Contract ID#: CQSS13000025

Department: Social Services

E-48-16

Contract Details

SERVICE Combined Preventive Services R57

NIFS ID #: CLSS16000013 NIFS Entry Date:01/15 /16 Term: from 01/01/16 to 12/31/16

New Renewal	☐
Amendment	☒
Time Extension	☐
Addl. Funds	☐
Blanket Resolution RES#	☐

1) Mandated Program:	Yes X	No ☐
2) Comptroller Approval Form Attached:	Yes X	No ☐
3) CSEA Agmt. § 32 Compliance Attached:	Yes X	No ☐
4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes	No ☒
5) Insurance Required	Yes X	No ☐

Agency Information

Vendor	
Name Family & Children's Association (FCA)	Vendor ID# 113422018
Address 100 E Old Country Road Mineola, NY 11501	Contact Person Dr. J. Reynolds Email:jreynolds@familyandchildrens.org
	Phone 516 746-0350 Fax: 516 294-0198

County Department
Department Contact Michael Kanowitz
Address 60 Charles Lindberg Blvd.
Phone 516 227-7452

Routing Slip

DATE Rec'd.	DEPARTMENT	Internal Verification	DATE Appv'd& Fw'd.	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) ☐ NIFS Appvl (Dept. Head) ☐	1.20.16	[signature]	
	OMB	NIFS Approval ☐	1/22/16	[signature]	Yes☐ No ☐ Not required if blanket resolution
1/05/16	County Attorney	CA RE & Insurance Verification ☑	1/05/16	[signature]	
1/05/16	County Attorney	CA Approval as to form ☑	1/05/16	[signature]	
	Legislative Affairs	Fw'd Original Contract to CA ☐	2/3/16	Colleetta A. Delsuerce	
	Rules ☐ Leg. ☐	☐			Yes☒ No ☐
	County Attorney	NIFS Approval ☐			
	Comptroller	NIFS Approval ☐			
2/2/16	County Executive	Notarization ☐ Filed with Clerk of the Leg. ☐	2/2/16	[signature]	

RECEIVED
NASSAU COUNTY
CLERK OF THE LEGISLATURE
2016 FEB -4 P 2:00

PR5254 (8/04)

Contract ID#: CQSS13000025

Department: Social Services

Contract Summary

Description: Family Support and Family Ties

Purpose: We are mandated to provide preventive services for children. Appendix B2- **Family Ties** offers case management, advocacy and counseling for families whose children are at risk of foster care placement. Case planning, service coordination, counseling & support services for families whose children are at risk of foster care placement.
Appendix B1-Family Support (homemaker): teaches parenting skill to Family Ties families where youth are at-risk of foster care placement. Needs assessment, goals, support & advocacy. Teaches parenting skills, household management ("homemaking") **(To amend contract to extend for one year.)**

Method of Procurement: An RFP was issued. The original contract commenced 9/1/13.

Procurement History: We have been using this vendor for many years.

Description of General Provisions: Appendix B2 Family Ties The contractor will provide case planning services coordinating casework, counseling, and support services for families at risk. They will also provide extensive case management services to the targeted population, including needs assessment, plan development, casework contacts, case documentations, counseling and service coordination.

Appendix B1-Family Support (homemaker): The contractor will provide a comprehensive training program to ensure the development of independent living skills in children who are either in foster care or are discharged from foster car, up to age twenty-one. This will include educational and vocational services, housing services, basic facts on money management, nutritional hints, community based services and support groups.

Impact on Funding / Price Analysis: Federal 45 % State 20 % County 35%

Change in Contract from Prior Procurement: No Change

Recommendation: Approve as submitted

Advisement Information

BUDGET CODES	
Fund:	GEN
Control:	76
Resp:	7600
Object:	TT714
Transaction:	CQ

RENEWAL	
% Increase	
% Decrease	

FUNDING SOURCE	AMOUNT
Revenue Contract ☐	XXXXXXX
County	$ 431,287.15
Federal	$554,512.05
State	$246,449.80
Capital	$
Other **Grant**	$
TOTAL	**$ 1,232,249.00**

LINE	INDEX/OBJECT CODE	AMOUNT
1		$
2		$
3		$
4		$
5	SSGEN7600/TT714	$300,995.00
6	SSGEN7600/TT714	$931,254.00
	TOTAL	$ 1,232,249.00

Document Prepared By: _____ **Date:** _____

NIFS Certification	Comptroller Certification	County Executive Approval
I certify that this document was accepted into NIFS.	I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged.	Name
Name	Name	Date 2/2/16
Date	Date	*(For Office Use Only)* **E #:**

122138

PR5254 (8/04)

E-48-16

RULES RESOLUTION NO. 57-2016

A RESOLUTION AUTHORIZING THE COUNTY EXECUTIVE TO EXECUTE AN AMENDMENT TO A PERSONAL SERVICES AGREEMENT BETWEEN THE COUNTY OF NASSAU, ACTING ON BEHALF OF THE DEPARTMENT OF SOCIAL SERVICES AND FAMILY & CHILDREN'S ASSOCIATION

Passed by the Rules Committee
Nassau County Legislature
By Voice Vote on 3-7-16
VOTING:
ayes 4 nayes 0 abstained 3 recused 0
Legislators present: 7

WHEREAS, the County has negotiated an amendment to a personal services agreement with Family & Children's Association for the case management and operation of programs known as "Family Ties" and "Family Support" (homemaker), a copy of which is on file with the Clerk of the Legislature; now, therefore, be it

RESOLVED, that the Rules Committee of the Nassau County Legislature authorize the County Executive to execute the said amendment to the agreement with Family & Children's Association.

CCSS16000013

EDWARD P. MANGANO
COUNTY EXECUTIVE

JOHN E. IMHOF, PhD
COMMISSIONER

NASSAU COUNTY
DEPARTMENT OF SOCIAL SERVICES
60 CHARLES LINDBERGH BLVD., SUITE 160
UNIONDALE, NEW YORK 11553-3686
Phone: 516-227-7474 Fax: 516-227-8432
Web: http://www.nassaucountyny.gov/

Contractor Evaluation Form

Contract Number: .....

Contract Name: FAMILY and CHILDREN'S ASSOCIATION

Service Provided: FAMILY TIES / HOMEMAKER

Evaluation Period: From: January 1, 2015 **To:** October 31, 2015

Evaluator's Name, Title, Phone #: Theresa McGuinness, Assistant Director

Date: 1/25/16

Please evaluate the contractor's performance for the evaluation period. Upon completing factors (a) through (e), provide your overall assessment of contractor performance and answer the final question. Definitions of the rating scale and rating factors are provided on the back of this form. Additional comments may be provided on a separate sheet.

RETURN THE COMPLETED FORM TO MICHAEL KANOWITZ, PLANNING & RESEARCH 227-7452 Family Ties

PERFORMANCE EVALUATION FACTORS	Unsatisfactory 1	Poor 2	Fair 3 (Homemaker)	Good 4	Excellent 5
a. Quality of Service			✓		✗
b. Timeliness of Service				✓	✗
c. Cost Effectiveness				✓	✗
d. Responsiveness to DSS Requests			✓		✗
e. Number of Complaints			✓		✗
f. Problem Resolution			✓		✗
Overall Performance Evaluation			✓		✗

Do you recommend the contractor for future contracts? (Yes) - Family Ties & Family Support *No* - ~~[illegible]~~ pending their changes

If rated 3 or lower & Yes checked, please explain below:

Family Ties has provided excellent service and is always responsive to DSS requests. The Homemaker program is not as effective or responsive and requires change which is in process. Some of the staff has left and a new supervisor has been recently promoted.

38987

Definition of Quantitative Scale:

1 = Unsatisfactory 2 = Poor 3 = Fair 4 = Good 5 = Excellent

Unsatisfactory	Performance is not effective.
Poor	Performance is marginally effective.
Fair	Performance is somewhat effective.
Good	Performance is consistently effective.
Excellent	Performance exceeds expectations.

Definition of Rating Factors:

Quality of Service. This factor addresses the quality of service provided by the contractor. In assessing service quality, address the following questions:

- Does the vendor comply with contract requirements?
- Are reports accurate?
- Are vendor staff properly trained and managed?
- Does the vendor exhibit technical proficiency in service delivery?
- Does the vendor understands and embraces service and program goals?
- Is positive feedback received from customers served and DSS staff?

Timeliness of Performance. This factor addresses the timeliness of service delivery. In assessing timeliness of performance, address the following questions:

- Does the vendor meet established schedules for service delivery?
- Is the vendor reliable?
- Does the vendor stays on schedule despite problems?

Cost Effectiveness

- Does the vendor operate within the contract budget?
- Are vendor personnel appropriate for the service provided?
- Does the vendor exhibit an appropriate and efficient use of resources?
- Are billings current, accurate and complete?
- Are costs properly allocated?
- Does the vendor bill unallowable costs?

Responsiveness to DSS Requests

- Are the vendor's communications clear and effective?
- Is the vendor positively responsive to DSS requests?
- Is the vendor positively responsive to DSS special requests?

Number of Complaints

- Have a large number of complaints concerning service delivery been received from:
  - DSS staff?
  - Other Nassau County departments?
  - Customers served?

Problem Resolution.

- Is the vendor able to positively address and resolve problems?
- Is the vendor pro-active in anticipating and avoiding or mitigating problems?
- Does the vendor satisfactorily overcome or resolve problems?
- Does the vendor provide prompt notification of problems to DSS?
- Does the vendor provide effective solutions?
- Does the vendor take prompt corrective action?

NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES

FROM: Michael A. Kanowitz Attorney's Assist. II (7-7452) DATE: 1/19/16

	ROUTING	ACTION	DATE	INITIALS
1	Paul F. Broderick, Deputy Commissioner	R,B	1.20.16	PFB
2	John E. Imhof, Ph.D. Commissioner	S	PFB GET	
3				
4				
5				

ACTION SYMBOLS

A - Appropriate Action
B - Circulate
C - Comments
D - Direct Reply
E - Draft Reply
F - File
I - Information
J - Investigate & Report
K - Note & File
L - Note & Return
M - Please See Me
N - Recommendations
O - Retype/Correct
P - Give this Priority
R - See "Remarks"
S - Approval & Signature
T - Re Telecon
X - Make copies

REMARKS: RE: FAMILY and CHILDREN'S ASSOCIATION (FCA) HOMEMAKER & FAMILY TIES
CLSS160000013

Please find enclosed the Contract Details/Summary Form and the Comptroller's Approval Form concerning the above. Please review the forms. If all is acceptable, please have Commissioner Imhof sign and date both forms at the appropriate places.

Thank you.

CLSS160000 13

Nassau County Interim Finance Authority

Contract Approval Request Form (As of January 1, 2015)

1. Vendor: Family and Children's Association

2. Dollar amount requiring NIFA approval: $ 1,232,249.00

Amount to be encumbered: $ 1,232,249

This is a ___ New Contract ___ Advisement ✓ Amendment

If new contract - $ amount should be full amount of contract
If advisement – NIFA only needs to review if it is increasing funds above the amount previously approved by NIFA
If amendment - $ amount should be full amount of amendment only

3. Contract Term: 01/01/16 to 12/31/16

Has work or services on this contract commenced? ✓ Yes ___ No

If yes, please explain: Ongoing mandated services.

4. Funding Source:

✓ General Fund (GEN)
___ Capital Improvement Fund (CAP)
___ Other

___ Grant Fund (GRT)
Federal % 45
State % 20
County % 35

Is the cash available for the full amount of the contract? ✓ Yes ___ No
If not, will it require a future borrowing? ___ Yes ___ No

Has the County Legislature approved the borrowing? ___ Yes ___ No ✓ N/A

Has NIFA approved the borrowing for this contract? ___ Yes ___ No ✓ N/A

5. Provide a brief description (4 to 5 sentences) of the item for which this approval is requested:

Family Ties The contractor will provide case planning services coordinating casework, counseling, and support services for families at risk. They will also provide extensive case management services to the targeted population, including needs assessment, plan development, casework contacts, case documentations, counseling and service coordination. Family Support (homemaker): The contractor will provide a comprehensive training program to ensure the development of independent living skills in children who are either in foster care or are discharged from foster car, up to age twenty-one. This will include educational and vocational services, housing services, basic facts on money management, nutritional hints, community based services and support groups.

6. Has the item requested herein followed all proper procedures and thereby approved by the:

Nassau County Attorney as to form ___ Yes ___ No ___ N/A
Nassau County Committee and/or Legislature ___ Yes ___ No ___ N/A

Date of approval(s) and citation to the resolution where approval for this item was provided:

7. Identify all contracts (with dollar amounts) with this or an affiliated party within the prior 12 months:

CLSS15000028 $2,122,909.00
CLSS15000027 $1,781,519.00
COSS15000078 $ 9,310.00
COSS15000086 $ 152,143.00
COSS15000079 $ 24,000.00
COSS15000093 Pending ($162,200.00)

AUTHORIZATION

To the best of my knowledge, I hereby certify that the information contained in this Contract Approval Request Form and any additional information submitted in connection with this request is true and accurate and that all expenditures that will be made in reliance on this authorization are in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan. I understand that NIFA will rely upon this information in its official deliberations.

Signature Title Date

Print Name

COMPTROLLER'S OFFICE

To the best of my knowledge, I hereby certify that the information listed is true and accurate and is in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan.

Regarding funding, please check the correct response:

_____ I certify that the funds are available to be encumbered pending NIFA approval of this contract.

If this is a capital project:

_____ I certify that the bonding for this contract has been approved by NIFA.

_____ Budget is available and funds have been encumbered but the project requires NIFA bonding authorization

Signature Title Date

Print Name

NIFA

Amount being approved by NIFA: _____

Signature Title Date

Print Name

NOTE: All contract submissions MUST include the County's own routing slip, current NIFS printouts for all relevant accounts and relevant Nassau County Legislature communication documents and relevant supplemental information pertaining to the item requested herein.

NIFA Contract Approval Request Form MUST be filled out in its entirety before being submitted to NIFA for review.

NIFA reserves the right to request additional information as needed.

George Maragos
Comptroller

OFFICE OF THE COMPTROLLER
240 Old Country Road
Mineola, New York 11501

COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

Attach this form along with all personal, professional or human services contracts, contract renewals, extensions and amendments.

CONTRACTOR NAME: FAMILY and CHILDREN'S ASSOCIATION (FCA)

CONTRACTOR ADDRESS: 100 E. OLD COUNTRY ROAD, MINEOLA, NY 11501

FEDERAL TAX ID #: 113422018

Instructions: **Please check the appropriate box ("☑") after one of the following roman numerals, and provide all the requested information.**

I. ☐ The contract was awarded to the lowest, responsible bidder after advertisement for sealed bids. The contract was awarded after a request for sealed bids was published in_____ [newspaper] on _____ [date]. The sealed bids were publicly opened on _____ [date]. _____ [#] of sealed bids were received and opened.

II. ☐ The contractor was selected pursuant to a Request for Proposals.
The Contract was entered into after a written request for proposals was issued on March 20, 2009. Potential proposers were made aware of the availability of the RFP by advertisement in Newsday, posting on industry websites, via email to interested parties and by publication on the County procurement website. Proposals were due on April 28, 2009. Five (5) proposals were received and evaluated. The evaluation committee consisted of: three members of the Comptroller's Office and one member of the County Executive's Office. The proposals were scored and ranked. As a result of the scoring and ranking, the highest-ranking proposer was selected.

III. ☒ This is a renewal, extension or amendment of an existing contract.
The contract was originally executed by Nassau County on FEBRUARY 25, 2014 [date]. This is a renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP (copies of the relevant pages are attached). The original contract was entered into after AN RFP WAS ISSUED

[describe procurement method, i.e., RFP, three proposals evaluated, etc.] Attach a copy of the most recent evaluation of the contractor's performance for any contract to be renewed or extended. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to continue to contract with the county.

IV. ☐ Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal.

☐ **A.** The contract has been awarded to the proposer offering the lowest cost proposal; **OR:**

☐ **B.** The attached memorandum contains a detailed explanation as to the reason(s)why the contract was awarded to other than the lowest-cost proposer. The attachment includes a specific delineation of the unique skills and experience, the specific reasons why a proposal is deemed superior, and/or why the proposer has been judged to be able to perform more quickly than other proposers.

V. ☐ Pursuant to Executive Order No. 1 of 1993 as amended, the attached memorandum from the department head explains why the department did not obtain at least three proposals.

☐ **A.** There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.

☐ **B.** The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).

☐ **C.** Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no._____, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.

☐ **D.** Pursuant to General Municipal Law Section 119-o, the department is purchasing the services required through an inter-municipal agreement.

VI. ☐ This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.

In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable.

VII. ☐ This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.

VIII. ☒ Participation of Minority Group Members and Women in Nassau County Contracts. The selected contractor has agreed that it has an obligation to utilize best efforts to hire MWBE sub-contractors. Proof of the contractual utilization of best efforts as outlined in Exhibit "EE" may be requested at any time, from time to time, by the Comptroller's Office prior to the approval of claim vouchers.

IX. ☒ Department MWBE responsibilities. To ensure compliance with MWBE requirements as outlined in Exhibit "EE", Department will require vendor to submit list of sub-contractor requirements prior to the contract being submitted to the Comptroller.

X. ☐ Vendor will not require any sub-contractors.

<u>In addition</u>, if this is a contract with an individual or with an entity that has only one or two employees: ☐ a review of the criteria set forth by the Internal Revenue Service, *Revenue Ruling No.* 87-41, 1987-1 C.B. 296, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes.

