEL

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

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

	position? If no, please explain. _____	
36.	Is the amount being paid to each employee based on documentation of actual hours worked?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

37.	a. Is your organization current with your payroll taxes? b. Does your organization pay payroll taxes directly? If no, please explain and indicate name of withholding agent. _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-----	---	--

II. C. TRAVEL
 Reimbursements for travel expenses will be paid according to the State of Texas travel rates in effect on the date of travel as approved by the Office of the Comptroller of Public Accounts.

38.	Are travel expenditures substantiated by travel vouchers, travel logs or other supporting documentation? If no, please explain. _____ <i>If yes, please submit a copy of your travel policy, a blank travel voucher and a blank travel log as ATTACHMENT II-38.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
-----	--	--

II. D. EQUIPMENT

39.	a. Please specify the level of capitalization (dollar amount) used by your organization. <u>\$10,000.00</u> b. Please provide your organization's definition of equipment: <u>\$10,000.00 or more</u>
-----	--

40.	Does your organization conduct a physical inventory of capital equipment purchased with federal funds? If yes, how often? <u>Such an inventory is conducted each time a change in department head occurs.</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-----	---	---

41.	Has DFPS funds been used (in whole or in part) to purchase equipment or controlled assets (e.g., computers, furniture, cameras, camcorders, laser disc (DVD) players, TVs)? Note: Contractors should review the Comptroller's State Property Accounting User Manual at https://fmx.cpa.state.tx.us/fmx/spa/classcodes/control.php for the most current listing of controlled assets. Contractors must add these items classified as controlled assets to their inventory list based on the noted acquisition costs. If no, please skip to Section II.E. Subcontractors.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-----	--	---

42.	Are inventory records maintained that include: item description, serial number, funding source(s), acquisition cost, acquisition date and inventory number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-----	---	--

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

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

II. E. SUBCONTRACTORS

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

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

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

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

47.	If administrative costs will be claimed, has the county submitted an administrative budget to DFPS for review and approval?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
48.	Does the County Child Welfare Board have a process that Caseworkers must follow in order to obtain assistance from the County Child Welfare Board for a Foster Child? If yes, is the above policy a written (published) policy? <i>If yes, please attach a description of the process or a copy of the written policy as ATTACHMENT #II-48</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49.	Has/have the county Title IV-E contract(s) been audited by county internal or external auditors? If yes, please enter date of last audit. <u>Nov. 10, 2010</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
50.	Do the region and the county conduct an annual review of the county Title IV-E contracts? If yes, please enter date of last review. <u>No Title IV-E funding in over 10 years.</u> Note: An annual review of the contract is specified in the contract.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
51.	How does the Child Welfare Board pay for supplemental child-care expenses? <i>Please provide a description of the process used to pay supplemental child care expenses, including the name and/or position of responsible person/staff as ATTACHMENT #II-51.</i>	
52.	What back-up documentation does the county maintain to support Title IV-E reimbursements? <i>Please provide a description of the required documentation as ATTACHMENT #II-52.</i>	

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

53.	Who maintains the documentation within the county (e.g., Child Welfare Board, County Auditor)? Please provide the name of the county Department or name and/or position of responsible person/staff. <u>Hunt County Child Welfare Board, John Byrd, President - Bonnie Dooley, V.P./Treasurer</u>	
54.	Who, within the county, signs the County Title IV-E Claims Voucher (Form 4116 – State of Texas Purchase Voucher Quarterly Billing)? Please provide the name and/or position of the responsible person/staff. <u>Brittni Turner, Hunt County Treasurer.</u>	
55.	How does the county ensure the County Title IV-E Claims Voucher is reconciled with the county's general ledger? <u>When the County begins processing Title IV-E funding again, the office of the county treasurer will perform regular reconciliations and will be accountable to the county auditor.</u>	
56.	Does the county have a process to ensure that all expenditures claimed are allowable? <i>If yes, please attach a description of the process as ATTACHMENT #II-56.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57.	Does the county have a process to ensure that all raised or donated funds used as certified match for the County Title IV-E Claims Voucher are unrestricted funds? <i>If yes, please attach a description of the process as ATTACHMENT #II-57.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
58.	How does the county know which children are IV-E eligible? Please provide a description of the process and the name and/or position of responsible person/staff as ATTACHMENT #II-58.	

