



Contract Details

SERVICE Combined Preventive Services

NIFS ID #: CLSS16000037

NIFS Entry Date: 09/27 /16 Term: from 01/01/16 to 12/31/16

New	Renewal <input type="checkbox"/>
Amendment	<input checked="" type="checkbox"/>
Time Extension	<input type="checkbox"/>
Addl. Funds	<input type="checkbox"/>
Blanket Resolution	<input type="checkbox"/>
RES#	

1) Mandated Program:	Yes X	No <input type="checkbox"/>
2) Comptroller Approval Form Attached:	Yes X	No <input type="checkbox"/>
3) CSEA Agmt. § 32 Compliance Attached:	Yes X	No <input type="checkbox"/>
4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes	No <input checked="" type="checkbox"/>
5) Insurance Required	Yes X	No <input type="checkbox"/>

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 App'd & Fw'd	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) <input type="checkbox"/> NIFS Appvl (Dept. Head) <input type="checkbox"/>		Paul J. Suhler 9/27	
10/3/16	OMB	NIFS Approval <input checked="" type="checkbox"/>	10/5	Anthony Tomasso	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
10/18/16	County Attorney	CA RE & Insurance Verification <input checked="" type="checkbox"/>	10/19/16	Robert A. [Signature]	
10/19/16	County Attorney	CA Approval as to form <input checked="" type="checkbox"/>	10/19/16	[Signature]	
10/21/16	Legislative Affairs	Fw'd Original Contract to CA <input type="checkbox"/>	10/21/16	[Signature]	
	Rules <input type="checkbox"/> / Leg. <input type="checkbox"/>	<input type="checkbox"/>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	County Attorney	NIFS Approval <input type="checkbox"/>			
	Comptroller	NIFS Approval <input type="checkbox"/>			
10/21/16	County Executive	Notarization <input type="checkbox"/> Filed with Clerk of the Leg. <input type="checkbox"/>	10/21/16	[Signature]	

E-243-18



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 add funds to Family Support/Homemaker Budget.)**

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


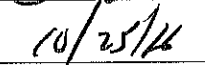
RENEWAL	
% Increase	
% Decrease	

FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXXXX
County	\$ 17,404.45
Federal	\$22,377.15
State	\$9,945.20
Capital	\$
Other Grant	\$
TOTAL	\$ 49,727.00.00

LINE	INDEX/OBJECT CODE	AMOUNT
1		\$
3		\$
4		\$
5	SSGEN7600/TT714	\$49,727.00
6		\$
TOTAL		\$ 49,727.00

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 
Date	Date	(For Office Use Only)
		E #:

130092

NIFA

Nassau County Interim Finance Authority

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

1. Vendor: Family and Children's Association (FCA)2. Dollar amount requiring NIFA approval: \$ 49,727.00Amount to be encumbered: \$ 49,727.00This 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 12/31/16Has work or services on this contract commenced? ☒ Yes ☐ NoIf yes, please explain: Ongoing service under CLSS16000013.

4. Funding Source:

☒ General Fund (GEN) ☐ Grant Fund (GRT)
☐ Capital Improvement Fund (CAP) Federal % 45
☐ Other State % 20
County % 35
Is the cash available for the full amount of the contract? ☒ Yes ☐ NoIf not, will it require a future borrowing? ☐ Yes ☐ NoHas the County Legislature approved the borrowing? ☐ Yes ☐ No ☒ N/AHas 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 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 care, 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. 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")

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:

CLSS16000014 \$1,817,150.00
 CQSS16000019 \$1,000.00
 CLSS16000013 \$1,232,249.00
 CQSS16000016 \$7,000.00
 CQSS16000093 \$46,000.00

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.

deliberations.

Roseann Diller 10/12/16
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.

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 _____ [date]. Potential proposers were made aware of the availability of the RFP by advertisement in _____ [newspaper], posting on industry websites, via email to interested parties and by publication on the County procurement website. Proposals were due on _____ [date]. _____ [state #] proposals were received and evaluated. The evaluation committee consisted of: _____

_____ (list # of persons on committee and their respective departments). 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 MRP 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.


Instructions with respect to Sections VIII, IX and X: All Departments must check the box for VIII. Then, check the box for either IX or X, as applicable.

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 submission of the first claim voucher, for services under this contract being submitted to the Comptroller.

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

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

9.27.16
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.

RULES RESOLUTION NO. – 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 NASSAU COUNTY DEPARTMENT OF SOCIAL
SERVICES AND FAMILY AND CHILDREN'S ASSOCIATION

WHEREAS, the County has negotiated an amendment to a personal services agreement with Family and Children's Association in relation to services to be provided under the Family Support Program, 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 an agreement with Family and Children's Association

Exhibit A



COUNTY OF NASSAU

POLITICAL CAMPAIGN CONTRIBUTION DISCLOSURE FORM

1. Has the vendor or any corporate officers of the vendor provided campaign contributions pursuant to the New York State Election Law in (a) the period beginning April 1, 2016 and ending on the date of this disclosure, or (b), beginning April 1, 2018, the period beginning two years prior to the date of this disclosure and ending on the date of this disclosure, to the campaign committees of any of the following Nassau County elected officials or to the campaign committees of any candidates for any of the following Nassau County elected offices: the County Executive, the County Clerk, the Comptroller, the District Attorney, or any County Legislator? If yes, to what campaign committee?