Paul A Bedrat for JE
Department Head Signature

1.20.16
Date

<u>NOTE:</u> Any information requested above, or in the exhibit below, may be included in the county's "staff summary" form in lieu of a separate memorandum.

COUNTY OF NASSAU

Inter-Departmental Memo

To: Budget Office

From: Michael A. Kanowitz
Planning & Research
Department of Social Services

Date: January 20, 2016

Subject: Family and Children's Association (FCA) (Homemaker and Family Ties Services)
Renewal 2016

Pursuant to Section 32 of the Collective Bargaining Agreement, Nassau Local 830 CSEA was notified of this Department's interest in contracting with the above vendor.

Attached please find a letter to Glen Tuifel, Assistant to the President of Nassau Local 830 CSEA, dated November 23, 2015, notifying him of the above fact. Please find further attached a copy of a letter from Richard Dopkin, Vice President of Nassau Local 830 CSEA dated November 30, 2015. A copy of the letter was forwarded to the Nassau County Office of Labor Relations for the appropriate action. Further attached is a copy of a letter to Richard Dopkin dated December 8, 2015.

Further attached are letters dated December 31, 2015 and January 12, 2016 to Glen Tuifel, Assistant to the President of Nassau Local 830 CSEA transmitting revised versions of the agreement.

DSS and CSEA met on December 17, 2015 to discuss the matter. The matter will be discussed further at a meeting to be scheduled within two months of the December meeting for the possible withdrawal of the CSEA objection.

It is requested that the County proceed with the contract processing.

Att.
10099
126486

EDWARD P. MANGANO
COUNTY EXECUTIVE

JOHN E. IMHOF, PhD
COMMISSIONER

NASSAU COUNTY
DEPARTMENT OF SOCIAL SERVICES
60 CHARLES LINDBERGH BLVD., SUITE 160
UNIONDALE, NEW YORK 11553-3686
Phone: 516-227-7474 Fax: 516-227-8432
Web: http://www.nassaucountyny.gov/

November 23, 2015

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Glen Tuifel
Assistant to the President
Nassau Local 830 CSEA
400 County Seat Drive
Mineola, New York 11501

Re. – Contract: Family & Children's Association (FCA)
Homemaker (Family Support) Services Renewal 2016

Dear Mr. Tuifel:

Pursuant to section 32 of the Collective Bargaining Agreement and as a good faith effort to advise the CSEA of the County's needs, this letter is to advise you that the Department of Social Services is considering entering into or renewing contractual services with the above vendor. Pursuant to section 32-3(a), the County's needs are described in the service provisions of the contract including but not limited to appendices and other related attachments.

If you wish to meet or discuss any aspect of this proposed contract, or to discuss alternatives to this matter, please do not hesitate to contact me with that request in writing.

Sincerely,

S/
Michael A. Kanowitz
Planning & Research

cc: Keith Cromwell-Office of Labor Relations
Jerry Laricchuita, President Local 830 CSEA
Richard Dopkin, Vice President Local 830 CSEA
ENCLOSURE
13792
125629

The Civil Service Employees Association, Inc.
Local 1000, American Federation of State, County and Municipal Employees, Afl-CIO

CSEA
NASSAU LOCAL 830

11/30/15

Paul Broderick, Deputy Commissioner
Nassau County Dept. of Social Services
60 Charles Lindbergh Blvd.
Uniondale, N.Y. 11553-3686

Re: FCA-Homemaker (Family Support Services) Renewal 2016

Dear Paul Broderick:

Please allow this letter to serve as a response to the Nassau County correspondence received on November 25, 2015 regarding the above mentioned assignment of CSEA Unit work to persons not in the CSEA Unit.

Your notification of intent to subcontract fails to offer sufficient detail of the "County's needs" pursuant to Section 32-3 of the CSEA/County C.B.A.

Not withstanding the lack of sufficient detail provided by the County regarding said proposed subcontract and pursuant to Section 32-3(b) of the C.B.A., CSEA proposes as an "alternative to satisfy the County's needs", that current or anticipated County employees (who are or would be CSEA bargaining unit members), perform the duties requested in the proposed subcontract. Pursuant to Section 32-3, the County is required to provide notice to CSEA of its needs and in order to propose alternatives we need the following information: Proposed vendor; cost analysis for CSEA members to perform said duties for contracted service, anticipated start date and specific good faith efforts made to avoid the unnecessary assignment of CSEA unit work to said subcontractor.

Further, due to the fact that Class Specifications of the Nassau County Civil Service allow for civil servants and therefore *CSEA Bargaining Unit Employees* to perform said proposed tasks, it is only logical and in "Good Faith" that County employees be allowed to "satisfy the County's needs", thereby avoiding "the unnecessary assignment of CSEA unit work to persons not in the CSEA Unit", (section 32-1 of the C.B.A.).

Finally, pursuant to Section 32-3, **I am ready, willing and able to meet with you at your earliest convenience to meet and confer with respect to CSEA's proposals.**

Please immediately advise as to your availability.

Thank you for your anticipated cooperation. If you have any questions, please feel free to contact me.

Very Truly Yours,

Richard Dopkin
Vice President
CSEA Local 830

Cc: Jerry Laricchiuta, President, CSEA Local 830
Jason Perkowski, Unit President
Keith Cromwell, Office of Labor Relations
File

400 County Seat Drive, Mineola, New York 11501 / Phone: (516) 571-2919 / Fax (516) 742-3801 / www.csea830.org

EDWARD P. MANGANO
COUNTY EXECUTIVE

JOHN E. IMHOF, PhD
COMMISSIONER

NASSAU COUNTY
DEPARTMENT OF SOCIAL SERVICES
60 CHARLES LINDBERGH BLVD., SUITE 160
UNIONDALE, NEW YORK 11553-3686
Phone: 516-227-7452 Fax: 516-227-8363
Web: http://www.nassaucountyny.gov/

December 8, 2015

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Richard Dopkin
Vice President
Nassau Local 830 CSEA
400 County Seat Drive
Mineola, New York 11501

Subject: Family and Children's Association (FCA)
Homemaker (Family Support) Services Renewal 2016

Dear Mr. Dopkin:

DSS is in receipt of your correspondence dated November 30, 2015, concerning the Department's notification of its intent to enter into the above referred to contractual services, pursuant to section 32 of the Collective Bargaining Agreement. In your correspondence, you indicate your willingness to meet with DSS for further discussion.

DSS is available to discuss this topic at your convenience. If you wish to meet to discuss this matter further, please do not hesitate to contact Michael Kanowitz at (516) 227-7452 or Michael.Kanowitz@hhsnassaucountyny.us.

Sincerely yours,

S/

Michael A. Kanowitz
Attorney's Assistant II
Planning and Research

cc:
Keith Cromwell, OLR

125811

EDWARD P. MANGANO
COUNTY EXECUTIVE

JOHN E. IMHOF, PhD
COMMISSIONER

NASSAU COUNTY
DEPARTMENT OF SOCIAL SERVICES
60 CHARLES LINDBERGH BLVD., SUITE 160
UNIONDALE, NEW YORK 11553-3686
Phone: 516-227-7474 Fax: 516-227-8432
Web: http://www.nassaucountyny.gov/

December 31, 2015

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Glen Tuifel
Assistant to the President
Nassau Local 830 CSEA
400 County Seat Drive
Mineola, New York 11501

Re. – Contract: Family & Children's Association (FCA)
Homemaker (Family Support) and Family Ties Services Renewal 2016

Dear Mr. Tuifel:

Pursuant to section 32 of the Collective Bargaining Agreement and as a good faith effort to advise the CSEA of the County's needs, this letter is to advise you that the Department of Social Services is considering entering into or renewing contractual services with the above vendor. Pursuant to section 32-3(a), the County's needs are described in the service provisions of the contract including but not limited to appendices and other related attachments.

If you wish to meet or discuss any aspect of this proposed contract, or to discuss alternatives to this matter, please do not hesitate to contact me with that request in writing.

Sincerely,

Michael A. Kanowitz

Michael A. Kanowitz
Planning & Research

cc: Keith Cromwell-Office of Labor Relations
Jerry Laricchuita, President Local 830 CSEA
Richard Dopkin, Vice President Local 830 CSEA
ENCLOSURE
13792
126181

EDWARD P. MANGANO
COUNTY EXECUTIVE

JOHN E. IMHOF, PhD
COMMISSIONER

NASSAU COUNTY
DEPARTMENT OF SOCIAL SERVICES
60 CHARLES LINDBERGH BLVD., SUITE 160
UNIONDALE, NEW YORK 11553-3686
Phone: 516-227-7474 Fax: 516-227-8432
Web: http://www.nassaucountyny.gov/

December 31, 2015

RESENT JANUARY 12, 2016
REVISED RENEWAL ENCLOSED

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Glen Tuifel
Assistant to the President
Nassau Local 830 CSEA
400 County Seat Drive
Mineola, New York 11501

Re. – Contract: Family & Children's Association (FCA)
Homemaker (Family Support) and Family Ties Services Renewal 2016

Dear Mr. Tuifel:

Pursuant to section 32 of the Collective Bargaining Agreement and as a good faith effort to advise the CSEA of the County's needs, this letter is to advise you that the Department of Social Services is considering entering into or renewing contractual services with the above vendor. Pursuant to section 32-3(a), the County's needs are described in the service provisions of the contract including but not limited to appendices and other related attachments.

If you wish to meet or discuss any aspect of this proposed contract, or to discuss alternatives to this matter, please do not hesitate to contact me with that request in writing.

Sincerely,

Michael A. Kanowitz

Michael A. Kanowitz
Planning & Research

cc: Keith Cromwell-Office of Labor Relations
Jerry Laricchuita, President Local 830 CSEA
Richard Dopkin, Vice President Local 830 CSEA
ENCLOSURE
13792
126181

AMENDMENT NO. II

This AMENDMENT, dated as of January 1, 2016 (together with the exhibit hereto, this "Amendment"), between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting for and on behalf of the County Department of Social Services, having its principal office at 60 Charles Lindbergh Blvd., Uniondale, New York 11553 (the "Department"), and (ii) Family and Children's Association, a not-for-profit corporation of the State of New York having its principal office at 100 East Old Country Road, Mineola, New York 11501 (the "Contractor").

WITNESSETH:

WHEREAS, pursuant to County contract number CQSS13000025 between the County and the Contractor, executed on behalf of the County on February 25, 2014, as amended by the amendment executed on behalf of the County on June 4, 2015, as so amended, (the "Original Agreement"), the Contractor provides mandated Preventive services to children under the Family Support (Homemaker) and Family Ties programs, which services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services");

WHEREAS, the term of the Original Agreement is from September 1, 2013 through December 31, 2015 with an option to renew under the same terms and conditions for three (3) additional one (1) year terms (the "Original Term);

WHEREAS; the Maximum Amount that the County agreed to reimburse the Contractor for Services under the Original Agreement was Four Million Nine Hundred Sixty Thousand Six Hundred Fifty Five Dollars and 00/100 ($4,960,655.00) (the "Maximum Amount"); and

WHEREAS; the County and the Contractor desire to renew the Original Agreement

NOW, THEREFORE, in consideration of the promises and mutual covenants contained in this Amendment, the parties agree as follows:

1. Renewal Term. The Original Agreement shall be renewed and thereby extended for six (6) months as to the services to be provided under the Family Ties program, so that the termination date of the Original Agreement, as amended by this Amendment shall be June 30, 2016 as to Family Ties, and the Original Agreement shall be renewed and thereby extended for one (1) year as to the services to be provided under the Family Support(Homemaker) program, so that the termination date of the Original Agreement, as amended by this Amendment shall be December 31, 2016 as to Family Support(Homemaker), and together shall be (the "Amended Agreement").

2. Maximum Amount. (a) The Maximum Amount in the Original Agreement shall be increased by One Million Two Hundred Thirty Two Thousand Two Hundred Forty Nine Dollars and 00/100 ($1,232,249.00), payable for Services rendered during the renewal term, so that the Maximum Amount that the County shall pay to the Contractor as full consideration for all

Services provided under the Amended Agreement shall be Six Million One Hundred Ninety Two Thousand Nine Hundred Four Dollars and 00/100 ($6,192,904.00) (the "Amended Maximum Amount"). (i) The maximum amount of One Million Two Hundred Thirty Two Thousand Two Hundred Forty Nine Dollars and 00/100 ($1,232,249.00) during the renewal term shall be paid in accordance with the line item budgets attached hereto as Appendices B1 and B2 (the "Amended Budget") subject to an advance of funds ("Advance"), as hereinafter described.

(ii) An Advance of Two Hundred Thirty Two Thousand Eight Hundred Fourteen Dollars and 00/100 ($232,814.00), consisting of Twenty Five Percent (25%) of the Family Ties Line Item Budget Amount, shall be payable upon execution of this Agreement by the County. The remainder of the Maximum Amount during the renewal term shall be paid monthly in arrears and on a reimbursement basis in accordance with this Amended Agreement, the respective amended budgets and subject to compliance with the provisions of this Section. Under no circumstances shall a claim be accepted if submitted on an accrual basis.

(iii) The Contractor shall deduct the Advance in equal installments from the claims submitted for payment during the last two (2) months of the term of this Amended Agreement concerning the Family Ties Program. If the amount of any said claims is less than the amount of the Advance to be deducted from said claim, the Contractor shall submit with its claim a check payable to the County for the difference between the claim and the amount of the Advance to be recovered from said claim.

3. Budget. The budgets referred to in Section 3 (f) of the Original Agreement and attached to the Original Agreement are amended to appear in their entirety as set forth in Appendices B1 and B2 attached hereto (such amended budget, the "Amended Budget"). The said Amended Budget annexed hereto may be amended or modified from time to time upon request of the Contractor, subject, however, to prior approval of the Department.

4. Full Force and Effect. All the terms and conditions of the Original Agreement not expressly amended by this Amendment shall remain in full force and effect and govern the relationship of the parties for the term of the Amended Agreement.

The Remainder of this Page Intentionally Left Blank

IN WITNESS WHEREOF, the Agency and the County have executed this Agreement as of the date first above written.

FAMILY AND CHILDREN'S ASSOCIATION

By: _____

Name: Jeffrey L. Reynolds

Title: President/CEO

Date: January 12, 2016

NASSAU COUNTY

By: _____

Name: _____

Title: County Executive

☐ Deputy County Executive

Date: _____

PLEASE EXECUTE IN BLUE INK

125745

STATE OF NEW YORK)
)ss.:
COUNTY OF NASSAU)

On the ____ day of _____ in the year 201__ before me personally came _____ to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of _____; that he or she is a County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

NOTARY PUBLIC

STATE OF NEW YORK)
)ss.:
COUNTY OF NASSAU)

On the 12th day of January in the year 2016 before me personally came Jeffrey L. Reynolds to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of [redacted]; that he or she is the President/CEO of Family and Children's Assoc., the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.

