

CASE MANAGEMENT SUBAWARD
BETWEEN THE
NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
AND
NEBRASKA FAMILIES COLLABORATIVE
AMENDMENT FOUR

This agreement is entered into by and between the Nebraska Department of Health and Human Services, Division of Children and Family Services (hereinafter "DHHS"), and Nebraska Families Collaborative (hereinafter "Subrecipient").

The agreement between the parties dated May 18, 2017 and amended on January 3, 2018, February 12, 2018, and August 30, 2018, is hereby further amended as follows. New or revised language is underlined.

1. As consistent with Neb. Rev. Stat. § 73-506(2), the parties are hereby extending the agreement's duration by six months.

Article I, Paragraph A shall be replaced by the following and is thus amended to read:

- A. TERM. The award is in effect from July 1, 2017, the effective date, through December 31, 2019, the completion date.

2. The parties have also agreed to the following changes.

Article II, Paragraph A shall be replaced by the following, and is thus amended to read:

- A. TOTAL SUBAWARD. DHHS shall pay the Subrecipient actual, reasonable, and allocable expenses, not to exceed \$71,500,000 (seventy-one million five hundred thousand dollars and zero cents) for the activities specified herein for the first year of the subaward; not to exceed \$71,500,000 (seventy-one million five hundred thousand dollars and zero cents) for the activities specified herein for the second year of the subaward; and not to exceed \$35,750,000 (thirty-five million, seven hundred and fifty thousand dollars and zero cents) for the activities specified herein in the six-month period from July 1, 2019 through December 31, 2019.

Article II, Paragraph B.1 shall be replaced by the following, and is hereby amended to read:

- B.1. DHHS shall pay to the Subrecipient a fixed payment of \$1,750,000 each month for services provided July 1, 2017 through August 31, 2018, one half payable after the fifteenth of the month, and one half after the end of the month. DHHS will initiate processing of payments as soon as practicable after the fifteenth and last days of the month. Notwithstanding the above, with respect to only those services provided during August 2018, DHHS will pay the second half of this fixed payment for services on or after September 15, 2018.

In addition to the above fixed payments, DHHS will pay to the Subrecipient an advance payment of \$5,500,000 each month for actual and allowable costs of services provided from September 1, 2018 through December 31, 2019, payable on the fifteenth of the month beginning September 15, 2018. This amount shall be limited to the minimum amounts needed by the Subrecipient in accordance with its actual, immediate case needs in providing the services under this Subaward.

Article III, Paragraph (B)(2)(a)(8) ("Internet search with an appropriate search engine") is hereby removed.

Article IV, Paragraph T Grant Close-Out, section (1)(a) shall be replaced by the following, and is amended to read:

- a. The Subrecipient shall finalize and pay all costs for services provided under this subaward as follows:

Term	Deadline to Finalize and Pay Obligations
October 1, 2017 through September 30, 2018	November 15, 2018
October 1, 2018 through <u>September 30, 2019</u>	<u>November 15, 2019</u>
<u>October 1, 2019 through December 31, 2019</u>	<u>February 15, 2020</u>

These deadlines apply to all costs whether paid with state or federal funds or both. Costs that are not finalized and paid by these deadlines shall not be reimbursed by DHHS, except that DHHS may authorize an extension, in writing, of the above deadlines. If DHHS has previously paid for an incurred cost that has not been finalized and paid by Subrecipient by the applicable deadline, DHHS may withhold additional payments to recoup that cost.

The following attachments are attached hereto and, as amended, hereby incorporated into this amendment:

1. Attachment 1
2. Attachment 2

All other terms, conditions, and any prior amendments, to the extent not superseded herein, remain in full force and effect.

IN WITNESS THEREOF, the parties have duly executed this Subaward hereto, and acknowledge that the individual signing below has authority to legally bind the party to this Subaward.

FOR DHHS:

DocuSigned by:
Matthew Wallen
71A661EB11D54E0...
Signature

Matthew wallen
Director

Department of Health and Human Services
Division of Children and Family Services

DATE: 11/30/2018 | 13:16:20 CST

FOR SUBRECIPIENT:

DocuSigned by:
David P. Newell
074AEF45F5D5435...
Signature

David P. Newell
President & CEO

Nebraska Families Collaborative

DATE: 11/30/2018 | 12:44:43 CST

Attachment 1

SUBRECIPIENT INFORMATION & AUDIT REQUIREMENT CERTIFICATION

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

A. SUBRECIPIENT INFORMATION

Legal Name : Nebraska Families Collaborative

DBA: PromiseShip

Address : 2100 Papillion Parkway

City : Omaha State : NE Zip Code +4 : 68164-3628

Subrecipient's Fiscal Year: January 1 20 18 to December 31 20 19

B. FEDERAL ACCOUNTABILITY TRANSPARENCY DATA

DUNS Number: 11367579 Parent DUNS: _____

Principal Place of Performance: CITY Omaha STATE NE

Country: USA Zip Code + 4 68164-3628

Congressional District: 1st 2nd 3rd

C. AUDIT REQUIREMENT CERTIFICATION

All written communications from the Certified Public Accountant (CPA) engaged under #2 below, given to the Subrecipient related to Statement of Auditing Standards (SAS) 122 *Communicating Internal Control related Matters Identified in an Audit*, and *The Auditor's Communication with Those Charged With Governance*, and any additional reports issued by the auditor as a result of this engagement must be provided to the DHHS immediately upon receipt, unless the Subrecipient has directed the CPA to provide the copy directly to the DHHS and has verified this has occurred.

Check either 1 or 2

1. As the Subrecipient named above, we expect to expend less than \$750,000 from all Federal Financial Assistance sources, including commodities, during our fiscal year. Therefore, we are not subject to the audit requirements of 2 CFR §§ 200 Subpart F or 45 CFR §§ 75 Subpart F and do not need to submit our audited financial statements to DHHS.
2. As the Subrecipient named above, we expect to expend \$750,000 or more from all Federal Financial Assistance sources, including commodities in our current fiscal year. Therefore, we are subject to the single audit requirements of 2 CFR §§ 200 Subpart F.

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

Attachment 1

SUBRECIPIENT INFORMATION & AUDIT REQUIREMENT CERTIFICATION

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

We further acknowledge, that a single audit performed in accordance with 2 CFR §§ 200 Subpart F or 45 CFR §§ 75 Subpart F must be submitted to the Federal Audit Clearinghouse. The reporting package, as evidence the audit was completed must contain:

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

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

For item #2 above the required information must be submitted to:
DHHS.SubRecipientAudit@nebraska.gov

Or

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

SUBRECIPIENT INFORMATION & AUDIT REQUIREMENT CERTIFICATION

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

D. OFFICER COMPENSATION DISCLOSURE

1. In your business organization's previous fiscal year, did your business organization (including parent organization, all branches, and all affiliates worldwide) receive 80% or more of your annual gross revenues in U.S. Federal contracts, subcontracts, loans, grants, sub-awards, and/or cooperative agreements **AND** \$25,000,000.00 (twenty-five million dollars) or more in annual gross revenues from U.S Federal contracts, subcontracts, loans, grants, sub-awards, and/or cooperative agreements?

- Yes – answer Question 2
- No –not required to provide officer compensation

2. Does the public have access to information about the compensation of the senior executive in your business or organization (including parent organization, all branches, and affiliates worldwide) through periodic reports filed under §13(a) or 15(b) of the Securities Exchange Act of 1934(15 U.S.C.78m (a), 78o (d)) or §6104 of the Internal Revenue Code of 1986?

- Yes
- No – provide the names and total compensation of the five most highly compensated officers of the entity below

	<u>NAME</u>	<u>TITLE</u>	<u>COMPENSATION</u>
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____

E. ENDORSEMENT

Printed Name: David P. Newell

Title: President & CEO

Signature: DocuSigned by:
David P. Newell
074AEF45F5D5435...

Date: 11/30/2018 | 12:44:43 CST

FFATA DATA REPORTING WORKSHEET

Attachment 2

Instructions available on intranet.

SUBAWARDNUMBER: [E1 #] **DHHS SIGNATURE DATE:** [11/30/2018 Date] 13:16:20 CST**SUBRECIPIENT NAME:** Nebraska Families Collaborative **SUB-RECIPIENT DUNS:** 11367579**SECTION A – SUMMARY OF FUNDING**

Number of Federal Funding Sources:	4
Amount funded from Federal Grants:	\$ 3,384,563
Amount funded from State General Funds:	\$ 175,365,437
Amount funded from State Cash Funds:	\$
Amount funded from Federal Cash Funds:	\$
Total Subaward	\$ 178750000

SECTION B –SUBAWARD PROJECT DESCRIPTION

The purpose of this Subaward is to [Purpose]

SECTION C -FEDERAL AWARD INFORMATION

Federal Award Identifier Number :	OG-1701NEFOST	CFDA Program Number:	93.658
Amount From This Award:	\$450,164	Date added to subaward:	[Federal Award Date]
Federal Award Identifier Number :	OG-1801NEFOST	CFDA Program Number:	93.658
Amount From This Award:	\$1,174,925	Date added to subaward:	
Federal Award Identifier Number :	OG-1901NEFOST	CFDA Program Number:	93.658
Amount From This Award:	\$1,396,214	Date added to subaward:	
Federal Award Identifier Number :	OG-2001NEFOST	CFDA Program Number:	93.658
Amount From This Award:	\$363,260	Date added to subaward:	
Federal Award Identifier Number :		CFDA Program Number:	

FFATA DATA REPORTING WORKSHEET

Attachment 2

Instructions available on intranet.