NO

2. 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.

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.

The undersigned further certifies and affirms that the contribution(s) to the campaign committees identified above were made freely and without duress, threat or any promise of a governmental benefit or in exchange for any benefit or remuneration.

Dated: 6/21/2016

Vendor: Family and Children's Association

Signed: [Signature]

Print Name: Jeffrey L. Reynolds

Title: President/CEO

Exhibit B



COUNTY OF NASSAU

LOBBYIST REGISTRATION AND DISCLOSURE FORM

1. Name, address and telephone number of lobbyist(s)/lobbying organization. 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. 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.

None

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

None

3. Name, address and telephone number of client(s) by whom, or on whose behalf, the lobbyist is retained, employed or designated:

None

4. Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify client(s) for each activity listed. See page 4 for a complete description of lobbying activities.

None

5. The name of persons, organizations or governmental entities before whom the lobbyist expects to lobby:

None

6. If such lobbyist is retained or employed pursuant to a written agreement of retainer or employment, you must attach a copy of such document; and if agreement of retainer or employment is oral, attach a written statement of the substance thereof. If the written agreement of retainer or employment does not contain a signed authorization from the client by whom you have been authorized to lobby, separately attach such a written authorization from the client.

7. Has the lobbyist/lobbying organization or any of its corporate officers provided campaign contributions pursuant to the New York State Election Law in (a) the period beginning April 1, 2016 and ending on the date of this disclosure, or (b), beginning April 1, 2018, the period beginning two years prior to the date of this disclosure and ending on the date of this disclosure, to the campaign committees of any of the following Nassau County elected officials or to the campaign committees of any candidates for any of the following Nassau County elected offices: the County Executive, the County Clerk, the Comptroller, the District Attorney, or any County Legislator? If yes, to what campaign committee?

None

I understand that copies of this form will be sent to the Nassau County Department of Information Technology ("IT") to be posted on the County's website.

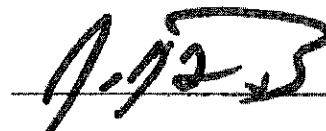
I also understand that upon termination of retainer, employment or designation I must give written notice to the County Attorney within thirty (30) days of termination.

VERIFICATION: 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.

The undersigned further certifies and affirms that the contribution(s) to the campaign committees listed above were made freely and without duress, threat or any promise of a governmental benefit or in exchange for any benefit or remuneration.

Dated: 6/21/2016

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.

The term "lobbying" or "lobbying activities" does not include: Persons engaged in drafting legislation, rules, regulations or rates; persons advising clients and rendering opinions on proposed legislation, rules, regulations or rates, where such professional services are not otherwise connected with legislative or executive action on such legislation or administrative action on such rules, regulations or rates; newspapers and other periodicals and radio and television stations and owners and employees thereof, provided that their activities in connection with proposed legislation, rules, regulations or rates are limited to the publication or broadcast of news items, editorials or other comment, or paid advertisements; persons who participate as witnesses, attorneys or other representatives in public rule-making or rate-making proceedings of a County agency, with respect to all participation by such persons which is part of the public record thereof and all preparation by such persons for such participation; persons who attempt to influence a County agency in an adjudicatory proceeding, as defined by § 102 of the New York State Administrative Procedure Act.

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, New York 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 shareholders/partners/members. If a Publicly held Corporation include a copy of the 10K in lieu of completing this section.

None

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 that may take part in the performance of this contract. Such disclosure shall be updated to include affiliated or subsidiary companies not previously disclosed that participate in the performance of the contract.

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):

None

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

None

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

None

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.

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: 6/21/2016

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 but 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.