NOTARY PUBLIC

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163683
Qualified in Nassau County
Commission Expires April 2, 2019

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6[illegible]
Qualified in [illegible] County
Commission Expires [illegible] 20 [illegible]

AMENDED APPENDIX B1 LINE ITEM BUDGET: Family Support

Nassau County Human Services

Universal Budget Form

Contract #

Contract Name: **Family and Children's Association**

Program Name: **Family Support (1/1/16-12/31/16)**

Budget Summary

Line #	Expense type	Total $
1a	Salary	$165,951
1b	Fringe	$76,337
1 Total	Personnel (Salary plus Fringe)	$242,289
2	Consultant(s)	$0
3	Travel / Per Diem / Transportation	$2,394
4	Equipment	$915
5	Supplies	$773
6	Contractual Services	$8,541
7	Rent/Utilities	$7,199
8	Department Specific Costs	$0
9	Other Costs	$3,083
10	Administrative Overhead	$35,801
	Gross Expenditures (Lines 1 – 10)	$300,995
11	Revenue, Income, Agency Contribution, Matches	$0
	Net Budget Total (Lines 1 – 10 minus line 11)	$300,995
	Agency Contribution	$0
	Net Contract Total (Net Budget Total minus Agency Contribution)	$300,995

AMENDED APPENDIX B2 LINE ITEM BUDGET: FAMILY TIES

Nassau County Human Services

Universal Budget Form

Contract #

Contract Name: **Family and Children's Association**

Program Name: **Family Ties (1/1/16-6/30/16)**

Budget Summary

Line #	Expense type	Total $
1a	Salary	$499,241
1b	Fringe	$189,715
1 Total	Personnel (Salary plus Fringe)	$688,956
2	Consultant(s)	$0
3	Travel / Per Diem / Transportation	$11,100
4	Equipment	$1,498
5	Supplies	$2,377
6	Contractual Services	$86,061
7	Rent/Utilities	$13,363
8	Department Specific Costs	$2,358
9	Other Costs	$11,392
10	Administrative Overhead	$114,149
	Gross Expenditures (Lines 1 – 10)	$931,254
11	Revenue, Income, Agency Contribution, Matches	$0
	Net Budget Total (Lines 1 – 10 minus line 11)	$931,254
	Agency Contribution	$0
	Net Contract Total (Net Budget Total minus Agency Contribution)	$931,254

E-255-13

Contract Details

SERVICE Combined Preventive Services

NIFS ID #: CQSS13000025 NIFS Entry Date: 06/ 28/13 Term: from 09/01/13 to 12/31/14

New ☒ Renewal ☐	
Amendment	
Time Extension ☐	
Addl. Funds ☐	
Blanket Resolution ☐ RES#	

1) Mandated Program:	Yes X	No ☐
2) Comptroller Approval Form Attached:	Yes X	No ☐
3) CSEA Agmt. § 32 Compliance Attached:	Yes ☐	No X
4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes ☐	No X
5) Insurance Required	Yes X	No ☐

Agency Information

Vendor	
Name Family & Children's Association	Vendor ID# 113422018
Address 100 E. Old Country Rd Mineola, NY 11501	Contact Person Phil Mickulas Email: pmjckulas@familyandchildrens.org Phone 516 746-0350 Fax: 516 294-0198

County Department
Department Contact Virginia Webb
Address 60 Charles Lindberg Blvd
Phone 516 227-7452

Routing Slip

DATE Rec'd.	DEPARTMENT	Internal Verification	DATE Appv'd & Fw'd.	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) ☐ NIFS Appvl (Dept. Head) ☐	10/30/13		
	OMB	NIFS Approval ☐	11/7/13		Yes ☑ No ☐ Not required if blanket resolution
11/14/13	County Attorney	CA RE & Insurance Verification ☑	11/14/13		
11/14/13	County Attorney	CA Approval as to form ☑	11/14/13		
	Legislative Affairs	Fw'd Original Contract to CA ☐	11/26/13	Gregory A. May	
	Rules ☐/ Leg. ☐	☐			Yes ☑ No ☐
	County Attorney	NIFS Approval ☐	12/23/2013		
	Comptroller	NIFS Approval 2014 ☒	1/31/14	CGL 1/27/14	
	County Executive	Notarization ☐ Filed with Clerk of the Leg. ☐	12/2/13		

Contract Summary

PR5254 (8/04)

Contract Summary

Description Combined Preventive Services(PINS, Preventive & Independent Living)

Purpose: *Appendix A1* - We are mandated to provide preventive services for children. Contract shall manage the PINS Diversion Program (PDP) to divert cases from becoming PINS cases, requiring court intervention.
Appendix A2 - Contractor will provide mandated case planning and intensive Preventive Services referred by the Department to prevent foster care placement or assist in early discharge from care.
Appendix A3 - We are mandated to provide these services. Contractor will provide a program for children in foster care with Independent Living Skills as required by New York State Office of Children & Family Services Utilization Review Regulations. *(A RFP was issued- new contract to start 9/1/13)*

Method of Procurement: Human Services contract with a not for profit agency. Contractor received a satisfactory evaluation. (DSS issued an RFP for these services in 2013, FCA was awarded the contract)

Procurement History: We have been using this vendor for many years.

Description of General Provisions: *Appendix A1* - The Contractor shall provide an on-going, strength based, family-centered assessment of all children & families referred to the PDP to determine their needs & present problems. The PDP social workers shall provide intensive, in-home intervention, conflict resolution, and family mediation, short term voluntary respite, and referrals to county and community based agencies for such services, including but not limited to intensive case management for the child, supportive case management for those parents that would qualify, and mental health counseling.
Appendix A2- The contractor will provide case planning services coordinating casework, counseling, and support services for families at risk. They will also provide extensive case management services to the target population, including needs assessment, plan development, casework contacts, case documentations, counseling and service coordination Family Tree
Appendix A3- The contractor will provide a comprehensive training program to ensure the development of independent living skills in children, who are either in foster care or are discharged from foster care, up to the age of twenty-one. This will include educational & vocational services, housing services, basic facts on money management, nutritional hints, community based services and support groups.
Family Support (Strengthen)

Impact on Funding / Price Analysis:

2013 – 090/1/13 – 12/31/13	amount encumbered	$714,874
2014 – 01/01/14 – 12/31/14	amount to be encumbered once 2014 budget is in NIFS	$2,122,872
	TOTAL VALUE OF CONTRACT	$2,837,746

Change in Contract from Prior Procurement: No Change

Recommendation: (approve as submitted)

Advisement Information

BUDGET CODES	
Fund:	GEN
Control:	76
Resp:	7600
Object:	TT714
Transaction:	CQ

FUNDING SOURCE	AMOUNT
Revenue Contract	$
County	$ 993,211.10
Federal	$ 851,323.80
State	$ 993,211.10
Capital	$
Other	$
TOTAL	$2,837,746.00

LINE	INDEX/OBJECT CODE	AMOUNT
1	SSGEN7600/TT714 (2013)	$ 714,874.00
2	SSGEN7600/TT714 (2014)	$ 2,122,872.00
3		$
4		$
5		$
6		$
	TOTAL	$2,837,746.00

11/26/13

RENEWAL	
% Increase	
% Decrease	

Document Prepared By: _____ Date: _____

NIFS Certification	Comptroller Certification	County Executive Approval
I certify that this document was accepted into NIFS.	I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged.	
Name	Name	Name
Date 1/31/14	Date 1/31/14	Date 12/2/13

(For Office Use Only)

E #:

PR5254 (8/04)

THIS AGREEMENT, dated as of October 16, 2013 (together with the schedules, appendices, attachments and exhibits, if any, this "Agreement"), between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting for and on behalf of the County Department of Social Services, having its principal office at 60 Charles Lindbergh Boulevard, Uniondale, New York 11553 (the "Department"), and (ii) Family & Children's Association, a New York State not-for-profit corporation, having its principal office at 100 E. Old Country Road, Mineola, New York 11501 (the "Contractor").

WITNESSETH:

WHEREAS, the County wishes to retain the Contractor to provide, and the Contractor wishes to provide, the services described in this Agreement; and

WHEREAS, this is a personal service contract within the intent and purview of Section 2206 of the County Charter;

NOW, THEREFORE, in consideration of the promises and mutual covenants contained in this Agreement, the parties agree as follows:

1. Term. The term of this Agreement shall be from September 1, 2013 through December 31, 2014, subject to sooner termination as set forth in this Agreement, provided however, the County may renew this Agreement for four (4) additional one (1) year periods. All renewals, if any, shall be under the same terms and conditions as this Agreement.

2. Services. (a) The services to be provided by the Contractor under this Agreement (the "Services") shall include: i) service plan review and related services under the "Family Support" or "Homemaker" Program and ii) casework counseling and support services for families at risk (aka "Family Ties"). These Services are more fully described in the Program Narrative and Scope of Services, which is attached hereto and incorporated herein by reference as Appendices A1 and A2 respectively. Job descriptions related to titles performing services under Appendices A1 and A2 are contained in Appendix A3, Schedule of Job Titles and Descriptions.

Proposal Evaluation Results: Intensive home-based preventive services

Vendor	Rating (scale 1 to 5, low to high)	Annual Budget*	Number of families served (annual)	Casework Staff (FTEs)	Average cost per family served	Average cost per casework FTE
Berkshire Farm Center & Services for Youth	**5**	**$559,957 BAFO**	**96**	**6.00**	**$5,833**	**$93,326**
Hope for Youth (HFY)	3	$558,537	96	6.00	$5,818	$93,089
MercyFirst	2	$448,645	96	4.00	$4,673	$112,161

*Berkshire BAFO (best and final offer) submission
BOLD: recommended vendor

Proposal Evaluation Results: Family support/ homemaker services

Vendor	Rating (scale 1 to 5, low to high)	Annual Budget*	Number of families served (annual)	Casework Staff (FTEs)	Average cost per family served	Average cost per casework FTE
Family and Children's Association (FCA)	**5**	**$289,734 BAFO**	**60**	**4.60**	**$5,302**	**$69,160.00**
MercyFirst	3	$259,668	59	3.00	$4,401	$86,556.00

*FCA, BAFO (best and final offer) submission
BOLD: recommended vendor

(2) The Contractor shall electronically submit to the Department's Director of Planning and Research/Quality Management and the Director of Preventive Services a monthly report in a format approved by the Department enumerating the following:

i. total number of case referrals received during the month, each case shall be identified by case name, case number, case type, and date of referral;

ii. total number of assessments completed by Contractor for the month; and

iii. other statistical information requested by the Department which is relevant to the program's status and success.

h) The Contractor shall submit a quarterly narrative outlining and discussing all cases regarding:

1) level of parent's ability to develop homemaking and parenting skills;

2) prognosis on home making and parenting skill development; and

3) timeline for when child will be able to return home and/or timeline for when parent(s) can provide a safe living environment.

i) The Contractor agrees that in addition to statistical reporting, the Department may utilize any standard monitoring, auditing, assessment, and evaluation procedures currently in use or instituted by the Department during the term of this Agreement to ensure compliance with this Agreement.

j) Performance Standards. The Contractor shall comply with the following performance standards related to screening and assessment services:

(1) Contractor shall complete screening and assessment within twenty-four (24) hours after the initial referral from the Department.

(2). Contractor shall begin services within seventy-two (72) hours after initial referral from the Department.

(3) With information derived from the monthly progress reports, project directors keep a "sub-report" listing on a monthly basis of the number of face-to-face contacts program staff has with each client/family. A record of such data aids in the overall evaluation of the program's ability to comply with the established regulations.

l) The Department shall be responsible for determining the eligibility of persons for preventive services of children to be purchased by the Department. The Department shall also be responsible for establishing the policies and procedures for such eligibility determinations in accordance with 18 NYCRR Part 423 and other standards prescribed by the OCFS. The Department shall be responsible for case management which shall also include authorizing the provision of preventive services approving client eligibility in accordance with 18 NYCRR 423.3 and approving child service plans.

m) The Contractor agrees to comply with the reporting provision of suspected child abuse or maltreatment as set forth in Article 6 of Title 6 of the Social Services Law.

n) The Contractor shall notify the Department of all changes in its staff who are providing Services under this Agreement. This notification shall include, without limitation, changes to the Contractor's executives, directors and supervisors.

3. Payment. (a) Consideration. (i) The maximum amount that the County shall pay the Contractor as full consideration for all the Services provided under this Agreement shall not exceed Two Million Eight Hundred Thirty Seven Thousand Seven Hundred Forty Six and 00/100 Dollars ($2,837,746.00) (the "Maximum Amount"), to be paid in arrears on a reimbursement basis in accordance with the provisions of this Agreement. The Maximum Amount is to be encumbered as follows: initial encumbrance for Year 2013 only shall be Seven Hundred Fourteen Thousand Eight Hundred Seventy Four and 00/100 Dollars ($714,874.00) ("Year 2013 Encumbrance"); subsequent encumbrance for Year 2014 only to be encumbered at a future date to be determined by the Department shall be Two Million One Hundred Twenty Two Thousand Eight Hundred Seventy Two and 00/100 Dollars ($2,122,872.00) ("Year 2014 Encumbrance"). Each encumbrance is subject to all requisite County and other governmental approvals and the availability of funds. The Contractor will be notified when the Year 2014 Encumbrance is available.

(c) Timing of Payment Claims. The Contractor shall submit claims no later than three (3) months following the County's receipt of the Services that are the subject of the claim, and no more frequently than once a month by the tenth (10th) of the month.

(d) Reimbursement by the Contractor upon Loss of Funding. In addition to any other remedies available to the County, in the event that the County loses funding, including reimbursement, from the State or federal governments for any Services arising out of or in connection with any act or omission of the Contractor or a Contractor Agent, as defined below: (i) the County will have no further obligations to the Contractor under this Agreement and (ii) the Contractor shall pay the County the full amount of lost funds on demand, but not in excess of the amount paid to the Contractor under this Agreement.

(e) No Duplication of Payments. Payments for the work to be performed under this Agreement shall not duplicate payments for any work performed or to be performed under other agreements between the Contractor and any funding source including the County. The Contractor agrees to pursue all possible sources of revenue for the Services to be provided by the Contractor pursuant to this Agreement.

(f) Budget. The amount to be paid to the Contractor for Services shall be in accordance with the line-item budget (the "Budget") "Appendix B1 and B2" attached to this Agreement. "Appendix B1 and B2" line-item budget annexed hereto may be amended from time to time, within the Maximum Amount, as required by the Contractor, subject, however, to prior approval of the Department.

(g) Reconciliation and No Rollover of Funds. On or before the last day of the third (3rd) month following the end of each Agreement year and the termination or expiration of this Agreement, the Contractor shall file with the Department, in duplicate, certified reconciliation reports which shall in each case include a complete accounting of all monies received and expenditures made during the term of this Agreement. Any funds remaining unexpended shall be paid to the County simultaneously with the filing of the reconciliation report. Funds for one Agreement year shall not be applied to or utilized for a different Agreement year.

(h) Short Agreement Year. The Maximum Amount and, if applicable, Budget, are based upon a full 365 day calendar year. The Maximum Amount and amount payable with respect to any Budget shall be reduced pro rata to reflect that portion of a calendar year during which this Agreement is not effective.

the event that such breach is not timely cured, the County may terminate this Agreement as well as exercise any other rights available to the County under applicable law.

(iii) It shall be a continuing obligation of the Contractor to inform the County of any material changes in the content of its Certification of Compliance, attached hereto as Appendix L, and shall provide to the County any information necessary to maintain the certification's accuracy.

(c) Records Access. The parties acknowledge and agree that all records, information, and data ("Information") acquired in connection with performance or administration of this Agreement shall be used and disclosed solely for the purpose of performance and administration of the contract or as required by law. The Contractor acknowledges that Contractor Information in the County's possession may be subject to disclosure under Article 6 of the New York State Public Officer's Law ("Freedom of Information Law" or "FOIL"). In the event that such a request for disclosure is made, the County shall make reasonable efforts to notify the Contractor of such request prior to disclosure of the Information so that the Contractor may take such action, as it deems appropriate.

(d) Protection of Client Information. The Contractor shall, and shall cause Contractor Agents to, safeguard the confidentiality of all information received or generated in connection with this Agreement relating to individuals who may receive Services, and shall maintain the confidentiality of all such information. The Contractor further agrees to implement such procedures for safeguarding client information as the Department shall require, including, but not limited to, compliance with Social Services Law Section 136 and 18 NYCRR 357, as amended. The Contractor agrees to maintain the confidentiality of Information relating to Children Services records in accordance with New York Social Services Law §372 and Title 18 NYCRR 423.7, as well as other applicable provisions of Federal and New York State Law.

(e) The Contractor shall screen through the New York State Sex Offender Registry ("Registry") all employees, agents and other personnel who have direct contact with the Department's clients pursuant to this Agreement. The Contractor further agrees that no employee listed in the Registry shall be employed under any County contract to provide services directly to Department clients

(f) Contractor specifically represents and warrants that, to the extent applicable to the Contractor, its employees, agents and subcontractors have and shall possess, the required education, knowledge, experience and character necessary to qualify them individually for the particular duties they perform and that the Contractor has and shall have, and, to the extent

(b) The Contractor shall, upon the County's demand and at the County's direction, promptly and diligently defend, at the Contractor's own risk and expense, any and all suits, actions, or proceedings which may be brought or instituted against one or more Indemnified Parties and the Contractor shall pay and satisfy any judgment, decree, loss or settlement in connection therewith.

(c) The Contractor shall, and shall cause Contractor Agents to, cooperate with the County and the Department in connection with the investigation, defense or prosecution of any action, suit or proceeding in connection with this Agreement, including the acts or omissions of the Contractor and/or a Contractor Agent in connection with this Agreement.

(d) The provisions of this Section shall survive the termination of this Agreement.

9. Insurance. (a) Types and Amounts. The Contractor shall obtain and maintain throughout the term of this Agreement, at its own expense: (i) one or more policies for commercial general liability insurance, which policy(ies) shall name "Nassau County" as an additional insured and have a minimum single combined limit of liability of not less than one million dollars ($1,000,000) per occurrence and two million dollars ($2,000,000) aggregate coverage, (ii) if contracting in whole or part for professional services, one or more policies for professional liability insurance, which policy(ies) shall have a minimum single combined limit liability of not less than one million dollars ($1,000,000) per occurrence, (iii) compensation insurance for the benefit of the Contractor's employees ("Workers' Compensation Insurance"), which insurance is in compliance with the New York State Workers' Compensation Law, and (iv) such additional insurance as the County may from time to time specify.

(b) Acceptability; Deductibles; Subcontractors. All insurance obtained and maintained by the Contractor pursuant to this Agreement shall be (i) written by one or more commercial insurance carriers licensed to do business in New York State and which is acceptable to the County, and (ii) in form and substance acceptable to the County. The Contractor shall be solely responsible for the payment of all deductibles to which such policies are subject. The Contractor shall require any subcontractor hired in connection with this Agreement to carry insurance with the same limits and provisions required to be carried by the Contractor under this Agreement.

(c) Delivery; Coverage Change; No Inconsistent Action. Prior to the execution of this Agreement, copies of the insurance policies required by this Agreement, or certificates of insurance evidencing such coverage, shall be delivered to the Department. Not less than thirty (30) days prior to the date of any expiration or renewal of, or actual, proposed or threatened

(d) The Contractor's obligation to pay its subcontractors is an independent obligation from the County's obligation to make payments to the Contractor. As a result, the County shall have no obligation to pay or to enforce the payment of any moneys to any subcontractor.

(e) The Contractor shall comply with the insurance requirements as provided in the Insurance Section 9(b).

12. Termination. (a) Generally. This Agreement, or any of the services described herein, may be terminated (i) for any reason by the County upon thirty (30) days' written notice to the Contractor, (ii) for "Cause" immediately upon the receipt by the Contractor of written notice of termination from the County, (iii) upon mutual written Agreement of the County and the Contractor, and (iv) in accordance with the other provisions of this Agreement expressly addressing termination, if any.