Amount From This Award:	Date added to subaward:
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Federal Award Identifier Number :	CFDA Program Number:
Amount From This Award:	Date added to subaward:

Federal Award Identifier Number :	CFDA Program Number:
Amount From This Award:	Date added to subaward:

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Federal Award Identifier Number :	CFDA Program Number:
Amount From This Award:	Date added to subaward:

Federal Award Identifier Number :	CFDA Program Number:
Amount From This Award:	Date added to subaward:

DESCRIPTION (cont.)

Certificate Of Completion

Envelope Id: 0127FBEEB79C4D669D49047C0DF0AC2F	Status: Completed
Subject: Please DocuSign: DHHS Agreement #76910 O4 NFC A-4	
Division: Child & Family Services	
Envelope Type: Mixed Type	
Document #: 76910 O4	
Source Envelope:	
Document Pages: 8	Signatures: 3
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Procurement Services
Time Zone: (UTC-06:00) Central Time (US & Canada)	301 Centennial Mall S
	Lincoln, NE 68508-2529
	dhhs.servicecontractsandsubgrants@nebraska.gov
	IP Address: 164.119.63.183

Record Tracking

Status: Original 11/30/2018 9:44:42 AM	Holder: Procurement Services dhhs.servicecontractsandsubgrants@nebraska.gov	Location: DocuSign
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Signer Events

David P. Newell
david.newell@promiseship.org
President & CEO
Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

074AEF45F5D5435...
Signature Adoption: Pre-selected Style
Using IP Address: 192.88.142.253

Timestamp

Sent: 11/30/2018 9:51:01 AM
Viewed: 11/30/2018 12:36:36 PM
Signed: 11/30/2018 12:44:43 PM

Electronic Record and Signature Disclosure:
Accepted: 11/30/2018 12:36:36 PM
ID: e9beffa3-3f40-46b8-916a-6d59112aecbd

Matthew Wallen
matthew.wall@nebraska.gov
Director
Division of Children and Family Services
Security Level: Email, Account Authentication (None)

DocuSigned by:

71A861EB11D54E0...
Signature Adoption: Pre-selected Style
Using IP Address: 164.119.62.71

Sent: 11/30/2018 12:44:45 PM
Viewed: 11/30/2018 1:16:04 PM
Signed: 11/30/2018 1:16:20 PM

Electronic Record and Signature Disclosure:
Accepted: 6/14/2018 4:00:59 PM
ID: 3a6e8858-7129-4827-b139-ef960ff0195b

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Patti Reddick
Patti.Reddick@nebraska.gov
Security Level: Email, Account Authentication (None)

COPIED

Sent: 11/30/2018 9:51:00 AM

Carbon Copy Events	Status	Timestamp
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Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Cheri Ott
cheri.ott@nebraska.gov
Security Level: Email, Account Authentication (None)

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Sent: 11/30/2018 12:44:45 PM

Electronic Record and Signature Disclosure:
Accepted: 5/11/2018 8:21:20 AM
ID: 12402bee-9fa0-4f70-9db8-c08779da3597

Kaitlyn Tsai
dhhs.grants@nebraska.gov
Security Level: Email, Account Authentication (None)

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Sent: 11/30/2018 1:16:21 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	11/30/2018 1:16:21 PM
Certified Delivered	Security Checked	11/30/2018 1:16:21 PM
Signing Complete	Security Checked	11/30/2018 1:16:21 PM
Completed	Security Checked	11/30/2018 1:16:21 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Nebraska Department of Health & Human Services:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: john.canfield@nebraska.gov

To advise Nebraska Department of Health & Human Services of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at john.canfield@nebraska.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to john.canfield@nebraska.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Nebraska Department of Health & Human Services

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to john.canfield@nebraska.gov and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum

Enabled Security Settings:	Allow per session cookies
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** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Nebraska Department of Health & Human Services as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Nebraska Department of Health & Human Services during the course of my relationship with you.