Title First Name	Last Name	State	Home Address	Home Town	Home Phone Number	Officer Title
Mr. Donald	Abrams	NY	2817 Lindenmere Drive	Merrick	11566	
Mr. Peter J.	Bogan	NY	20 Channel Pond Court	Southampton	11968	
Mr. Daniel	Brown	NY	351 Plandome Road	Manhasset	11030	
Mr. Rich	Cavallaro	NY	6 Castle Harbor Road	Huntington Bay	11743	
Ms. Rosanne	Cavallaro	NY	6 Castle Harbor Road	Huntington Bay	11743	
Dr. John	Cerrato	NY	32 Prospect Avenue	Garden City	11530	
Mr. Drew	Crowley	NY	24 Laurel Cove Road	Oyster Bay Cove	11771	Board of Trustees, Chairman
Mr. David	Landau	NY	61 Ascot Court	Manhasset	11030	
Mr. H. Richard	Grafer	NY	132 Country Club Drive	Port Washington	11050	Board of Trustees, Vice Chairman
Mr. Daniel	Griesmeyer	NY	171 Cedarshore Drive	Massapequa	11758	
Ms. Judy Sandford	Guise	NY	26 Countisbury Ave.	North Valley Stream	11580	Board of Trustees, Secretary
Mr. Michael	Monahan	NY	23 Sherwood Drive	Huntington	11743	
Ms. Dorothy	Jacobs	NY	228 Washington Avenue	Island Park	11558	
Mrs. Angela	Jaggar	NY	50 West Creek Farms Road	Port Washington	11050	
Mr. Bernard	Kennedy	NY	PO Box 761	Point Lookout	11569	
Mrs. Hope	Lapsley	NY	19 Wellington Road	Locust Valley	11560	
Ms. Donna	Lewis	NY	115 West Roosevelt Avenue	Roosevelt	11575	
Mr. Gerard	Jones	NY	6 Heatherwood Court	Dix Hills	11746	
Mr. Joseph	Patellaro	NJ	18 Country Club Drive	Chatham	07928	
Ms. Patricia	Pryor Bonica	NY	7 Wunaquit Drive	Bayville	11709	
Mr. Scott	Treiber	NY	112 Blair Street	Oyster Bay Cove	11771	
Ms. Delores	Smalls	NY	377 King Street	Westbury	11590	
Mr. Charles	Strain	NY	151 Hampton Road	Garden City	11530	
Mr. Robert	Schwerdel	NY	283 Wheatley Road	Old Westbury	11568	Board of Trustees, Treasurer
Mr. William	Thornton	NY	106 Patchogue Holbrook Road	Ronkonkoma	11779	
Mr. Charles	Trunz	NY	39 Matinecock Farms Road	Glen Cove	11542	
Mr. Wayne	Wink, Esq.	NY	1127 Old Northern Blvd.	Roslyn	11576	
Mr. Jeffrey	Reynolds	NY	2 Angelica Court	Hauppauge	11788	FCA President/CEO
Ms. Mary Ann	Vassallo	NY	10 Pondview Drive Apt 20	East Patchogue	11772	FCA Chief Financial Officer
Mr. Donald	Holden	NY	47 Guilford Road	Port Washington	11050	FCA Chief Development Officer
Ms. Lisa	Burch	NY	42 Fenway	Rockville Centre	11572	FCA Chief Operating Officer

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. 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 OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name Jeffrey L. Reynolds
Date of birth 10 / 03 / 1966
Home address 2 Angelica Court
City/state/zip Hauppauge, NY 11788
Business address 100 East Old Country Road
City/state/zip Mineola, New York 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 / 2014 Treasurer _____
Chairman of Board _____ Shareholder _____
Chief Exec. Officer 07 / 07 / 2014 Secretary _____
Chief Financial Officer _____ Partner _____
Vice President _____
(Other) _____
3. Do you have an equity interest in the business submitting the questionnaire?
YES ____ NO X 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? YES ____ NO X 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? YES X NO ____;
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? YES ☒ NO ☐
If Yes, provide details. SEE ATTACHMENT

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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ☐ NO ☒ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ☐ NO ☒ 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? YES ☐ NO ☒ If Yes, provide details for each such conviction.

Principal Questionnaire Form Question #6 DETAILS

Grant Listing			
Grantor	Contract Number	Contract Term	Amount
Suffolk Cty. Dept. Of Health - Project Hope	UHP2 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	7/1/13 to 6/30/14	\$ 20,000
Business Unit/Dept ID OAS01/3670000			

- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? YES ____ NO X 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? YES ____ NO X 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? YES ____ NO X 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? YES ____ NO X 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? YES ____ NO X 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? YES ____ NO X 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 OR FUTURE BIDS, 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 21ST day of JUNE 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

Family and Children's Association
Name of submitting business

Jeffrey L. Reynolds
Print name

[Signature]
Signature

President/CEO
Title

6, 21, 2016
Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. 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 OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name Nancy Cohan
Date of birth 07 / 23 / 52
Home address 1810 44 Front Street
City/state/zip East Meadow, NY 11554
Business address NA
City/state/zip NA
Telephone 516-483-6254
Other present address(es) NA
City/state/zip NA
Telephone NA
List of other addresses and telephone numbers attached
2. Positions held in submitting business and starting date of each (check all applicable)
President / / Treasurer / /
Chairman of Board / / Shareholder / /
Chief Exec. Officer / / Secretary / /
Chief Financial Officer / / Partner / /
Vice President 01 / 10 / 2016 / /
(Other)
3. Do you have an equity interest in the business submitting the questionnaire?
YES NO x 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? YES NO x 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? YES NO x;
If Yes, provide details.

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? YES ____ NO x
If Yes, provide details.