As used in this Agreement the word "Cause" includes: (i) a breach of this Agreement; (ii) the failure to obtain and maintain in full force and effect all Approvals required for the services described in this Agreement to be legally and professionally rendered; and (iii) the termination or impending termination of federal or state funding for Services.

(b) By the Contractor. This Agreement may be terminated by the Contractor if performance becomes impracticable through no fault of the Contractor, where the impracticability relates to the Contractor's ability to perform its obligations and not to a judgment as to convenience or the desirability of continued performance. Termination under this subsection shall be effected by the Contractor delivering to the Commissioner of the Department (the "Commissioner"), at least sixty (60) days prior to the termination date (or a shorter period if sixty days' notice is impossible), a notice stating (i) that the Contractor is terminating this Agreement in accordance with this subsection, (ii) the date as of which this Agreement will terminate, and (iii) the facts giving rise to the Contractor's right to terminate under this subsection. A copy of the notice given to the Commissioner shall be given to the Deputy County Executive who oversees the administration of the Department (the "Applicable DCE") on the same day that notice is given to the Commissioner.

(c) Contractor Assistance upon Termination. In connection with the termination or impending termination of this Agreement, the Contractor shall, regardless of the reason for termination, assist the County in transitioning the Contractor's responsibilities and shall take all

governmental authority with jurisdiction over the disposition or use of funds paid to the Contractor in connection with this Agreement, and any of their duly designated representatives.

(c) Within thirty (30) days of the termination of this Agreement, the Contractor shall file with the Department and the Comptroller a final Inventory. The Contractor shall dispose of the Equipment in accordance with instructions of the County. If the County does not provide disposition instructions within thirty (30) days of termination, then the Contractor shall contact the Commissioner in writing and request disposition instructions.

(d) The provisions of this Section shall survive the termination of this Agreement.

15. Limitations on Actions and Special Proceedings against the County. No action or special proceeding shall lay or be prosecuted or maintained against the County upon any claims arising out of or in connection with this Agreement unless:

(a) Notice. At least thirty (30) days prior to seeking relief the Contractor shall have presented the demand or claim(s) upon which such action or special proceeding is based in writing to the Applicable DCE for adjustment and the County shall have neglected or refused to make an adjustment or payment on the demand or claim for thirty (30) days after presentment. The Contractor shall send or deliver copies of the documents sent or delivered to the Applicable DCE under this Section to each of (i) the Department and (ii) the County Attorney, at the address specified above for the County, on the same day that documents are sent or delivered to the Applicable DCE. The complaint or necessary moving papers of the Contractor shall allege that the above-described actions and inactions preceded the Contractor's action or special proceeding against the County.

(b) Time Limitation. Such action or special proceeding is commenced within the earlier of (i) one (1) year of the first to occur of (A) final payment under or the termination of this Agreement, and (B) the accrual of the cause of action, and (ii) the time specified in any other provision of this Agreement.

16. Work Performance Liability. The Contractor is and shall remain primarily liable for the successful completion of all work in accordance this Agreement irrespective of whether the Contractor is using a Contractor Agent to perform some or all of the work contemplated by this Agreement, and irrespective of whether the use of such Contractor Agent has been approved by the County.

conditions set forth above the signature page to this Agreement and those contained in any schedule, exhibit, appendix, or attachment to this Agreement, the terms and conditions set forth above the signature page shall control. To the extent possible, all the terms of this Agreement should be read together as not conflicting.

20. Section and Other Headings. The section and other headings contained in this Agreement are for reference purposes only and shall not affect the meaning or interpretation of this Agreement.

21. Executory Clause. Notwithstanding any other provision of this Agreement:

(a) Approval and Execution. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person unless (i) all County approvals have been obtained, including, if required, approval by the County Legislature, and (ii) this Agreement has been executed by the County Executive (as defined in this Agreement).

(b) Availability of Funds. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person beyond funds appropriated or otherwise lawfully available for this Agreement.

22. Entire Agreement. This Agreement represents the full and entire understanding and agreement between the parties with regard to the subject matter hereof and supercedes all prior agreements (whether written or oral) of the parties relating to the subject matter of this Agreement.

[Remainder of Page Intentionally Left Blank.]

NASSAU COUNTY

By: _____

Name: Richard R. Walker

Title: County Executive

Richard R. Walker
Chief Deputy County Executive

☒ Deputy County Executive

Date: 2/25/14

PLEASE EXECUTE IN BLUE INK

112298

On the 25 day of February in the year 2014 before me personally came Richard R Walker to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she **is a County Executive** of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

NOTARY PUBLIC Concetta A. Petrucci

CONCETTA A PETRUCCI
Notary Public, State of New York
No. 01PE6238028
Qualified in Nassau County
Commission Expires April 02, 2016

(iii) Attendance at training as required.

(c) The Contractor's preventive services duties under this Agreement shall include, but shall not be limited to, the following:

(i) To marshal and coordinate those services and sources necessary to strengthen designated families at risk to either prevent foster care placement or to hasten the return home of youngsters already in foster care placement;

(ii) To act as Liaison with designated Department staff for project.

(iii) To prepare required reports.

(iv) To monitor the project by conducting on-site visits; examining case records to review the services offered and delivered to various clients; cooperating with the evaluation team and participating in the development of appropriate evaluation instruments for the project to assure contract compliance during the term of the Agreement; to advise the Department during the term of the Agreement; and to advise the Department of any failures to comply as they occur.

(d) Recruitment of the Contractor staff will be the responsibility of the Contractor. The Department reserves the right to verify that the staff specified in the Line-Item Budget attached hereto meets with the Department's qualifications.

(e) The Contractor shall make every possible effort to recruit Family Support Workers who are willing to work flexible hours and/or provide twenty-four hour coverage in emergency situations. The availability of twenty-four (24) hour coverage shall be maintained for at least two (2) cases at any given time. This may be accomplished by the provision of one (1) Family Support Worker for one (1) twenty-four (24) hour period or a combination of either two (2) or three (3) Family Support Workers working flexible hours. In no event shall more than three (3) Family Support Workers divide coverage of any given twenty-four (24) hour period.

(C) Definitions: Whenever the following terms are used in this Agreement and schedules attached hereto, they shall have the following meaning unless otherwise clearly noted.

(i) Preventive Services shall mean those supportive and rehabilitative services provided to children and their families in accordance with the provisions of 18 NYCRR Part 423 for the purpose of averting a disruption of a family which will or could result in placement of a child in foster care; enabling a child who has been placed in foster care to return to his family at an earlier time than would otherwise be possible; or reducing the likelihood that a child who has been discharged from foster care would return to such care. The following services when provided for the above-stated purpose and in conformity with this Part, are considered preventive services:

(ii) Mandated Preventive Services shall mean preventive services provided to a child and his family whom the Department is required to serve pursuant to 18 NYCRR Section 430.9

(iii) Case Management is defined as the responsibility of the Department to authorize the provision of preventive services, to approve the client eligibility determination according to the criteria of 18 NYCRR Section 423.3, and to approve in writing, the service plans as defined in 18 NYCRR part 428.

(iv) Case Planning is defined as assessing the need for, providing or arranging for, coordinating and evaluating the provision of those preventive services needed by a child and his family to prevent disruption of the family, or to help a child in foster care return home sooner. Case planning shall include, but not be limited to, referring such child and his family to other services as needed, including but not limited to educational counseling and training, vocational diagnosis and training, employment counseling, therapeutic and preventive medical care and treatment, health counseling and health maintenance services, vocational rehabilitation, housing services, speech therapy and legal services. Case planning responsibility shall also include documenting client progress and adherence to the plan by recording in the uniform case record as defined in 18 NYCRR Part 428 and 18 NYCRR Sections 430.8 through 430.13 that such services are provided and providing casework contacts as defined below. Case planner shall mean the caseworker assigned case planning responsibility.

(v) Casework Contacts are defined as:

(a) individual or group face-to-face counseling sessions between the case planner and the child and/or the child's parents or guardians in receipt of preventive services for the purpose of guiding the

(vi) Clinical Services is defined as assessment, diagnosis, testing, psychotherapy, and specialized therapies provided by a person who is a Licensed Certified Social Worker, a licensed psychologist, a licensed psychiatrist, or other licensed therapist in human services. Such service shall be separate and distinct from casework contacts as defined above.

(vii) Day Care Services as defined in the Consolidated Services Plan of the New York State Office of Children & Family Services prepared pursuant to Section 34-a of the Social Services Law.

(viii) Day Services to Children as defined in 18 NYCRR Section 425.1 shall mean a program offering a combination of services including at least social services, psychiatric, psychological, education and/or vocational services and health supervision and also including, as appropriate, recreational and transportation services for at least three, but less than twenty-four (24) hours a day, and at least four (4) days per week, excluding holidays. If it can be demonstrated that one (1) or more of these services are not needed by the population served, that service may be waived.

(ix) Emergency Cash or Goods is defined as money or the equivalent thereto, food, clothing, or other essential items that are provided to a child and his family in an emergency or acute problem situation in order to avert foster care placement.

(x) Emergency Shelter is defined as providing or arranging for shelter where a child and his family who are in an emergency, or acute problem situation, reside in a site other than their own home in order to avert foster care placement.

(xi) Family shall be defined solely for the purpose of this Agreement as the child who is at risk of foster care, his parents, or legal guardians, or other caretakers and siblings. Family may include a woman who is pregnant as specified in 18 NYCRR Section 430.9(c)(6). Family may also include a child who does not live with his parents and needs services to prevent return to foster care.

(xii) Family Planning Services as defined in the Consolidated Services Plan of the New York Office of Children & Family Services prepared pursuant to Section 34-a of the Social Service Law.

Section 430.9, and 18 NYCRR 423.4(c), which meet Utilization Review Eligibility requirements, which are referred to the Contractor by the Department. Said case planning function shall include, but not be limited to, the following services:

(a) Family assessment

(b) Development of an appropriate case plan

(c) Psychological counseling

(d) Networking with other providers to offer clients educational counseling; vocational training; employment counseling; medical care and treatment; speech therapy or legal services

(e) Inter-Contractor coordination where joint planning occurs

(f) Evaluating outcome of service provisions

(g) Documentation of service

(h) Provision of required casework contacts and outreach when indicated

(i) The required core services of Day Care, Homemaker, Specialized Homemaking Services, and twenty-four (24) hour Emergency Services currently available from Nassau County Department of Social Services will be utilized and will be coordinated by the case planner.

(j) Clinical Services will be on a referral basis to the local mental health clinics and/or Contractor's own mental health clinic. One (1) day of clinical consultation may be made available to the program staff for review and planning on identified cases.

(ii) As part of the supervisory process, the Supervisor is primarily responsible for case decision making, and case review. When a particular case situation warrants such, the Project Director provides necessary case decision making.

(iii) The Supervisor maintains an ongoing record of individual supervisory sessions according to cases. These supervisory log notes are dated and signed by the Supervisor and contain information specific to the case situations as discussed during a particular conference. An entry normally contains a statement of case status, plans, and needed follow-up.

(iv) UCR review is another Supervisor responsibility. Through the use of an alert sheet issued monthly to workers, notice is given to them of the various written tasks that need to be completed within one month. While the alert sheet is essentially a method of advising staff of paperwork responsibilities, it also serves as a means of monitoring and planning for the timely completion of written assignments.

(v) Case re-certifications which will interface with the six (6) month UCR submission will be reviewed in greater depth and this plan must be approved by the Project Director as well as the Casework Supervisor.

(vi) Referrals of clients to CORE or other support services will be done by the individual Case Planner through telephone contact. Case Worker Supervisor will relate directly to the Department's Case Manager.

(e) All staff shall be formally evaluated upon the completion of his/her initial probationary period (i.e., the first six months of employment for all Social Services staff) and thereafter at yearly intervals. Professional staff evaluation will also be completed at the point of job reclassification and termination. The Contractor's Professional Staff Evaluation form includes an assessment by the immediate Supervisor of the staff member on the following criteria: general performance (efficiency and attitude); professional growth (communication, use of supervision and potential); factors specific to professional services (ability to translate theory into practice) and, where appropriate, supervision of administrative skills and community organization.

(f) Outreach services can include, but shall not be limited to:

(i) outreach to a client by telephone, mail, or visit when the client is not responding.

(ii) outreach on a community basis to schools, church groups and other service providers for the purpose of:

(a) community awareness of our program

(b) service to other community systems

(c) to enhance and develop our own resource pool

(c) Crisis Intervention

(d) Hispanic and Black Family Life Styles

(e) Public Assistance entitlements

(f) Psycho-social Assessments

(g) Psycho-pathology

(h) Systems approach to service delivery

(v) Training can be offered by both Contractor staff and guest presenters.

(vi) The Staff Development component of the program will be an in-kind donation of Contractor.

(h) The Contractor's Department of Information Management will serve the Preventive Services Program by providing a monthly tickler of upcoming due dates for specific reports.

(i) Each Case Planner will submit to the Supervisor a summary of contacts and services for each month.

(ii) Any non-compliance will be reported monthly by Supervisors to the Project Director.

(iii) A monthly administrative report will be prepared by the Contractor and submitted to the Department. This report will indicate changes that have occurred in cases active at the end of the previous month either in the number of children or classification of the case. Also included will be total figures on the population served during the month, program capacity, and utilization for the month, as well as information on referrals rejected.

This report will be submitted to Contractor's central office as well as to the Case Management Unit of Department.

(iv) Reporting.

(1) Contractor shall maintain complete records of all activities in order to document and provide a basis for statistical reporting to the Department on program activities. The reporting system(s), including report formats and frequencies, will be set up in a format approved by Department.

(c) maintaining program statistics

(d) preparation of reports

(e) liaison between program and Contractor administration

(f) coordination of program with other Contractor departments and activities

(g) represents program at relevant community and professional organizations

(h) oversees and works with Supervisor in the areas of client services:

(i) program planning, personnel practices, and staff training

(j) case supervision, case management, supervision and training of caseworkers, case aides, and students

(k) case coordination with other Departments and Agencies

(l) assist in community relations

(m) offer input in program planning, responsible for interpretation and implementation of policies and procedures

(n) ensure compliance with accountability (i.e., monthly administrative progress report, UCR, submission, etc.)

(o) other duties as necessary to implement Program's goals

(iv) The Case Aides(s) duties hereunder shall include, but not be limited to, the following:

(a) provide casework services to families and individuals

(b) conduct intakes

(c) counseling, advocacy, referral and information

(d) development and implementation of service plans

(e) make home and collateral visits

(f) maintain contact with other service providers

(g) responsible for case recording, reports, forms and correspondence, and other duties needed to implement the Service Plan.

(v) The Clerk/Typist(s) duties hereunder shall include, but not be limited to the following:

(a) maintain card files on clientele

(b) general typing of all reports and correspondence

(c) file materials in case files

(d) answer telephones and route calls appropriately; maintain log of calls for staff persons who are in the field

(e) maintain adequate supply of all office supplies and equipment

Project Budget: $120,000.00 (up to 40 dyadic assessments of parent and child at $3,000.00. Each additional child or adult as needed $500 per person)

Referral Criteria: All 0-4 year olds and their parents in the Right Start for Babies initiative who will be referred to the VISIT Project for IMH assessment and potential IMH treatment must meet the following criteria:

1. Subject to an open Services case with a permanency planning goal of return to parent
2. Cases involve infants and toddlers, ages 0 to 4 years, and their parent(s)- biologic and foster, where children are at substantial risk of out of home placement
3. Infants and toddlers, ages 0 to 4 years, have experienced trauma and are at substantial risk of negative mental health outcomes
4. Service is court ordered or DSS referred

Project Description: The program is comprised of two major components, an intensive **Infant Mental Health (IMH) Assessment and** an intensive **Infant Mental Health Treatment.**

Infant Mental Health Assessment

The purpose of the IMH assessment of the parent-infant/toddler and their significant caregiver is to provide child welfare and the court with the information and/or recommendations regarding the most effective case plan and the potential for reunification and whether the VISIT Project and other services may achieve the goal.

The comprehensive IMH assessment involves a thorough developmental and behavioral assessment of the infant/toddler, including observations of the infant/toddler with the foster parent, biological parent, child care providers and siblings, the use of assessment tools, assessment of the parent's capacities to nurture this infant/toddler, a functional description of interactions between the infant/toddler and the parent, and an examination of the extent to which the pair has or will have the capacity for developing a relationship that will promote the infant/toddler's healthy development. The IMH assessment provides information to child welfare and the court to inform case planning, permanency planning, assess the possibility of reunification, and assess the benefit of further IMH treatment.

A typical assessment is comprised of approximately fifteen (15) hours of face to face contact with the birth parent and infant/toddler and all of his/her "special and significant" relationships, such as foster parent, or grandmother, for example, in order to characterize each of the child's relationships with their caregivers. In the event that a biological parent is not available for this assessment due to unusual circumstances such as death, hospitalization or incarceration, the infant/toddler will still be thoroughly assessed within the context of the relationship with the foster parent and other significant relationships. The assessment includes home and clinic based observations, standardized procedures and naturalistic observations, structured and unstructured interviews and self-report measures. The assessment examines a parent's stress level, potential depressive symptomology, past childhood

experiences, personal and community supports, the children's behavior and temperament and trauma symptoms. Parents' interactions with their infants/toddlers as well as their representations of their relationship are also assessed. Parents are asked to spend time playing with their child using both structured and unstructured observational measures. They are videotaped so that they can later be looked at to understand the interactions through video feedback sessions with parents. A thorough assessment is performed for treatment planning purposes.