CERTIFICATION

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

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



 Signature

5-31-2022

 Date

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

Printed/Typed Name

Title

17,503(4)

Signature Authority Designation

FILED FOR RECORD at 3:00 o'clock p

MAY 31 2022

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

Completion of this form designates signature authority for Contractor:

Hunt County

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

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

Bobby W. Stouff

Printed Name

[Handwritten Signature]

Signature of Authorized Representative

Hunt County Judge

Title of Authorized Representative

Date

5-31-2022

Justice Benefits, Inc.

Legal Name of Contractor/Potential Contractor

Procurement Number or Agency Account ID

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

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

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

Printed or Typed Name & Title of Contract Signatory

Signature

17,503(5)

FILED FOR RECORD
at 3:00 o'clock P M

CERTIFICATION REGARDING LOBBYING

MAY 31 2022

Certification for Contracts, Grants, Loans, and Cooperative Agreements

BECKY LANDRUM
County Clerk, Hunt County, Tex.

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

By 

(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 employee of an 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 of Lobbying Activities," 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.

Statement for Loan Guarantees and Loan Insurance

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

If any 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 commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement 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 statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION

Hunt County, Texas

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: Mr. * First Name: Bobby Middle Name:

* Last Name: Stovall Suffix:

* Title: County Judge

* SIGNATURE:



* DATE: 5-31-22



17,503 (6)
ANNUAL FFATA CERTIFICATION

N502 FORM-4734
DECEMBER 2019

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

FILED FOR RECORD
at 3:00 o'clock p

Enter your organization's Dun & Bradstreet (D&B) DUNS Number: 02-816-1156

MAY 31 2022

Enter the parent DUNS Number, if applicable: N/A

By BECKY LANDRUM
County Clerk, Tarrant County, Tex.

Did your organization have gross income, from all sources, of less than \$300,000 in your previous tax year?

Yes No N/A (if entity does not generate income)

If your answer is Yes, skip Parts A, B, C, and D and complete Part E.

If your answer is No or N/A, complete Parts A and B.

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

Did your organization receive 80% or more of its annual gross income from federal awards in the previous tax year?

Yes No

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

Did your organization receive \$25 million or more in annual gross income from federal awards in the previous tax year?

Yes No

If your answer is Yes to both A and B, you must complete Part C.

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

PART C. Certification Regarding Public Access to Compensation Information

Does the public have access to information about the compensation [17 CFR 229.402(c)(2)] of the senior executives (e.g., officers, managing partners, or any other employees in management positions) in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Yes No N/A (if entity reports through some other means, state how:)

If your answer is Yes, skip Part D and complete Part E.

If your answer is No, you must provide compensation information to DFPS for FFATA reporting in Part D.

If N/A, you may still be required to supply compensation information pending DFPS or federal awarding agency approval. Skip Part D until requested by DFPS to supply compensation information and proceed to complete Part E.

PART D. Certification Regarding Executive Compensation

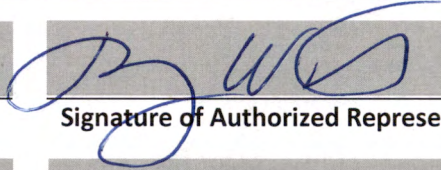
The Names and Total Compensation of the top five (5) executives if:

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

Subrecipient Executive Names	Total Compensation
NA	NA

PART E. General FFATA Certification

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

		
Printed Name of Authorized Representative	Signature of Authorized Representative	
Hunt County Judge	5-31-2022	
Title of Authorized Representative	Date	
Hunt County Attorney's Office		
Legal Name of Subrecipient	Agency Account ID Number	
Greenville, Hunt	TX	75403-1097
Principal Place of Performance (POP) (City, County)	State	9-Character Zip Code (Zip +4)
4th congressional district		
POP Congressional District		

THIS SECTION FOR DFPS USE ONLY

CONTRACT MANAGER INFORMATION	
Name	[REDACTED]
Division	Purchased Client Services (CPS)
Region	Region 3
Phone	[REDACTED]
Email	[REDACTED]
Date form received	[REDACTED]
CONTRACT INFORMATION	
Contract Number	[REDACTED]
Fiscal Year	2022
Federal Funding Agency	U.S. Department of Health and Human Service
CFDA # (s)	93.658
Award No./FAIN	[REDACTED]
Contract Start Date	Contract End Date 09/30/2025
FY Contract Amount	[REDACTED]
SCOR Subject	Title IV-E Legal (Funded)
SCOR Purpose	DFPS Title IV-E (Legal)