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?
YES ____ NO x 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? YES ____ NO x 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? YES ____ NO x 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? YES ____ NO x 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? YES ____ NO x If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ____ NO x If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ____ NO x 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? YES ____ NO x 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?

YES ____ NO x 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? YES ____ NO x 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? YES ____ NO x 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? YES ____ NO x 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? YES ____ NO x 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? YES ____ NO x 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 OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Nancy Cohan, 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 8th day of September 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

Family and Children's Association
Name of submitting business

Nancy Cohan
Print name

[Signature]
Signature

Vice President
Title

9 / 8 / 16
Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. 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 OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name Mary Ann Vassallo
Date of birth 07 / 22 / 53
Home address 10 Pondview Drive
City/state/zip East Patchogue
Business address 100 East Old Country Road
City/state/zip Mineola, NY 11501
Telephone 516-746-0350 x4319
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 ____/____/____ Treasurer ____/____/____
Chairman of Board ____/____/____ Shareholder ____/____/____
Chief Exec. Officer ____/____/____ Secretary ____/____/____
Chief Financial Officer 02 / 10 / 2003 Partner ____/____/____
Vice President ____/____/____
(Other)

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

Board - Treasurer, Hands Across Long Island (HALI)
Brightside Ave
Central Islip, NY 11722
1980's

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? YES ☒ NO ☐
If Yes, provide details. *NYS Office of Mental Health, US HUD*

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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ☐ NO ☒ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒

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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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 OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Mary Ann Vassallo, 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 19th day of September 2014

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6183683
Qualified in Nassau County
Commission Expires April 2, 2014

Mary A. Chiz
Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6183683
Qualified in Nassau County
Commission Expires April 2, 2014

Family and Children's Association

Name of submitting business

Mary Ann Vassallo

Print name

Mary Ann Vassallo

Signature

Vice President and CFO

Title

9 / 19 / 2016

Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. 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 OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name Lisa Burch
Date of birth 12/29/65
Home address 42 Fenway
City/state/zip Rockville Centre, NY 11570
Business address 100 E Old Country Rd.
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 ____/____/____ Treasurer ____/____/____
Chairman of Board ____/____/____ Shareholder ____/____/____
Chief Exec. Officer ____/____/____ Secretary ____/____/____
Chief Financial Officer ____/____/____ Partner ____/____/____
Coo/ Vice President 5/26/15 ____/____/____
(Other) _____

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

Current - President, Temple Am-Echad, South Shore Reform
Congregation
7/1/13 - 6/30/15 1st VP, Temple Am-Echad
South Shore Reform Congregation

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? YES ____ NO ☒
 If Yes, provide details.

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? YES ____ NO ☒ 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? YES ____ NO ☒ 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? YES ____ NO ☒ 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? YES ____ NO ☒ 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? YES ____ NO ☒ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ____ NO ☒ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ____ NO ☒ 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? YES ____ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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 OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Lisa Burch, 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 8th day of September 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

LISA Burch

Print name

[Signature]

Signature

VP/COO

Title

9, 8, 16

Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. 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 OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name Jane C. Tucker
Date of birth 10/2/1967
Home address 176 Overlook Avenue
City/state/zip Great Neck, NY 11021
Business address 100 East Old Country Rd.
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 ____/____/____ Treasurer ____/____/____
Chairman of Board ____/____/____ Shareholder ____/____/____
Chief Exec. Officer ____/____/____ Secretary ____/____/____
Chief Financial Officer ____/____/____ Partner ____/____/____
Vice President 9/9/2013 ____/____/____
(Other) _____

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

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? YES ___ NO ☒
If Yes, provide details.

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? YES ___ NO ☒ 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? YES ___ NO ☒ 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? YES ___ NO ☒ 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? YES ___ NO ☒ 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? YES ___ NO ☒ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ___ NO ☒ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ___ NO ☒ 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? YES ___ NO ☒ 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? YES ____ NO ☒ 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? YES ____ NO ☒ 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? YES ____ NO ☒ 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? YES ____ NO ☒ 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? YES ____ NO ☒ 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? YES ____ NO ☒ 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 OR FUTURE BIDS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Jane C. Tucker, 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 8th day of September 2016

Mary A. Chiz
Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH8183683
Qualified in Nassau County
Commission Expires April 2, 2019

Family and Children's Association
Name of submitting business

Jane C. Tucker
Print name

Jane C. Tucker
Signature

VP & Chief Human Resources Officer
Title

9, 8, 16
Date

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. 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 OR PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

1. Principal Name DONALD E. HOLDEN
Date of birth 7/25/46
Home address 47 GUILFORD ROAD
City/state/zip PORT WASHINGTON, NY 11050
Business address 100 EAST OLD COUNTRY ROAD
City/state/zip MINNEOLA, NY 11501
Telephone 516 767-2097
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 / / Treasurer / /
Chairman of Board / / Shareholder / /
Chief Exec. Officer / / Secretary / /
Chief Financial Officer / / Partner / /
Vice President / / _____
(Other) Vice President of Development

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

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? YES ____ NO ☒
If Yes, provide details.