Infant Mental Health Treatment

The IMH Treatment component involves implementation of a case plan specific to each family. The recommendation defines explicit treatment goals. The IMH clinician works with the family and provides dyadic (parent-child) therapeutic supervised visitation two (2) times a week until permanency is achieved for the infant/toddler either through reunification or adoption. The therapeutic visitation is the vehicle for IMH Treatment. The therapeutic supervised visitation between the parent and child is intended to heal very young children who have been abused, neglected and/or traumatized. Some key components to the intervention are developmental guidance, providing corrective attachment experiences for parents and children, child-parent psychotherapy, which helps parents reflect upon their own attachment history and its impact on their responses to their children and interaction guidance with video feedback. The IMH clinician will also provide case management and assist parents with navigating the challenges in everyday living that may interfere with their ability to parent. They will provide case coordination, and follow-up, attend monthly review meetings and facilitate access to other aspects of the service plan in concert with the child welfare case worker.(i.e. early intervention or medical, psychiatric referrals) The Evidenced Based approach to treatment that will be used is called Child-Parent Psychotherapy (CPP).

CPP is based on attachment theory and combines and integrates principles from multiple theories (developmental, trauma, social-learning, psychodynamic and cognitive-behavioral) to help parents and their children recover from maltreatment. CPP is a dyadic, relationship-based treatment for parents and young children that help to restore normal developmental functioning by focusing on repairing the attachment relationships that are negatively affected by variety of types of abuse and neglect. The goal is to establish a sense of safety and trust within the parent-child relationship and address the co-constructed meaning of the maltreatment shared by the parent and child. Sessions focus on parent-child interactions to support and foster healthy coping, affect regulation, and increased appropriate reciprocity between parent and child. Parent guidance on child development, behavioral management, as well as crisis intervention and case management are provided as needed in an unstructured way.

The assessment continues throughout their participation in the program for each family that participates in The VISIT Project in order to monitor progress and update case plans and again after permanency is attained to evaluate if goals have successfully been reached and to plan for necessary supportive services to assure their continued success if needed.

Review Meetings: Review meetings are held monthly with the parties involved with the case/service plan to review and assess progress, eliminate barriers, and when appropriate request modifications from the judge. Attendees to this meeting are called **Parent/Infant-Toddler Teams.**

Reporting: IMH clinicians provide to DSS and the court detailed reports describing the strengths and challenges of parents and children and their relationship, as well as recommendations, for relevant parties, including attorneys and judges with regards to the scope of services needed to address the trauma and developmental needs of each 0-4 year old i.e., emotional, psychological, cognitive, language relational etc as well as the range of service needs of the parent (s), such as trauma, substance use, emotional, cognitive, parenting capacity.

Project Staff:

1. 3 Full Time IMH Clinicians
2. 3 Part Time Infant Mental Health Clinicians

Service Fee:

Infant Mental Health (IMH) Assessment: The fee for an assessment, consisting of 23 hours of work, is $3,000.00. Each additional child or adult as needed $500 per person.

A completed assessment consists of the following tasks:

Initial Intake Assessment - completed in 2 appointments

1. Relational Assessment
2. Mental Health Evaluation including MSE
3. Complete Psycho-Social History of Parent and Child
4. Standardized Assessment Measures

Parent Child Observation sessions – 2 sessions, 1.5 hour each (3 hours)

Home Visits – 2 sessions

1. Foster Home- Observation of child
2. Biological Parent

School/ Day Care Visit- (2 hours)

1. Observation of Child
2. Consultation with Teacher of Daycare Staff and Director

II. GENERAL DESCRIPTION:

Coordination and management of the Family Support Program to ensure the effective delivery of services to families and their children as defined by agency policies and procedures

III. ESSENTIAL DUTIES AND RESPONSIBILITIES:

The following are the essential duties of this position. Other duties may be assigned.

1. Responsible for program operations and supervision of staff.
2. Meeting with the Administrative Director on a regular basis to discuss overall staff and program effectiveness, client progress, referrals and development of the program. Keep the Director informed of all relevant information in a timely manner.
3. Ensure that all programs operated in compliance with all state and county regulations and agency policy.
4. Assist Executive Staff in the development and management of the program's budget.
5. Conduct on-site visits and oversee maintenance of case record system.
6. Supervise and coordinate the training needs of staff so as to ensure effective delivery of quality services. Provide staff representation on the Staff Development Team.
7. Ensure that appropriate lines of communication are developed and maintained between administration, staff and clients.
8. Assist Executive staff in developing funding proposals to meet new and ongoing needs of the agency.
9. Ensure that a professional and effective relationship is maintained with other agencies, to see

   that business is conducted with these agencies in a timely manner, i.e., funding sources, public agencies, referring agencies, school districts, etc.
10. Supervise and coordinate the recruitment, evaluation, and termination of program personnel in accordance with personnel practices.
11. Assume tasks, as need to assure the effective operation of the program

Print name:	
Signature:	Date:

Prepared by : Date Prepared:

Original: Employee Personnel File

cc: Employee

I. *POSITION INFORMATION:*

Position Title: Case Worker Category: Exempt

Program: Family Ties Hrs/Week: 35

II. *GENERAL DESCRIPTION:*

Provide case management services and crisis intervention for families whose children are at risk of foster care placement.

III. *ESSENTIAL DUTIES AND RESPONSIBILITIES:*

The following are the essential duties of this position. Other duties may be assigned.

1. Provide casework services and crisis intervention to all members of the family unit
2. Conduct and prepare psychosocial intake assessments on assigned cases
3. Development and implementation of case management goals
4. Provide counseling, advocacy, referral and information; provide linkage to all services to support a successful service plan
5. Provide extensive outreach to resistant high risk clients within the family system
6. Make home and field visits

Language Skills: Must have verbal and written communication skills that are both professional and easily comprehendible to a diverse population

Physical Skills: Must be able to sit at a computer and enter data for several hours at a time

Other: Excellent organizational skills and the ability to multi task

Occasional flextime and on call beeper rotation

A commitment to help families struggling with personal hardships

VII. *EMPLOYEE SIGNATURE:*

Print name:	
Signature:	**Date:**

Prepared by: D. Teichner Date Prepared: October 2007

Original: Employee Personnel File

cc: Employee

I. *POSITION INFORMATION:*

Position Title: Assistant Director _____ **Category:** Exempt

Programs: Family Ties _____ **Hrs/Week: 35**

II. *GENERAL DESCRIPTION:*

To assist the Program Director in administration and management of staff and program resources. To ensure the effective delivery of services to

- Maintain monthly program activity board

11. Monitor staff training to ensure completion of required training hours.
12. Interview and assess job applicants to fill vacancies
13. Train and mentor new staff
14. Oversee Connections Case Management System intake process, case openings and case closings
15. Schedule and conduct staff meetings; prepare minutes for staff
16. Maintain leadership role in issues pertaining to building
17. Rotate 24/7 emergency cell phone with Program Director and Program Coordinators

B. Program Development

1. Develop and implement new procedures that address the changing needs of the families served
2. Support professional growth and development of staff by providing training's relevant to the needs of the high-risk population served
3. Advocate for program and staffing needs
4. Cultivate community relationships in order to assist program in meeting needs; work with FCA Public Relations Department for ongoing expansion of program resources
5. Provide leadership that promotes a positive work environment and encourages team work

C. Inter-agency Relations

1. Represent agency on committees (Title XX sub-committee)
2. Work with other public and private agencies to assure coordination of services
3. Service as an agency representative to the Department of Social Services
4. Attend required LDSS provider meetings

Language Skills: Superior Communication Skills; English, Spanish a plus

Physical Skills: Must be able to sit at computer and enter data for several hours at a time. Must be able to accompany workers on home visits and go to meetings within the community

Other:

VII. *EMPLOYEE SIGNATURE*	
Print name:	
Signature:	**Date:**

Prepared by Terry Wood

Date Prepared: 3/07

Original: Employee Personnel File

cc: Employee

I. *POSITION INFORMATION:*

Position Title: Case Planner **Category:** Exempt

Program: Family Ties **Hrs/Week:** 35

Education: Case Aide: BSW/BA

Certificates or Licenses: Non-essential

Experience: 2-3 years experience working with at-risk children and families

VI. *MINIMUM QUALIFICATIONS - OTHER*

Driving: Will be required to drive in personal car to home/ field visits.

Ability and willingness to transport client in own car

Computer Skills: Must be proficient in Microsoft Word

Math Skills: Basic computation skills

Reasoning Ability: Must be able to problem-solve daily issues that may arise related to essential features of the position

Language Skills: Must have verbal and written communication skills that are both professional and easily comprehendible to a diverse population

Physical Skills: Must be able to sit at a computer and enter data for several hours at a time

Other: Excellent organizational skills and the ability to multi task

Occasional flextime and on call beeper rotation

A commitment to help families struggling with personal hardships

VII. *EMPLOYEE SIGNATURE*

Print name:	
Signature:	**Date:**

Prepared by: D. Teichner Date Prepared: October 2007

Original: Employee Personnel File

15. Prepare and update FASP calendar

16. Assist Program Manager and Director in developing new protocols and training staff in their use.

17. Prepare incoming and outgoing DSS courier material.

18. Must be knowledgeable of mandating responsibility role and appropriate follow through with SCR reporting regulations.

19. Participate in FCA committees of interest; be an active participant in the Peer Review Committee.

20. Support professional growth and development of supervisees, monitor training needs and process training forms.

21. Complete performance evaluations in accordance with agency policy.

22. Conduct random case record review to assure that records are in compliance with agency standards.

23. Attend required LDSS provider meetings

24. Carry small case load as needed

25. Rotate 24/7 emergency cell phone with Program Director and Program Coordinator.

26. Assess emergency referrals at LDSS or at clients home.

VI. *SUPERVISION: (Administration as required for position)*

Reports to: Director/Family Ties Coordinator

Supervises: Case planners

MINIMUM QUALIFICATIONS – EDUCATION AND EXPERIENCE

In order to successfully perform the essential duties and responsibilities of this position, the requirements listed below (in Section V and VI) are representative of the knowledge, skills and training necessary. **Education:**

MSW or related Human Services Degree

I. *POSITION INFORMATION:*

Position Title: **Office Manger/CONNECTIONS Administrator** Category: **EXEMPT**

Program: **FAMILY TIES/SUPPORT/CAMP/CONNECTIONS** Status: _____

II. *GENERAL DESCRIPTION:*

Responsible for oversight of office management/clerical functions. Supervision of clerical support staff. Administration of NYS web based CONNECTIONS case management application including Webstar administration to set up staff accounts, and CONNECTIONS interface.

III. *ESSENTIAL DUTIES AND RESPONSIBILITIES:*

The following are the essential duties of this position. Other duties may be assigned.

25. Assist with the timely preparation of weekly/monthly reports. Correspondence, proposals, staff minutes, etc. according to priority and need.
26. Primary liaison with the main office as it regards dissemination of mail, preparation of time sheets, mileage, and the coordination of office repairs.
27. Oversee a system for ordering, tracking and maintaining office supplies.
28. Maintain informational bulletin boards current and in good order. Assure a user-friendly visitor and reception area.
29. Development and upgrading of existing data entry program.
30. Maintain case lists for all programs - process referrals, closings and Department of Social Services correspondence.
31. Update program forms and protocols as necessary.
32. Prepare minutes of staff meetings and distribute. Attend staff meetings, building meetings, etc.
33. Maintain program case files, prepare intake packets, and program databases.
34. Maintain program petty cash, metrocards, parking reimbursements, etcc.

Print name:	
Signature:	Date:

Prepared by: Terry Wood Date Prepared: ____

Original: Employee Personnel File

cc: Employee

I. *POSITION INFORMATION:*

Position Title: Family Support Worker **Category:** Non-Exempt

Program: Family Ties **Hrs/Week:** Part Time (28)

II. *GENERAL DESCRIPTION:*

Teach Core Life Skills and supportive services to parents and the children of families receiving services and whose children are at risk of foster care placement.

III. *ESSENTIAL DUTIES AND RESPONSIBILITIES:*

The following are the essential duties of this position. Other duties may be assigned.

36. Provide instruction to families at their residence in household cleaning and organization and parent skills including parenting tools, setting limits, modeling appropriate behavior and assistance with homework.

VI. *MINIMUM QUALIFICATIONS – OTHER*

Driving: Valid NYS driver's license with safe and responsible driving history and motor vehicle that is properly insured, registered and maintained in accordance with NYS-DMV regulations. Ability travel from worksite to worksite.

Computer Skills: Basic computer skills with Microsoft Office (Word, Outlook and Excel) required generate case notes, progress reports and utilize e-mail for work related communication. Ability to readily adapt to program specific applications essential to the execution of the essential job responsibilities.

Math Skills: Basic math skills to prepare budgets calculate expenses and assist with children's math homework.

Reasoning Ability: Ability to identify and assess issues that arise and excise sound judgment in resolving them. Ability to prioritize workload, establish goals and meet requirements and deadlines.

Communication and interpersonal Skills: Verbal and written skills must be clear and effective in conveying ideas, answering questions and providing instructions. Must be able to engage a diverse population with varying cultural background. Ability to complete case notes and reports that are comprehensive and appropriately written in order to meet agency and regulatory requirements. Must be able to maintain professional demeanor when confronted with difficult and emotionally charged situations.

Physical Skills: Ability to visit clients in their homes and walk up and down stairs and navigate small spaces, such as narrow hallways. Must be able to sit at a computer and desk for prolonged periods of time to complete paper work. Must have the physical ability to perform normal household tasks associated with the position (cooking, cleaning, et al). Must be able to carry up to 10 lbs into a client's home.

Other: Strong organizational skills and the ability to respond to multiple priorities and responsibilities and meet deadlines. Must possess household management skills. Must be sensitive to the cultural differences of clients and co-workers.

VII. *EMPLOYEE SIGNATURE*

Print name:	
Signature:	**Date:**

JOB DESCRIPTION: COMMUNITY SERVICE WORKER

JOB SUMMARY:

Under general supervision, the community service worker will perform duties to assist social and community workers in the implementation and delivery of agency programs and services. This is a full time position which may include evenings and weekends. The community service worker will be responsible for transporting clients (adults & children) to and from agency services, visitation and other appointments to assist in achieving permanency. This position involves considerable telephone and personal contact with clients and the general public.

RESPONSIBILITIES & DUTIES:

1. Provides information to individuals or groups concerning services offered by public or private agencies
2. Assists applicants, if needed in filling out forms for services and explains procedures to be followed.

Nassau County Human Services

Universal Budget Form

Contract # 0

Contract Name: Family and Children's Association

Program Name: Homemaker (9/1/13 -12/31/13)

Budget Summary

Select Line To Work On Here	Line #	Expense type	Total $
Work on Salary and Fringe	1a	Salary	$ 48,934.00
	1b	Fringe	$ 29,609.00
	1 Total	Personnel (Salary plus Fringe)	$ 78,543.00
Work on Line 2	2	Consultant(s)	$ 0.00
Work on Line 3	3	Travel / Per Diem / Transportation	$1,948.00
Work on Line 4	4	Equipment	$ 400.00
Work on Line 5	5	Supplies	$848.00
Work on Line 6	6	Contractual Services	$3,704.00
Work on Line 7	7	Rent/Utilities	$ 4,030.00
Work on Line 8	8	Department Specific Costs	$133.00
Work on Line 9	9	Other Costs	$1,165.00
Work on Line 10	10	Administrative Overhead	$8,687.00
		Gross Expenditures (Lines 1 – 10)	$ 99,458.00
Work on Line 11	11	Revenue, Income, Agency Contribution, Matches	
		Net Budget Total (Lines 1 – 10 minus line 11)	$99,458.00
Agency Contribution		Agency Contribution	$0

Work on Line 10	10	Administrative Overhead	$25,770.00
		Gross Expenditures (Lines 1 – 10)	$295,053.00
Work on Line 11	11	Revenue, Income, Agency Contribution, Matches	
		Net Budget Total (Lines 1 – 10 minus line 11)	$295,053.00
Agency Contribution		Agency Contribution	$0
		Net Contract Total (Net Budget Total minus Agency Contribution)	$295,053.00

APPENDIX B2 LINE ITEM BUDGET: Family Ties

Nassau County Human Services

Universal Budget Form

Contract # 0

Contract Name: **Family and Children's Association**

Program Name: **Family Ties (9/1/13 - 12/31/13)**

Budget Summary

Select Line To Work On Here	**Line #**	**Expense type**	**Total $**
	1a	Salary	$343,440.00
Work on Salary and Fringe	1b	Fringe	$116,530.00
	1 Total	Personnel (Salary plus Fringe)	$459,970.00
Work on Line 2	2	Consultant(s)	$73.00
Work on Line 3	3	Travel / Per Diem / Transportation	$9,620.00

APPENDIX B2 LINE ITEM BUDGET: Family Ties

Nassau County Human Services

Universal Budget Form

Contract # 0

Contract Name: Family and Children's Association

Program Name: Family Ties (1/1/14 - 12/31/14)

Budget Summary

Select Line To Work On Here	Line #	Expense type	Total $
	1a	Salary	$1,028,299.00
Work on Salary and Fringe	1b	Fringe	$397,676.00
	1 Total	Personnel (Salary plus Fringe)	$1,425,975.00
Work on Line 2	2	Consultant(s)	$0.00
Work on Line 3	3	Travel / Per Diem / Transportation	$33,810.00
Work on Line 4	4	Equipment	$5,900.00
Work on Line 5	5	Supplies	$4,660.00
Work on Line 6	6	Contractual Services	$152,602.00
Work on Line 7	7	Rent/Utilities	$34,407.00
Work on Line 8	8	Department Specific Costs	$6,500.00
Work on Line 9	9	Other Costs	$4,320.00
Work on Line 10	10	Administrative Overhead	$159,645.00
		Gross Expenditures (Lines 1 – 10)	$1,827,819.00
Work on Line	11	Revenue, Income, Agency Contribution, Matches	$0

collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability, or marital status and that such employment agency, labor union, or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.