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? YES ____ NO ☒ 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? YES ____ NO ☒ 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? YES ____ NO ☒ 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? YES ____ NO ☒ 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? YES ____ NO ☒ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? YES ____ NO ☒ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? YES ____ NO ☒ 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? YES ____ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ 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? YES ☐ NO ☒ If Yes, provide details for each such year.

CERTIFICATION

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I, DONALD E. HOLDEN, 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 8th day of September 2016

Mary A. Chiz
Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6103683
Qualified in Nassau County
Commission Expires April 2, 2018

FAMILY & CHILDREN'S ASSOCIATION
Name of submitting business

DONALD E HOLDEN
Print name

Donald E Holden
Signature

Vice President of Development
Title

9, 8, 16
Date

Business History Form

The contract shall be awarded to the responsible proposer who, at the discretion of the County, taking into consideration the reliability of the proposer and the capacity of the proposer to perform the services required by the County, offers the best value to the County and who will best promote the public interest.

In addition to the submission of proposals, each 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 Proposal.

NOTE: All questions require a response, even if response is "none" or "not-applicable." No blanks.

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

Date: 5/2/2016

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

2) Address of Place of Business: 100 East Old Country Road, Mineola New York 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 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 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 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 \$228,000 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? Yes No X If Yes, provide details for each such charge.

b) Any misdemeanor charge pending? Yes No X 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? Yes No X

If Yes, provide details for each such conviction _____

d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor?
Yes ____ No X 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? Yes ____ No X 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? Yes ____ No X; 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? Yes ____ No X 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 any conflicts of interest as outlined below. NOTE: If no conflicts exist, please expressly state "No conflict exists."

(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 on behalf of Nassau County.

NO CONFLICT EXISTS.

(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 on behalf of Nassau County.

NO CONFLICT EXISTS.

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

NO CONFLICT EXISTS.

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.

- A. Include a resume or detailed description of the 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 proposer be other than an individual, the Proposal MUST include: SEE ATTACHED RESUME-

- i) Date of formation; 1998
- ii) Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner; NONE
- iii) Name, address and position of all officers and directors of the company; BOARD OF TRUSTEES
- iv) State of Incorporation (if applicable); NEW YORK (See Attachment)
- v) The number of employees in the firm; 325
- vi) Annual revenue of firm; 20,000,000.00
- vii) Summary of relevant accomplishments STEWARDSHIP REPORTS- (See Attachment)
- viii) Copies of all state and local licenses and permits. NONE

- B. Indicate number of years in business, Family and Children's Association was Incorporated in 1998-

- C. Provide any other information which would be appropriate and helpful in determining the Proposer's capacity and reliability to perform these services. SEE ATTACHMENT

- D. Provide names and addresses for no fewer than three references for whom the Proposer has provided similar services or who are qualified to evaluate the 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, New York 11553-3667

Telephone 1-516-227-7403

Fax # 1-516-227-7076

E-Mail Address Lisa.murphy@hhsnassaucountyny.us

Company Nassau County Department of Social Services

Contact Person John Imhof, PhD. Commissioner

Address 60 Charles Lindbergh Blvd.

City/State Uniondale, New York 11553-3687

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 1-518-485-8922

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 OR FUTURE BIDS, 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 21st day of JUNE 2014

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 15

Name of submitting business: Family and Children's Association

By: Jeffrey L. Reynolds
Print name
[Signature]
Signature

President/CEO
Title

6 / 21 / 2014
Date

JEFFREY L. REYNOLDS, Ph.D., CEAP, SAP
2 Angella Court
Hauppauge, NY 11788
631-724-4191 (H) 631-513-5757 (C)
E-Mail: Dr.JeffreyReynolds@gmail.com

Dynamic and Committed Non-Profit Executive

Energetic mission-driven leader offering demonstrated success creating new community-based programs, building effective organizations and achieving operational efficiency for sustained growth.

Deep commitment to community health, wellness, prosperity and social justice through non-profit excellence with an emphasis on measurable outcomes.

Extraordinary ability to recruit, retain, motivate and win peak performance from multidisciplinary teams of employees and volunteers.

Recognized public affairs skills and outstanding reputation among elected officials, media professionals, corporate sponsors and community leaders.

Broad foundation of senior management expertise gained through 25+ years of diverse experience providing frontline services, mobilizing communities and managing programs for success.

Highest level of personal and professional integrity with a passion for challenge and commitment to exceeding all expectations and objectives.

Core competencies

*Organizational Development
Program Evaluation
Online/Offline Marketing
Media Relations
Collaborative Leadership*

*Strategic Alliances
Change Management
Government Relations
Grant Management
Public Speaking*

*Fiscal Planning & Budgeting
Social Entrepreneurship
Grant Proposal Writing
Corporate Sponsorships
Community Building*

Education

Doctor of Philosophy (Ph.D) in Social Welfare (2007)

School of Social Welfare

Stony Brook University, Stony Brook, NY

Dissertation: *Using the Transtheoretical Model of Behavior Change to Explore Substance Use Patterns and HIV Risk Behaviors in a Suburban Sample*

Master of Public Administration in Health Administration (1997)

College of Management, School of Public Service

Long Island University, Brookville, NY

Bachelor of Arts in Psychology (1989)

Dowling College, Oakdale, NY

Professional Experience

Long Island Council on Alcoholism & Drug Dependence, Inc. (LICADD)
Mineola, NY

March 2008 - Present *Executive Director*

Reporting to a 23-member Board Of Directors, manage all aspects of a non-profit agency dedicated to assisting individuals and families struggling with addiction and preventing the early onset of substance abuse among young people.

- Supervise management and senior clinical staff, providing ongoing support, guidance and training so as to ensure program effectiveness and achievement of all contractual goals.
- Oversee the expansion of agency services, including LICADD's chemical dependency services including SBIRT, planned family interventions, relapse prevention programs, and the adoption of Too Good for Drugs, an evidence-based K-12 substance abuse prevention intervention.
- Re-branded and presently manage LICADD's Employee Assistance Program (EAP) which serves more than 70,000 employees of labor unions, school districts, corporations and municipalities in the tri-state area.
- Wrote, won and managed a U.S. Department of Health and Services grant totaling \$300,000 for a new Mentoring Children of Incarcerated Parents grant.
- Wrote, won and managed a NYS Department of Health AIDS Institute grant to conduct an overdose prevention program and create a heroin brochure targeted at teens.
- Represent LICADD on various task forces, community workgroups and advisory boards and serve as a speaker at professional conferences, community forums and before government bodies.
- Serve as an agency spokesperson for media interviews and represent LICADD on various community task forces.
- Increased revenues from 500K/year to \$1.365M/year and increased total number of families served by 750% since 2009.

BiasHELP, Inc.
Hauppauge, NY

July 1997 -- March 2009 *Co-Founder/Chief Operating Officer*

Managed day-to-day operations of a non-profit agency dedicated to assisting victims of hate crimes, providing community-based violence prevention services and advocating for public policies to address hate crimes, youth violence, bullying, cyberbullying and discrimination.

- Supervised educational staff, providing ongoing support, guidance and training so as to ensure program effectiveness and achievement of all contractual goals.
- Served as the primary liaison to all federal, state and local funders, chair site visits and prepared written/oral reports for both funding sources and BiasHELP's board of directors.
- Helped secure more than \$1 million in grants, sponsorships and contributions from corporations including Bank of America, Northrop Grumman, and Roslyn Savings Bank as well as foundations such as the Long Island Community Foundation and the Charitable Ventures Fund.

• Helped secure and manage more than \$3 million in bi-partisan government funding including a \$500,000 Congressional earmark administered by the U.S. Department of Justice, \$250,000 in NYS Senate and Assembly Member Items, and ongoing grants from the Suffolk County Office of Minority Affairs.

• Wrote, won and successfully managed a two-year SAMHSA-funded Youth Violence Coalition that brought together law enforcement officials, former gang members, school representatives, social workers, media professionals, youth and families.

• Wrote, won and managed a Communities Empowering Youth grant (\$500,000) administered by the Administration for Children and Families designed to enhance the capacity of local youth-serving faith-based and non-profit organizations.

• Wrote, won and managed a NYS Division of Criminal Justice Services (DCJS) grant to provide an evidence-based intervention to address violence among Hispanic girls at Brentwood Middle School.

• Secured international media coverage for BiasHELP after successful convincing Yahoo and Ebay to halt auction sales of Ku Klux Klan and Nazi paraphernalia.

• Wrote and helped design agency annual reports, brochures, newsletters and other promotional materials.

Long Island Association for AIDS Care, Inc. (LIAAC)
Hauppauge, NY

2007 - 2009

Public Affairs Consultant

Responsible for providing strategic guidance and assistance related to government affairs, resource development, public relations, strategic marketing, and communications.

• Edited annual reports, HIV prevention materials and grant applications.

• Served as a key liaison to elected officials, particularly at a state level, conducting in-district and Albany-based meetings, delivering testimony at public hearings and creating position papers.

• Conceived and executed a major marketing campaign to re-engage out-of-care HIV-positive individuals. Designed and supervised the production of bilingual television, radio, online and print Public Service Announcements and coordinated all media placements. Extended campaign with brochures, posters, a dedicated website and bus advertisements.

• Secured Hepatitis C. funding from the NYS Senate, crystal methamphetamine prevention funding from the NYS Assembly and STD funding from the NYS Department of Health to advance LIAAC's continued diversification.

• Served as a conference presenter and trainer on program sustainability for SAMHSA mental health/substance abuse treatment grantees.