(c) The Contractor shall state, in all solicitations or advertisements for employees, that, in the performance of the County Contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

(d) The Contractor shall make best efforts to solicit active participation by certified minority or women-owned business enterprises ("Certified M/WBEs") as defined in Section 101 of Local Law No. 14-2002, for the purpose of granting of Subcontracts.

(e) The Contractor shall, in its advertisements and solicitations for Subcontractors, indicate its interest in receiving bids from Certified M/WBEs and the requirement that Subcontractors must be equal opportunity employers.

(f) Contractors must notify and receive approval from the respective Department Head prior to issuing any Subcontracts and, at the time of requesting such authorization, must submit a signed Best Efforts Checklist.

(g) Contractors for projects under the supervision of the County's Department of Public Works shall also submit a utilization plan listing all proposed Subcontractors so that, to the greatest extent feasible, all Subcontractors will be approved prior to commencement of work. Any additions or changes to the list of subcontractors under the utilization plan shall be approved by the Commissioner of the Department of Public Works when made. A copy of the utilization plan any additions or changes thereto shall be submitted by the Contractor to the Office of Minority Affairs simultaneously with the submission to the Department of Public Works.

(h) At any time after Subcontractor approval has been requested and prior to being granted, the contracting agency may require the Contractor to submit Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises. In addition, the contracting agency may require the Contractor to submit such documentation at

c. Upon conclusion of the arbitration proceedings, the arbitrator shall submit to the Executive Director his recommendations regarding the imposition of sanctions, fines or penalties. The Executive Director shall either (i) adopt the recommendation of the arbitrator (ii) determine that no sanctions, fines or penalties should be imposed or (iii) modify the recommendation of the arbitrator, provided that such modification shall not expand upon any sanction recommended or impose any new sanction, or increase the amount of any recommended fine or penalty. The Executive Director, within ten days (10) of receipt of the arbitrator's award and recommendations, shall file a determination of such matter and shall cause a copy of such determination to be served upon the respondent by personal service or by certified mail return receipt requested. The award of the arbitrator, and the fines and penalties imposed by the Executive Director, shall be final determinations and may only be vacated or modified as provided in the civil practice law and rules ("CPLR").

(m) The contractor shall provide contracting agency with information regarding all subcontracts awarded under any County Contract, including the amount of compensation paid to each Subcontractor and shall complete all forms provided by the Executive Director or the Department Head relating to subcontractor utilization and efforts to obtain M/WBE participation.

Failure to comply with provisions (a) through (m) above, as ultimately determined by the Executive Director, shall be a material breach of the contract constituting grounds for immediate termination. Once a final determination of failure to comply has been reached by the Executive Director, the determination of whether to terminate a contract shall rest with the Deputy County Executive with oversight responsibility for the contracting agency.

Provisions (a), (b) and (c) shall not be binding upon Contractors or Subcontractors in the performance of work or the provision of services or any other activity that are unrelated, separate, or distinct from the County Contract as expressed by its terms.

The requirements of the provisions (a), (b) and (c) shall not apply to any employment or application for employment outside of this County or solicitations or advertisements therefore or any existing programs of affirmative action regarding employment outside of this County and the effect of contract provisions required by these provisions (a), (b) and (c) shall be so limited.

The Contractor shall include provisions (a), (b) and (c) in every Subcontract in such a manner that these provisions shall be binding upon each Subcontractor as to work in connection with the County Contract.

from M/WBE Subcontractors. In addition, proof of the date(s) any such advertisements appeared must be included in the Best Effort Documentation. If verbal solicitation is used, a County Contractor's affidavit with a notary's signature and stamp shall be required as part of the documentation.

b. Proof of having provided reasonable time for M/WBE Subcontractors to respond to bid opportunities according to industry norms and standards. A chart outlining the schedule/time frame used to obtain bids from M/WBEs is suggested to be included with the Best Effort Documentation

c. Proof or affidavit of follow-up of telephone calls with potential M/WBE subcontractors encouraging their participation. Telephone logs indicating such action can be included with the Best Effort Documentation

d. Proof or affidavit that M/WBE Subcontractors were allowed to review bid specifications, blue prints and all other bid/RFP related items at no charge to the M/WBEs, other than reasonable documentation costs incurred by the County Contractor that are passed onto the M/WBE.

e. Proof or affidavit that sufficient time prior to making award was allowed for M/WBEs to participate effectively, to the extent practicable given the timeframe of the County Contract.

f. Proof or affidavit that negotiations were held in good faith with interested M/WBEs, and that M/WBEs were not rejected as unqualified or unacceptable without sound business reasons based on (1) a thorough investigation of M/WBE qualifications and capabilities reviewed against industry custom and standards and (2) cost of performance The basis for rejecting any M/WBE deemed unqualified by the County Contractor shall be included in the Best Effort Documentation

g. If an M/WBE is rejected based on cost, the County Contractor must submit a list of all sub-bidders for each item of work solicited and their bid prices for the work.

Appendix L

Certificate of Compliance

In compliance with Local Law 1-2006, as amended (the "Law"), the Contractor hereby certifies the following:

1. The chief executive officer of the Contractor is:

Philip M. Mickulas

(Name)

100 East Old Country Road

(Address)

516 746-0350

(Telephone Number)

2. The Contractor agrees to either (1) comply with the requirements of the Nassau County Living Wage Law or (2) as applicable, obtain a waiver of the requirements of the Law pursuant to section 9 of the Law. In the event that the Contractor does not comply with the requirements of the Law or obtain a waiver of the requirements of the Law, and such Contractor establishes to the satisfaction of the Department that at the time of execution of this Agreement, it had a reasonable certainty that it would receive such waiver based on the Law and Rules pertaining to waivers, the County will agree to terminate the contract without imposing costs or seeking damages against the Contractor

3. In the past five years, Contractor _____ has ✓ has not been found by a court or a government agency to have violated federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If a violation has been assessed against the Contractor, describe below:

_____

_____

_____

_____

4. In the past five years, an administrative proceeding, investigation, or government body-initiated judicial action _____ has ✓ has not been commenced against or relating to the Contractor in connection with federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If such a proceeding, action, or investigation has been commenced, describe below:

_____

_____

_____

_____

Notary Public

RESOLUTION TO THE CORPORATE MINUTES

The undersigned Officer hereby certifies that the following resolution was duly adopted by the Board of Directors of the corporation known as Family & Children's Association has not been modified or rescinded and is in full force and effect as to the date hereof.

RESOLVED: That Philip Mickulas CEO

Corporate Title

of this corporation, is hereby authorized to execute a contract agreement on behalf of this corporation for purposes of entering into a contract with the Nassau County Department of Social Services from Sept 1, 2013 through December 31, 2014

Officer

Contract ID#: CQSS13000025

Department: Social Services

Contract Details

SERVICE Combined Preventive Services

NIFS ID #: CLSS15000028

NIFS Entry Date:03/02 /15 Term: from 01/01/15____ to 12/31/15

New Renewal	☐
Amendment	☒
Time Extension	☐
Addl. Funds	☐
Blanket Resolution RES#	☐

1) Mandated Program:	Yes X	No ☐
2) Comptroller Approval Form Attached:	Yes X	No ☐
3) CSEA Agmt. § 32 Compliance Attached:	Yes X	No ☐
4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes	No ☒
5) Insurance Required	Yes X	No ☐

Agency Information

Vendor	
Name Family & Children's Association (FCA)	Vendor ID# 113422018
Address 100 E Old Country Road Mineola, NY 11501	Contact Person Dr. J. Reynolds Email:jreynolds@familyandchildrens.org
	Phone 516 746-0350 Fax: 516 294-0198

County Department
Department Contact Michael Kanowitz
Address 60 Charles Lindberg Blvd.
Phone 516 227-7452

Routing Slip

DATE Rec'd.	DEPARTMENT	Internal Verification	DATE Appv'd & Fw'd.	SIGNATURE	Leg. Approval Required
	Department	*NIFS Entry (Dept)* ☐ *NIFS Appvl (Dept. Head)* ☐	3/4/15		
	OMB	*NIFS Approval* ☐	3/11		Yes ☒ No ☐ Not required if blanket resolution
3/16/15	County Attorney	*CA RE & Insurance Verification* ☑	3/17/15		
3/18/15	County Attorney	*CA Approval as to form* ☑	3/18/15		
	Legislative Affairs	*Fw'd Original Contract to CA* ☐			
	Rules ☐/ Leg. ☐	☐			Yes ☐ No ☑
3/18/15	County Attorney	*NIFS Approval* ☑	3/18/15		
	Comptroller	*NIFS Approval* ☑	3/22/15	5/14/15	
3/23/15	County Executive	*Notarization* ☐ *Filed with Clerk of the Leg.* ☐	3/23/15		

PR5254 (8/04)

Contract ID#: CQSS13000025

Department: Social Services

Contract Summary

Description: Family Support and Family Ties

Purpose: We are mandated to provide preventive services for children. Appendix B2- **Family Ties** offers case management, advocacy and counseling for families whose children are at risk of foster care placement. Case planning, service coordination, counseling & support services for families whose children are at risk of foster care placement.
Appendix B1-Family Support (homemaker): teaches parenting skill to Family Ties families where youth are at-risk of foster care placement. Needs assessment, goals, support & advocacy. Teaches parenting skills, household management ("homemaking") **(To amend contract to extend for one year.)**

Method of Procurement: An RFP was issued. The original contract commenced 9/1/13.

Procurement History: We have been using this vendor for many years.

Description of General Provisions: Appendix B2 Family Ties The contractor will provide case planning services coordinating casework, counseling, and support services for families at risk. They will also provide extensive case management services to the targeted population, including needs assessment, plan development, casework contacts, case documentations, counseling and service coordination.

Appendix B1-Family Support (homemaker): The contractor will provide a comprehensive training program to ensure the development of independent living skills in children who are either in foster care or are discharged from foster car, up to age twenty-one. This will include educational and vocational services, housing services, basic facts on money management, nutritional hints, community based services and support groups.

Impact on Funding / Price Analysis: Federal 45 % State 20 % 35 County

Change in Contract from Prior Procurement: No Change

Recommendation: Approve as submitted

Advisement Information

BUDGET CODES	
Fund:	GEN
Control:	76
Resp:	7600
Object:	TT714
Transaction:	CQ

FUNDING SOURCE	AMOUNT
Revenue Contract ☐	XXXXXXX
County	$ 743,018.15
Federal	$955,309.05
State	$424,581.80
Capital	$
Other Grant	$
TOTAL	$ 2,122,909.00

LINE	INDEX/OBJECT CODE	AMOUNT
1		$
2		$
3	SSGEN7600/TT714	$295,093.00
4	SSGEN7600/TT714	$1,827,816.00
5		$
6		$
	TOTAL	$ 2,122,909.00

RENEWAL	
% Increase	
% Decrease	

Document Prepared By: _____ Date: _____

NIFS Certification	Comptroller Certification	County Executive Approval
I certify that this document was accepted into NIFS.	I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged.	Name
Name: Michael S. Cohen	Name	Date: 3/23/15
Date: 5/22/2015	Date: 5/22/15	(For Office Use Only)
122138		E #:

PR5254 (8/04)

George Maragos
Comptroller

OFFICE OF THE COMPTROLLER
240 Old Country Road
Mineola, New York 11501

COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

Attach this form along with all personal, professional or human services contracts, contract renewals, extensions and amendments.

CONTRACTOR NAME Family and Children's Association

CONTRACTOR ADDRESS 100 East Old Country Road, Mineola, New York 11501

FEDERAL TAX ID 113422018

Instructions: **Please check the appropriate box ("☑") after one of the following roman numerals, and provide all the requested information.**

I. ☐ The contract was awarded to the lowest, responsible bidder after advertisement for sealed bids. The contract was awarded after a request for sealed bids was published in_____ [newspaper] on _____ [date]. The sealed bids were publicly opened on _____ [date]. _____ [#] of sealed bids were received and opened.

II. ☐ The contractor was selected pursuant to a Request for Proposals.
The Contract was entered into after a written request for proposals was issued on _____ [date]. Potential proposers were made aware of the availability of the RFP by _____ [newspaper advertisement, posting on website, mailing, etc.]. ____[#] of potential proposers requested copies of the RFP. Proposals were due on _____[date]. ____[#] proposals were received and evaluated. The evaluation committee consisted of: _____
_____
_____[list members]. The proposals were scored and ranked. As a result of the scoring and ranking (attached), the highest-ranking proposer was selected.

III. ☒ This is a renewal, extension or amendment of an existing contract. The contract was originally executed by Nassau County on FEBRUARY 25, 2014 [date]. This is a renewal or extension pursuant to the contract, or an amendment within the scope of the contract or RFP (copies of the relevant pages are attached). The original contract was entered into after CONTRACTOR RECEIVED A SATISFACTORY EVALUATION. [describe procurement method, i.e., RFP, three proposals evaluated, etc.] Attach a copy of the most recent evaluation of the contractor's performance for any contract to be renewed or extended. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to continue to contract with the county.

IV. ☐ Pursuant to Executive Order No. 1 of 1993, as amended, at least three proposals were solicited and received. The attached memorandum from the department head describes the proposals received, along with the cost of each proposal.

☐ A. The contract has been awarded to the proposer offering the lowest cost proposal; OR:

☐ B. The attached memorandum contains a detailed explanation as to the reason(s)why the contract was awarded to other than the lowest-cost proposer. The attachment includes a specific delineation of the unique skills and experience, the specific reasons why a proposal is deemed superior, and/or why the proposer has been judged to be able to perform more quickly than other proposers.

V. ☐ Pursuant to Executive Order No. 1 of 1993 as amended, the attached memorandum from the department head explains why the department did not obtain at least three proposals.

☐ A. There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.

☐ B. The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).

☐ C. Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no._____, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.

☐ D. Pursuant to General Municipal Law Section 119-o, the department is purchasing the services required through an inter-municipal agreement.

VI. ☐ This is a human services contract with a not-for-profit agency for which a competitive process has not been initiated. **Attached is a memorandum that explains the reasons for entering into this contract without conducting a competitive process, and details when the department intends to initiate a competitive process for the future award of these services. For any such contract, where the vendor has previously provided services to the county, attach a copy of the most recent evaluation of the vendor's performance. If the contractor has not received a satisfactory evaluation, the department must explain why the contractor should nevertheless be permitted to contract with the county.**

In certain limited circumstances, conducting a competitive process and/or completing performance evaluations may not be possible because of the nature of the human services program, or because of a compelling need to continue services through the same provider. In those circumstances, attach an explanation of why a competitive process and/or performance evaluation is inapplicable.

VII. ☐ This is a public works contract for the provision of architectural, engineering or surveying services. The attached memorandum provides details of the department's compliance with Board of Supervisors' Resolution No.928 of 1993, including its receipt and evaluation of annual Statements of Qualifications & Performance Data, and its negotiations with the most highly qualified firms.

In addition, if this is a contract with an individual or with an entity that has only one or two employees:

☐ **a review of the criteria set forth by the Internal Revenue Service, *Revenue Ruling No.* 87-41, 1987-1 C.B. 296, attached as Appendix A to the Comptroller's Memorandum, dated February 13, 2004, concerning independent contractors and employees indicates that the contractor would not be considered an employee for federal tax purposes.**

Department Head Signature

3-10-2015

Date

NOTE: Any information requested above, or in the exhibit below, may be included in the county's "staff summary" form in lieu of a separate memorandum.

Compt. form Pers. /Prof. Services Contracts: Rev. 02/04

116989

EDWARD P. MANGANO
COUNTY EXECUTIVE

TM
Terry

JOHN E. IMHOF, PhD
COMMISSIONER

NASSAU COUNTY
DEPARTMENT OF SOCIAL SERVICES
60 CHARLES LINDBERGH BLVD., SUITE 160
UNIONDALE, NEW YORK 11553-3686
Phone: 516-227-7474 Fax: 516-227-8432
Web: http://www.nassaucountyny.gov/

Contractor Evaluation Form

Contract Number: .....

Contract Name: FAMILY & CHILDREN'S ASSOCIATION

Service Provided: FAMILY TIES/HOMEMAKER

Evaluation Period: From: January 1, 2014 **To:** October 31, 2014

Evaluator's Name, Title, Phone #: Theresa McGuinness, Case Supervisor III 227-8191

Date: 12/12/14

Please evaluate the contractor's performance for the evaluation period. Upon completing factors (a) through (e), provide your overall assessment of contractor performance and answer the final question. Definitions of the rating scale and rating factors are provided on the back of this form. Additional comments may be provided on a separate sheet.

RETURN THE COMPLETED FORM TO MICHAEL KANOWITZ, PLANNING & RESEARCH 227-7452

PERFORMANCE EVALUATION FACTORS	Unsatisfactory 1	Poor 2	Fair 3	Good 4	Excellent 5
a. Quality of Service				4.5	
b. Timeliness of Service					5
c. Cost Effectiveness					5
d. Responsiveness to DSS Requests					5
e. Number of Complaints				4	
f. Problem Resolution					5
Overall Performance Evaluation				4.5	

Do you recommend the contractor for future contracts? ***Yes*** ***No***

If rated 3 or lower & Yes checked, please explain below:

These are two different programs. Grades above are for Family Ties. Family Support: a - 3.5
b - 4 F-3.5
c - 3.5 overall 3.5
D - 3.5
4 - 4

38987

COUNTY OF NASSAU

Inter-Departmental Memo

To: Budget Office

From: Michael A. Kanowitz
Planning & Research
Department of Social Services

Date: March 9, 2015

Subject: Family and Children's Association (FCA)
Family Support & Family Ties Services Renewal 2015

Pursuant to Section 32 (a) of the Collective Bargaining Agreement, Nassau Local 830 CSEA was notified of this Department's interest in contracting with the above vendor.

Attached please find a letter to Glen Tuifel, Assistant to the President of Nassau Local 830 CSEA, dated January 7, 2015, notifying him of the above fact. The letter was forwarded to the Nassau County Office of Labor Relations for the appropriate handling.

It is requested that the County proceed with the contract processing.

Att.
10099
122239

EDWARD P. MANGANO
COUNTY EXECUTIVE

JOHN E. IMHOF, PhD
COMMISSIONER

NASSAU COUNTY
DEPARTMENT OF SOCIAL SERVICES
60 CHARLES LINDBERGH BLVD., SUITE 160
UNIONDALE, NEW YORK 11553-3686
Phone: 516-227-7474 Fax: 516-227-8432
Web: http://www.nassaucountyny.gov/

January 7, 2015

Glen Tuifel
Assistant to the President
Nassau Local 830 CSEA
400 County Seat Drive
Mineola, New York 11501

Re. – Contract: Family and Children's Association Renewal 2015
Preventive Services (Family Ties and Family Support-Homemaker)

Dear Mr. Tuifel:

Pursuant to section 32 (a) of the Collective Bargaining Agreement, this letter is to advise you that the Department of Social Services is considering entering (or **renewing**) the contractual services with the above vendor.

If you wish to meet or discuss any aspect of this proposed contract, or to discuss alternatives to this matter, please do not hesitate to contact the Nassau County Office of Labor Relations.

Sincerely,

Michael A. Kanowitz
Planning & Research

Att.
cc: Keith Cromwell
Office of Labor Relations

13792
121376

AMENDMENT NO. 1

This AMENDMENT, dated as of January 1, 2015 (together with the exhibit hereto. this "Amendment"), between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting for and on behalf of the County Department of Social Services, having its principal office at 60 Charles Lindbergh Blvd., Uniondale, New York 11553 (the "Department"), and (ii) Family and Children's Association, a not-for-profit corporation of the State of New York having its principal office at 100 East Old Country Road, Mineola, New York 11501 (the "Contractor").

WITNESSETH:

WHEREAS, pursuant to County contract number CQSS13000025 between the County and the Contractor, executed on behalf of the County on February 25, 2014, ("Original Agreement"), the Contractor provides mandated Preventive services to children, which services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services");

WHEREAS, the term of the Original Agreement is from September 1, 2013 through December 31, 2014 with an option to renew under the same terms and conditions for four (4) additional one (1) year terms (the "Original Term);

WHEREAS; the Maximum Amount that the County agreed to reimburse the Contractor for Services under the Original Agreement was Two Million Eight Hundred Thirty-Seven Thousand Seven Hundred Forty-Six Dollars and 00/100 ($2,837,746.00) (the "Maximum Amount"); and

WHEREAS; the County and the Contractor desire to renew the Original Agreement

NOW, THEREFORE, in consideration of the promises and mutual covenants contained in this Amendment, the parties agree as follows:

1. Renewal Term. The Original Agreement shall be renewed and thereby extended for one (1) year, so that the termination date of the Original Agreement, as amended by this Amendment (the "Amended Agreement"), shall be December 31, 2015.

2. Maximum Amount. The Maximum Amount in the Original Agreement shall be increased by Two Million One Hundred Twenty-Two Thousand Nine Hundred Nine Dollars and 00/100 ($2,122,909.00), payable for Services rendered during the renewal term, so that the Maximum Amount that the County shall pay to the Contractor as full consideration for all Services provided under the Amended Agreement shall be Four Million Nine Hundred Sixty Thousand Six Hundred Fifty-Five Dollars and 00/100 ($4,960,655.00) (the "Amended Maximum Amount").

3. Budget. The budgets referred to in Section 3 (a) of the Original Agreement and attached to the Original Agreement are amended to appear in their entirety as set forth in Appendices B1 and B2 attached hereto (such amended budget, the "Amended Budget"). The said Amended Budget annexed hereto may be amended or modified from time to time upon request of the Contractor, subject, however, to prior approval of the Department.

4. Full Force and Effect. All the terms and conditions of the Original Agreement not expressly amended by this Amendment shall remain in full force and effect and govern the relationship of the parties for the term of the Amended Agreement.

IN WITNESS WHEREOF, the Agency and the County have executed this Agreement as of the date first above written.

FAMILY AND CHILDREN'S ASSOCIATION

By: _____

Name: Jeffrey L. Reynolds

Title: President / CEO

Date: January 8, 2015

NASSAU COUNTY

By: _____

Name: Charles Ribando

Title: County Executive

☑ Deputy County Executive

Date: 6/4/15

PLEASE EXECUTE IN BLUE INK

121369

STATE OF NEW YORK)
)ss.:
COUNTY OF NASSAU)

On the 4 day of June in the year 2015 before me personally came Charles Ribando to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

Concetta A. Petrucci

NOTARY PUBLIC

CONCETTA A PETRUCCI
Notary Public, State of New York
No. 01PE6253026
Qualified in Nassau County
Commission Expires April 02, 2016

STATE OF NEW YORK)
)ss.:
COUNTY OF NASSAU)

On the 8th day of January in the year 2015 before me personally came Jeffrey L. Reynolds to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of [redacted]; that he or she is the President / CEO of Family and Children's, the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.

Mary A. Chiz

NOTARY PUBLIC

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163623
Qualified in Nassau County
Commission Expires April 2, 2015

[redacted]

AMENDED APPENDIX B1 LINE ITEM BUDGET: Family Support

Nassau County Human Services

Universal Budget Form

Contract #

Contract Name: **Family and Children's Association**

Program Name: **Family Support (1/1/15-12/31/15)**

Budget Summary

Line #	Expense type	Total $
1a	Salary	$169,800
1b	Fringe	$74,033
1 Total	Personnel (Salary plus Fringe)	$243,833
2	Consultant(s)	$0
3	Travel / Per Diem / Transportation	$1,920
4	Equipment	$1,032
5	Supplies	$41,060
6	Contractual Services	$9,479
7	Rent/Utilities	$2,917
8	Department Specific Costs	$0
9	Other Costs	$3,200
10	Administrative Overhead	$31,612
	Gross Expenditures (Lines 1 – 10)	$295,053
11	Revenue, Income, Agency Contribution, Matches	$0
	Net Budget Total (Lines 1 – 10 minus line 11)	$295,053
	Agency Contribution	$0
	Net Contract Total (Net Budget Total minus Agency Contribution)	$295,093

AMENDED APPENDIX B2 LINE ITEM BUDGET: FAMILY TIES

Nassau County Human Services

Universal Budget Form

Contract #

Contract Name: **Family and Children's Association**

Program Name: **Family Ties (1/1/15-12/31/15)**

Budget Summary

Line #	Expense type	Total $
1a	Salary	$1,031,368
1b	Fringe	$343,446
1 Total	Personnel (Salary plus Fringe)	$1,374,814
2	Consultant(s)	$0
3	Travel / Per Diem / Transportation	$22,645
4	Equipment	$3,824
5	Supplies	$9,540
6	Contractual Services	$167,966
7	Rent/Utilities	$30,889
8	Department Specific Costs	$1,944
9	Other Costs	$20,357
10	Administrative Overhead	$195,837
	Gross Expenditures (Lines 1 – 10)	$1,827,816
11	Revenue, Income, Agency Contribution, Matches	$0
	Net Budget Total (Lines 1 – 10 minus line 11)	$1,827,816
	Agency Contribution	$0
	Net Contract Total (Net Budget Total minus Agency Contribution)	$1,827,816

COUNTY OF NASSAU

CONSULTANT'S, CONTRACTOR'S AND VENDOR'S DISCLOSURE FORM

1. Name of the Entity: Family and Children's Association

Address: 100 East Old Country Road

City, State and Zip Code: Mineola, NY 11501

2. Entity's Vendor Identification Number: 11-3422018

3. Type of Business: ____Public Corp ____Partnership ____Joint Venture

____Ltd. Liability Co ____Closely Held Corp Charitable Organization Other (specify)

4. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body; all partners and limited partners, all corporate officers, all parties of Joint Ventures, and all members and officers of limited liability companies (attach additional sheets if necessary):

see attached

5. List names and addresses of all shareholders, members, or partners of the firm. If the shareholder is not an individual, list the individual shareholdres/partners/members. If a Publicly held Corporation include a copy of the 10K in lieu of completing this section.

N/A

6. List all affiliated and related companies and their relationship to the firm entered on line 1. above (if none, enter "None"). Attach a separate disclosure form for each affiliated or subsidiary company.

None

7. List all lobbyists whose services were utilized at any stage in this matter (i.e., pre-bid, bid, post-bid, etc.). The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements, or to otherwise engage in lobbying as the term is defined herein. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

(a) Name, title, business address and telephone number of lobbyist(s):

N/A

(b) Describe lobbying activity of each lobbyist. **See page 4 of 4 for a complete description of lobbying activities.**

N/A

(c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

N/A

8. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts.

T The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.

Dated: 11/30/2015 Signed: _____

Print Name: Jeffrey L. Reynolds

Title: President/CEO

The term lobbying shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

BOARD & OFFICER HOME ADDRESSES

Title	First Name	Last Name	State	Home Address	Home Town	Home Zip	Officer Title
Mr.	Donald	Abrams	[redacted]	[redacted]	[redacted]	[redacted]	
Mr.	Peter J.	Bogan	[redacted]	[redacted]	[redacted]	[redacted]	
Mr.	Daniel	Brown	[redacted]	[redacted]	[redacted]	[redacted]	
Mr.	Rich	Cavallaro	[redacted]	[redacted]	[redacted]	[redacted]	
Ms.	Rosanne	Cavallaro	[redacted]	[redacted]	[redacted]	[redacted]	
Mr.	Robert	Schwerdel	[redacted]	[redacted]	[redacted]	[redacted]	Board of Trustees, Treasurer
Mr.	Drew	Crowley	[redacted]	[redacted]	[redacted]	[redacted]	Board of Trustees, Chairman
Mr.	David	Landau	[redacted]	[redacted]	[redacted]	[redacted]	
Mr.	Charles	Strain	[redacted]	[redacted]	[redacted]	[redacted]	
Mr.	H. Richard	Grafer	[redacted]	[redacted]	[redacted]	[redacted]	Board of Trustees, Vice Chairman
Mr.	Daniel	Griesmeyer	[redacted]	[redacted]	[redacted]	[redacted]	
Ms.	Judy	Sandford Guise	[redacted]	[redacted]	[redacted]	[redacted]	Board of Trustees, Secretary
Ms.	Janet	Henriquez-Marcic	[redacted]	[redacted]	[redacted]	[redacted]	
Mr.	Michael	Monahan	[redacted]	[redacted]	[redacted]	[redacted]	
Ms.	Dorothy	Jacobs	[redacted]	[redacted]	[redacted]	[redacted]	
Mrs.	Angela	Jaggar	[redacted]	[redacted]	[redacted]	[redacted]	
Mr.	Bernard	Kennedy	[redacted]	[redacted]	[redacted]	[redacted]	
Mrs.	Hope	Lapsley	[redacted]	[redacted]	[redacted]	[redacted]	
Ms.	Donna	Lewis	[redacted]	[redacted]	[redacted]	[redacted]	
Mr.	Nicholas	Lizanich	[redacted]	[redacted]	[redacted]	[redacted]	
Mr.	Gerard	Jones	[redacted]	[redacted]	[redacted]	[redacted]	
Mr.	Joseph	Patellaro	[redacted]	[redacted]	[redacted]	[redacted]	
Ms.	Patricia	Pryor Bonica	[redacted]	[redacted]	[redacted]	[redacted]	
Mr.	Scott	Treiber	[redacted]	[redacted]	[redacted]	[redacted]	
Ms.	Delores	Smalls	[redacted]	[redacted]	[redacted]	[redacted]	
Mr.	William	Thornton	[redacted]	[redacted]	[redacted]	[redacted]	
Mr.	Wayne	Wink, Esq.	[redacted]	[redacted]	[redacted]	[redacted]	
Mr.	Jeffrey	Reynolds	[redacted]	[redacted]	[redacted]	[redacted]	FCA President/CEO
Ms.	Mary Ann	Vassallo	[redacted]	[redacted]	[redacted]	[redacted]	FCA Chief Financial Officer
Mr.	Donald	Holden	[redacted]	[redacted]	[redacted]	[redacted]	FCA Chief Development Officer
Ms.	Lisa	Burch	[redacted]	[redacted]	[redacted]	[redacted]	FCA Chief Operating Officer

[redacted]

[redacted]

[redacted]

[redacted]

Business History Form

In addition to the submission of bids/proposals, as applicable, each bidder/proposer shall complete and submit this questionnaire. The questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the bid/proposal.

(USE ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING QUESTIONS).

Date: 8/13/15

1) Bidder's/Proposer's Legal Name: Family and Children's Association

2) Address of Place of Business: 100 East Old Country Road, Mineola, NY 11501

List all other business addresses used within last five years:

3) Mailing Address (if different):

Phone : 516-746-0350

Does the business own or rent its facilities? both

4) Dun and Bradstreet number: 068058114

5) Federal I.D. Number: 11-3422018

6) The bidder/proposer is a (check one): ____ Sole Proprietorship ____ Partnership ____ Corporation x Other (Describe) ____

7) Does this business share office space, staff, or equipment expenses with any other business? Yes x No ____ If Yes, please provide details: Business leases office space in corporate headquarters

8) Does this business control one or more other businesses? Yes X No ____ If Yes, please provide details: Affiliates with Long Island Council on Alcoholism & Drug Dependence.

9) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business? Yes x No ____ If Yes, provide details. affiliates with Long Island Council on Alcoholism & Drug Dependence

10) Has the bidder/proposer ever had a bond or surety cancelled or forfeited, or a contract with Nassau County or any other government entity terminated? Yes ____ No x If Yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture: or details regarding the termination (if a contract).

11) Has the bidder/proposer, during the past seven years, been declared bankrupt? Yes ___ No x
If Yes, state date, court jurisdiction, amount of liabilities and amount of assets _____

12) In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any owner and/or officer of any affiliated business been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency, where such investigation was related to activities performed at, for, or on behalf of an affiliated business.
Yes ___ No x If Yes, provide details for each such investigation. _____

13) In the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any owner and/or officer of an affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business. Yes x No ____ If Yes, provide details for each such investigation. New York State Department of Labor Claim was made against Family and Children's Association and Nassau County totaling $226,000 for back wages related to benefit time accrued by a class of FCA/ Nassau County Employees who were terminated in 2012. The claim remains unresolved.

14) Has any current or former director, owner or officer or managerial employee of this business had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:

a) Any felony charge pending? No x Yes ___ If Yes, provide details for each such charge. _____

b) Any misdemeanor charge pending? No x Yes ___ If Yes, provide details for each such charge. _____

c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? No x Yes ___ If Yes, provide details for each such conviction _____

d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor?
No x Yes ___ If Yes, provide details for each such conviction. _____

e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions? No x Yes ___ If Yes, provide details for each such

occurrence. _____

15) In the past (5) years, has this business or any of its owners or officers, or any other affiliated business had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? No _x_ Yes ___; If Yes, provide details for each such instance. _____

16) For the past (5) tax years, has this business failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? No _x_ Yes ___ If Yes, provide details for each such year. Provide a detailed response to all questions checked 'YES'. If you need more space, photocopy the appropriate page and attach it to the questionnaire. _____

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

17) Conflict of Interest:

a) Please disclose:

(i) Any material financial relationships that your firm or any firm employee has that may create a conflict of interest or the appearance of a conflict of interest in acting as collection agent on behalf of Nassau County.

(ii) Any family relationship that any employee of your firm has with any County public servant that may create a conflict of interest or the appearance of a conflict of interest in acting as collection agent on behalf of Nassau County.

(iii) Any other matter that your firm believes may create a conflict of interest or the appearance of a conflict of interest in acting as a collection agent on behalf of Nassau County.

b) Please describe any procedures your firm has, or would adopt, to assure the County that a conflict of interest would not exist for your firm in the future.

Attachments to Business History Form

Please provide any other information which would be appropriate and helpful in determining the bidder's/proposer's capacity and reliability to perform these services.

A. Include a resume or detailed description of the bidder's/proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified.

   Should the bidder/proposer be other than an individual, the bid/proposal should include:

   i) Date of formation;

   ii) Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner;

   iii) Name, address and position of all officers and directors of the company;

   iv) State of incorporation (if applicable);

   v) The number of employees in the firm;

   vi) Annual revenue of firm;

   vii) Summary of relevant accomplishments

   viii) Copies of all state and local licenses and permits.