1997 - 2007

Vice President for Public Affairs

Reporting to the President/CEO, responsibilities included: Development, oversight and implementation of annual public policy advocacy agenda; participation in various community events and on various community planning bodies; preparation and delivery of testimony before local, state and federal governmental bodies, conference presentations addressing such issues as harm reduction, confidentiality, discrimination and bioethics; outreach and education surrounding the socio-political

implications of the AIDS epidemic; media outreach to insure accurate and comprehensive news coverage of HIV-related issues; organizational planning for agency development events; preparation and submission of foundation grant applications; supervision of department staff; and editing of bimonthly agency newsletter, annual report and other agency publications.

- Led a development team responsible for the production of AIDS Walk Long Island, Chef's Secrets, a golf outing, cycling event, and other fundraisers. Negotiated sponsorships with high net worth individuals, major corporations, small businesses and media outlets.
- Directly secured more than \$5 million in new government grants, foundation grants, sponsorships and individual gifts.
- Acted as media spokesperson and secured thousands of national, regional and local media placements.
- Supervised production of all printed materials, television spots, radio ads, billboards and websites, including an online cyclist pledge system, which doubled event revenues.
- Strengthened LIAAC's influence in the public policy arena, creating white papers, spearheading grassroots advocacy activities and ultimately helping to secure passage of key pieces of legislation.
- Led qualitative and quantitative evaluation of federally funded HIV-testing program.
- Served as a key member of agency management team, engaged in strategic planning, financial forecasting and ongoing assessment of agency staff and programs.

1995 - 1997	<i>Director of Policy and Public Relations</i>
1994 - 1995	<i>Deputy Director, Public Policy and Community Development</i>
1991 - 1994	<i>Advocacy and Communications Coordinator</i>
1989 - 1991	<i>Volunteer/Client Services Liaison</i>

VICTIMS INFORMATION BUREAU OF SUFFOLK COUNTY (VIBS) Hauppauge, NY

1988 - 1989 *Social Work Advocate*

Responsibilities included: Assisting and advocating for victims of domestic violence, rape, incest and sexual assault including: counseling victims in regard to their legal rights and option; escorting victims through such agencies as hospitals, probation, the District Attorney's office and Family, Supreme and Criminal Courts in an effort to ensure that proper treatment and services are given; crisis intervention on emergency hotline; screening and assessment of clients seeking counseling services; and a sound knowledge of the changing laws involving victim's rights.

Community Activities

2013 - Present	Member, Nassau National Adolescent Treatment Advisory Board
2013 - Present	Member, Briarcliffe College Business Advisory Board
2013 - Present	Chair, Nassau County Youth Board (Appointment)
2012 - Present	Member, Drug Enforcement Agency (DEA) Prescription Drug Working Group
2013 - Present	Member, Mental Health Association of Suffolk Advisory Board
2012 - Present	Co-Chair, Suffolk County Sober Home Oversight Board (Appointment)
2011 - Present	Member, Suffolk County Welfare to Work Commission (Appointment)
2009 - Present	Executive Committee Member, Nassau County Heroin Task Force

1994 – Present Vice Chair, New York State AIDS Advisory Council
Appointed in April 1994, reappointed March 1995, 2009, 2011 by NYS Senate Majority Leader

- **Chair, Subcommittee on the NYS Budget**
- **Co-chair, Subcommittee on Criminal Defendant HIV Testing**
- **Co-chair, Subcommittee on NYS Newborn HIV Testing Regulations**
- **Co-chair, Ad Hoc Subcommittee on HIV/AIDS and Welfare Reform**
- **Member, Subcommittee on Harm Reduction**
- **Member, Subcommittee on HIV/AIDS Surveillance/Partner Notification**
- **Member, NYS Evaluation Committee, Expanded Syringe Access Program (ESAP)**
- 2010 – 2012 Chair, Suffolk County Heroin/Opiate Advisory Panel (Appointment)**
- 2009 – 2012 Board Member, Long Island Recovery Association**
- 2007 – 2012 Assistant Clinical Professor, Stony Brook University**
- 2007 – 2012 Consultant/Conference Presenter, McKing Consulting for SAMHSA**
- 1997 – 2005 Member, Huntington Town Anti-Bias Task Force**
- 1993 – 1995 Member, Suffolk County Anti-Bias Summit**
- 1992 – 1995 Member, NYS AIDS Housing Advisory Committee**
- 1992 – 1996 Board Member, New Yorkers for Accessible Health Coverage**
- 1992 – 1997 Board Member, Policy Advisory Committee, NS Ryan White Network**
- 1991 – 1995 Board Member, LI Coalition for a National Health Plan**
- 1987 – 1997 Board Member, Suffolk Chapter, New York Civil Liberties Union**
- Board Chair, 1992-1996**
- 1990 – 1995 Member, Catholic Charities Coalition for People with Disabilities**
- 1992 – 1994 Board Member, New York AIDS Coalition (NYAC)**
- 1991 – 1994 Member, Steering Committee, Center for Prejudice Reduction**