B. Indicate number of years in business.

C. Provide any other information which would be appropriate and helpful in determining the bidder's/proposer's capacity and reliability to perform these services.

D. Provide names and addresses for no fewer than three references for whom the bidder/proposer has provided similar services or who are qualified to evaluate the bidder's/proposer's capability to perform this work.

Company Nassau County Department of Social Services

Contact Person Lisa Murphy, Commisioner

Address 60 Charles Lindbergh Blvd. suite 200

City/State Uniondale, NY 11553-3687

Telephone 1-516-227-7403

Fax # 516-227-7076

E-Mail Address Lisa.murphy@hhsnassaucountyny.us

Company Nassau County Dept of Social Services

Contact Person John Imhof, PhD Commissioner

Address 60 Charles Lindbergh Blvd

City/State Uniondale, NY 11553

Telephone 516-227-8519

Fax #

E-Mail Address John.Imhof@hhsnassaucountyny.us

Company NY State Division of Justice Services

Contact Person Maura Gagan

Address New York State Division of Criminal Justice Services
Alfred E. Smith Building

City/State 80 South Swan St.
Albany, New York 12210

Telephone 518-485-9922

Fax #

E-Mail Address maura.gagan@DCJS.NY.gov

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID/PROPOSAL OR FUTURE BIDS/PROPOSALS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Jeffrey L. Reynolds, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 30th day of November 20 15

Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163683
Qualified in Nassau County
Commission Expires April 2, 2019

Name of submitting business: Family and Children's Association

By: Jeffrey L. Reynolds
Print name

Signature

President/CEO
Title

11 / 30 / 2015
Date

MARY A. CUIZ
Notary Public, State of New York
No. 01CU6[illegible]
Qualified in Nassau County
Commission Expires April 2, 20[illegible]

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered and the answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID/ PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name Jeffrey L. Reynolds
   Date of birth [redacted]
   Home address [redacted]
   City/state/zip [redacted]
   Business address 100 East Old Country Road
   City/state/zip Mineola, NY 11501
   Telephone 516-746-0350
   Other present address(es) ____
   City/state/zip ____
   Telephone ____
   List of other addresses and telephone numbers attached

2. Positions held in submitting business and starting date of each (check all applicable)
   President 07 / 07 / 14 Treasurer ___/___/___
   Chairman of Board ___/___/___ Shareholder ___/___/___
   Chief Exec. Officer 07 / 07 / 14 Secretary ___/___/___
   Chief Financial Officer ___/___/___ Partner ___/___/___
   Vice President ___/___/___ ___/___/___
   (Other)

3. Do you have an equity interest in the business submitting the questionnaire?
   NO _x_ YES ___ If Yes, provide details.

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? NO _x_ YES ___ If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? NO ___ YES _x_; If Yes, provide details.
   Executive Director of LICADD

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? NO ___ YES _x_ If Yes, provide details.

   see attachment

[redacted]

Principal Questionnaire Form Question #6 DETAILS

Grant Listing

Grantor	Contract Number	Contract Term	Amount
Suffolk Cty. Dept. Of Health - Project Hope	LIHHP2 JML1	01/01/12 To 12/31/14	$35,000 annually
NYS Division Of Criminal Services	T139889 Proj. ID LG13-1177-D00 DCJS LG13139889	07/01/13 To 06/30/14	$ 15,000
NYS Division Of Criminal Services	T139890 Proj. ID LG13-1178-D00 DCJS LG13139890	07/01/13 To 06/30/14	$ 50,000
NYS Division Of Criminal Services	T139937 Proj. ID LG13-1228-D00 DCJS LG13139937	10/01/13 To 12/31/14	$ 25,000
NYS Division Of Criminal Services	T637095 Proj. ID BJ12-1043-D00 DCJS BJ11637095	4/1/12 To 6/30/12	$ 35,000
NYS Division Of Criminal Services	T632660 Proj. ID BJ12-1062-D00 DCJS BJ12632660	7/1/12-6/30/13	$ 15,000
New York State Office of Alcoholism and Substance Abuse Services	TM51208 Business Unit/Dept ID OAS01/3670000	7/1/13 to 6/30/14	$ 20,000

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.
Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:

   a. Been debarred by any government agency from entering into contracts with that agency? NO _x_ YES _____ If Yes, provide details for each such instance.

   b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? NO _x_ YES ___ If Yes, provide details for each such instance.

   c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? NO _x_ YES ___ If Yes, provide details for each such instance.

   d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? NO _x_ YES ___ If Yes, provide details for each such instance.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If Yes, provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)

   a) Is there any felony charge pending against you? NO _x_ YES ___ If Yes, provide details for each such charge.

   b) Is there any misdemeanor charge pending against you? NO _x_ YES ___ If Yes, provide details for each such charge.

   c) Is there any administrative charge pending against you? NO _x_ YES ___ If Yes, provide details for each such charge.

   d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? NO _x_ YES ___ If Yes, provide details for each such conviction.

   e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? NO _x_ YES ___ If Yes, provide details for each such conviction.

   f) In the past 5 years, have you been found in violation of any administrative or statutory charges? NO _x_ YES ___ If Yes, provide details for each such occurrence.

9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO _x_ YES ___ If Yes, provide details for each such investigation.

10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? NO _x_ YES ___ If Yes; provide details for each such investigation.

11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO _x_ YES ___ If Yes; provide details for each such instance.

12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? NO _x_ YES ___ If Yes, provide details for each such year.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID/PROPOSAL OR FUTURE BIDS/PROPOSALS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Jeffrey L. Reynolds, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 30th day of November 20 15

Mary A. Chiz

Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163683
Qualified in Nassau County
Commission Expires April 2, 20 19

Family and Children's Association

Name of submitting business

Jeffrey L. Reynods

Print name

Signature

President/CEO

Title

11 / 30 / 2015

Date

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE COMPTROLLER

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions
(Sub-Recipient)

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67, Section 67.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department of agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Jeffrey L. Reynolds — 11/30/2015
Name and Title of Authorized Representative — m/d/yy

Signature — Date

Family and Children's Association
Name of Organization

100 East Old Country Road, Mineola, New York 11501
Address of Organization

OJP FORM 4061/1 (REV. 2/89) Previous editions are obsolete

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposes," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transaction," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of reports in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/6/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Arthur J. Gallagher Risk Management Services, Inc.
377 Oak Street
Garden City NY 11530

CONTACT NAME: Karen Mohamed
PHONE (A/C, No, Ext): 516-745-0800 FAX (A/C, No): 516-745-0082
E-MAIL ADDRESS: Karen_Mohamed@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Philadelphia Indemnity Insurance Co	[redacted]
INSURER B: State Insurance Fund of New York	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Family & Children's Association
100 E Old Country Road
Mineola, NY 11501

COVERAGES **CERTIFICATE NUMBER:** 260726912 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			[redacted]	5/11/2015	5/11/2016	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$3,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$3,000,000
	OTHER:						AGGREGATE	$1,000,000
A	AUTOMOBILE LIABILITY			[redacted]	5/11/2015	5/11/2016	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR			[redacted]	5/11/2015	5/11/2016	EACH OCCURRENCE	$10,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED X RETENTION $ 10,000							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			[redacted]	8/6/2015	8/6/2016	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A					E.L. EACH ACCIDENT	$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$500,000
							E.L. DISEASE - POLICY LIMIT	$500,000
A	Professional Liab. Abuse & Molestation			[redacted]	5/11/2015	5/11/2016	Each Occurrence Each Occurrence	1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured Form # PI-MANU-1(01/00)

The certificate holder is included as additional insured with respect to General Liability as required by written contract per the above referenced form #.

CERTIFICATE HOLDER

County of Nassau
60 Charles Lindbergh Blvd Suite 200
Uniondale NY 11553 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

CLSS16000013

NIFA

Nassau County Interim Finance Authority

Contract Approval Request Form (As of January 1, 2015)

1. Vendor: Family and Children's Association

2. Dollar amount requiring NIFA approval: $ 1,232,249.00

Amount to be encumbered: $ 1,232,249

This is a ___ New Contract ___ Advisement ✓ Amendment

If new contract - $ amount should be full amount of contract
If advisement – NIFA only needs to review if it is increasing funds above the amount previously approved by NIFA
If amendment - $ amount should be full amount of amendment only

3. Contract Term: 01/01/16 to 12/31/16

Has work or services on this contract commenced? ✓ Yes ___ No

If yes, please explain: Ongoing mandated services.

4. Funding Source:

✓ General Fund (GEN)
___ Capital Improvement Fund (CAP)
___ Other

___ Grant Fund (GRT)
Federal % 45
State % 20
County % 35

Is the cash available for the full amount of the contract? ✓ Yes ___ No
If not, will it require a future borrowing? ___ Yes ___ No

Has the County Legislature approved the borrowing? ___ Yes ___ No ✓ N/A

Has NIFA approved the borrowing for this contract? ___ Yes ___ No ✓ N/A

5. Provide a brief description (4 to 5 sentences) of the item for which this approval is requested:

Family Ties The contractor will provide case planning services coordinating casework, counseling, and support services for families at risk. They will also provide extensive case management services to the targeted population, including needs assessment, plan development, casework contacts, case documentations, counseling and service coordination. Family Support (homemaker): The contractor will provide a comprehensive training program to ensure the development of independent living skills in children who are either in foster care or are discharged from foster car, up to age twenty-one. This will include educational and vocational services, housing services, basic facts on money management, nutritional hints, community based services and support groups.

6. Has the item requested herein followed all proper procedures and thereby approved by the:

Nassau County Attorney as to form ___ Yes ___ No ___ N/A
Nassau County Committee and/or Legislature ___ Yes ___ No ___ N/A

Date of approval(s) and citation to the resolution where approval for this item was provided:

7. Identify all contracts (with dollar amounts) with this or an affiliated party within the prior 12 months:

CLSS15000028 $2,122,909.00
CLSS15000027 $1,751,519.00
CQSS15000078 $ 9,310.00
CQSS15000085 $ 152,143.00
CQSS15000079 $ 24,000.00
CQSS15000093 Pending ($152,200.00)

AUTHORIZATION

To the best of my knowledge, I hereby certify that the information contained in this Contract Approval Request Form and any additional information submitted in connection with this request is true and accurate and that all expenditures that will be made in reliance on this authorization are in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan. I understand that NIFA will rely upon this information in its official deliberations.

Rosemann Dalle 1/25/16

Signature Title Date

Print Name

COMPTROLLER'S OFFICE

To the best of my knowledge, I hereby certify that the information listed is true and accurate and is in conformance with the Nassau County Approved Budget and not in conflict with the Nassau County Multi-Year Financial Plan.

Regarding funding, please check the correct response:

_____ I certify that the funds are available to be encumbered pending NIFA approval of this contract.

If this is a capital project:

_____ I certify that the bonding for this contract has been approved by NIFA.

_____ Budget is available and funds have been encumbered but the project requires NIFA bonding authorization

Signature Title Date

Print Name

NIFA

Amount being approved by NIFA: _____

Signature Title Date

Print Name

NOTE: All contract submissions MUST include the County's own routing slip, current NIFS printouts for all relevant accounts and relevant Nassau County Legislature communication documents and relevant supplemental information pertaining to the item requested herein.

NIFA Contract Approval Request Form MUST be filled out in its entirety before being submitted to NIFA for review.

NIFA reserves the right to request additional information as needed.

E-4816

Business History Form

In addition to the submission of bids/proposals, as applicable, each bidder/proposer shall complete and submit this questionnaire. The questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the bid/proposal.

(USE ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING QUESTIONS).

Date: 3/1/2016

1) Bidder's/Proposer's Legal Name: Family and Children's Association

2) Address of Place of Business: 100 East Old Country Road, Mineola NY 11501

List all other business addresses used within last five years:

3) Mailing Address (if different):

Phone : 516- 746-0350

Does the business own or rent its facilities? Both

4) Dun and Bradstreet number: 068058114

5) Federal I.D. Number: 11-3422018

6) The bidder/proposer is a (check one): ____ Sole Proprietorship ____ Partnership ____ Corporation X Other (Describe) ____

7) Does this business share office space, staff, or equipment expenses with any other business? Yes X No ____ If Yes, please provide details: Business leases office space in corporate headquarters

8) Does this business control one or more other businesses? Yes X No ____ If Yes, please provide details: Affiliates with Long Island Council on Alcoholism & Drug Dependence.

9) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business? Yes X No ____ If Yes, provide details. Affiliates with Long Island Council on Alcoholism & Drug Dependence.

10) Has the bidder/proposer ever had a bond or surety cancelled or forfeited, or a contract with Nassau County or any other government entity terminated? Yes ____ No X If Yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture; or details regarding the termination (if a contract).

11) Has the bidder/proposer, during the past seven years, been declared bankrupt? Yes ___ No X
If Yes, state date, court jurisdiction, amount of liabilities and amount of assets _____

12) In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any owner and/or officer of any affiliated business been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency, where such investigation was related to activities performed at, for, or on behalf of an affiliated business. Yes ___ No X If Yes, provide details for each such investigation. _____

13) In the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any owner and/or officer of an affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business. Yes X No ___ If Yes, provide details for each such investigation. New York State Department of Labor Claim was made against Family and Children's Association and Nassau County totaling $226,000 for back wages related to benefit time accrued by a class of FCA/Nassau County Employees who were terminated in 2012. The claim remains unresolved.

14) Has any current or former director, owner or officer or managerial employee of this business had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:

a) Any felony charge pending? No X Yes ___ If Yes, provide details for each such charge. _____

b) Any misdemeanor charge pending? No X Yes ___ If Yes, provide details for each such charge. _____

c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? No X Yes ___ If Yes, provide details for each such conviction _____

d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor? No X Yes ___ If Yes, provide details for each such conviction. _____

e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions? No X Yes ___ If Yes, provide details for each such

X

occurrence. _____

15) In the past (5) years, has this business or any of its owners or officers, or any other affiliated business had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? No X Yes ___; If Yes, provide details for each such instance. _____

16) For the past (5) tax years, has this business failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? No X Yes ___ If Yes, provide details for each such year. Provide a detailed response to all questions checked 'YES'. If you need more space, photocopy the appropriate page and attach it to the questionnaire. _____

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

17) Conflict of Interest:

a) Please disclose: NONE

(i) Any material financial relationships that your firm or any firm employee has that may create a conflict of interest or the appearance of a conflict of interest in acting as collection agent on behalf of Nassau County. NO CONFLICT EXISTS 3/1/16

(ii) Any family relationship that any employee of your firm has with any County public servant that may create a conflict of interest or the appearance of a conflict of interest in acting as collection agent on behalf of Nassau County. NO CONFLICT EXIST 3/1/16

(iii) Any other matter that your firm believes may create a conflict of interest or the appearance of a conflict of interest in acting as a collection agent on behalf of Nassau County. NO CONFLICT EXIST 3/1/16

b) Please describe any procedures your firm has, or would adopt, to assure the County that a conflict of interest would not exist for your firm in the future.

SHOULD A POTENTIAL CONFLICT OF INTEREST ARISE, WE WILL CONTACT THE COUNTY AND BE GUIDED ACCORDINGLY. 3/1/16

Attachments to Business History Form

Please provide any other information which would be appropriate and helpful in determining the bidder's/proposer's capacity and reliability to perform these services.

A. Include a resume or detailed description of the bidder's/proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified.

   Should the bidder/proposer be other than an individual, the bid/proposal should include:

   i) Date of formation;

   ii) Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner;

   iii) Name, address and position of all officers and directors of the company;

   iv) State of incorporation (if applicable);

   v) The number of employees in the firm;

   vi) Annual revenue of firm;

   vii) Summary of relevant accomplishments

   viii) Copies of all state and local licenses and permits.

B. Indicate number of years in business.

C. Provide any other information which would be appropriate and helpful in determining the bidder's/proposer's capacity and reliability to perform these services.

D. Provide names and addresses for no fewer than three references for whom the bidder/proposer has provided similar services or who are qualified to evaluate the bidder's/proposer's capability to perform this work.

Company Nassau County Department of Social Services

Contact Person Lisa Murphy, Commissioner

Address 60 Charles Lindbergh Blvd., Suite 200

City/State Uniondale, NY 11553-3687

Telephone 1-516-227-7403

Fax # 1-516-227-7076

E-Mail Address Lisa.murphy@hhsnassaucountyny.us

Company Nassau County Dept. of Social Services

Contact Person John Imhof, PhD. Commissioner

Address 60 Charles Lindbergh Blvd.

City/State Uniondale, NY 11553

Telephone 1-516-227-8519

Fax #

E-Mail Address John.Imhof@hhsnassaucountyny.us

Company NY State Division of Justice Services

Contact Person Maura Gagan

Address New York State Division of Criminal Justice Services - Alfred E. Smith Building
80 South Swan Street

City/State Albany, New York 12210

Telephone 1-518-485-9922

Fax #

E-Mail Address maura.gagan@DCJS.NY.gov

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID/PROPOSAL OR FUTURE BIDS/PROPOSALS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Jeffrey L. Reynolds, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 1st day of March 2016

Mary A. Chiz
Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163683
Qualified in Nassau County
Commission Expires April 2, 2019

Name of submitting business: FAMILY AND CHILDREN'S ASSOCIATION

By: Jeffrey L. Reynolds
Print name

Signature

President/CEO
Title

03 / 01 / 2016
Date