Honors and Awards

- 2013 Times of Smithtown Man of the Year**
- 2013 Caron Treatment Centers Distinguished Professional Award**
- 2012 Long Island Press Power List**
- 2012 Simple Hope Foundation Community Leadership Award**
- 2011 Long Island Press Power List**
- 2010 Long Island Press Power List**
- 2000 Long Island University, College of Management – Outstanding Alumnus Award**
- 1999 Long Island Press Club Award for Business Reporting**
- 1996 New York AIDS Coalition Advocacy Award**

Major Presentations

Invited to testify on numerous occasions before the Nassau and Suffolk County legislatures on and other governmental bodies including: the NYS Senate Task Force on Health Care, the NYS Assembly Standing Committee on Insurance, the NYS Assembly Health Committee, and the NYS Assembly Social Services Committee. Adjunct Professor teaching courses on public health interventions and ethics at Stony Brook University. Guest lecturer at Adelphi University. Long Island University, Hofstra University and a variety of other educational institutions. Conducted leadership trainings for the New York AIDS Coalition, the Huntington Chamber Foundation, the Nassau County Police Department, and the Town of North Hempstead. Conducted more than 500 trainings on public health, addiction and parenting for school districts, community groups and corporations. Presented 19 formal papers at professional/academic conferences, including the federal Centers for Disease Control's Health Communications Conference in 2011 and the Employee Assistance Professionals Association World Conference in 2013.

Publications

Authored more than 300 news and op-ed articles that have appeared in a wide variety of publications including: *Newsday*, *The Long Island Press* and *Long Island Business News*. Author of *Reclaiming Lost Voices: Children Orphaned by HIV/AIDS in Suburbia* (Huntington Station, New York: LIAAC 1995), "To Tell or Not to Tell: Disclosing Your HIV Status" in *Positive Options: A Handbook for People Living with HIV* ed. K. Timour (New York: *Body Positive* 1995); *Mastering the Maze: A Consumer's Guide to HIV/AIDS and Welfare Reform* (Huntington Station, New York: LIAAC 1998); *Sacrificing Science and Sensibility: How Squeamishness over Syringes is Stalling Public Health Efforts on Long Island* (Huntington Station, New York: LIAAC 1999)

Interviews

Consistently used as an expert source of substance abuse, addiction, HIV/AIDS and human/civil rights information in a wide variety of local and national radio, television and print outlets including: CNN, Bloomberg.com, MSNBC, CBS Evening News, News 12, *Newsday*, *The New York Times*, *Wall Street Journal*, *Daily News*, *Eyewitness News*, *USA Today*, and National Public Radio. Profiled in *Newsday* cover story on White House Conference on AIDS (Plea from Suburbs at White House, December 8, 1995). Interviews total more than 1500 in over 250 local, national and international media outlets.

Additional Credentials/Certifications

U.S. Department of Transportation-Qualified Substance Abuse Professional (2012)
Certified Employee Assistance Professional (2011)
Certified Anger Management Professional (2010)
Notary Public, State of New York, County of Suffolk (1989)

BOARD OF TRUSTEES

Title	First Name	Last Name	State	Home Address	Home Town	Home	Officer Title
Mr.	Donald	Abrams	NY	2817 Lindenmere Drive	Merrick	11566	
Mr.	Peter J.	Bogan	NY	20 Chermel Pond Court	Southampton	11968	
Mr.	Daniel	Brown	NY	351 Plandome Road	Manhasset	11030	
Mr.	Rich	Cavallaro	NY	6 Castle Harbor Road	Huntington Bay	11743	
Ms.	Rosanne	Cavallaro	NY	6 Castle Harbor Road	Huntington Bay	11743	
Dr.	John	Carrato	NY	32 Prospect Avenue	Garden City	11630	
Mr.	Drew	Crowley	NY	24 Laurel Cove Road	Oyster Bay Cove	11771	Board of Trustees, Chairman
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Mr.	Scott	Treiber	NY	112 Blair Street	Oyster Bay Cove	11771	
Ms.	Dolores	Smalls	NY	377 King Street	Westbury	11590	
Mr.	Charles	Strain	NY	151 Hampton Road	Garden City	11530	
Mr.	Robert	Schwerdel	NY	283 Wheatley Road	Old Westbury	11568	Board of Trustees, Treasurer
Mr.	William	Thornton	NY	106 Patchogue Holbrook Road	Rosetonkoma	11779	
Mr.	Charles	Trunz	NY	39 Mainecock Farms Road	Glen Cove	11542	
Mr.	Wayne	Wink, Esq.	NY	1127 Old Northern Blvd.	Roslyn	11576	
Mr.	Jeffrey	Reynolds	NY	2 Angelica Court	Hempstead	11788	FCA President/CEO
Ms.	Mary Ann	Vassallo	NY	10 Pondview Drive Apt 20	East Patchogue	11772	FCA Chief Financial Officer
Mr.	Donald	Holden	NY	47 Guilford Road	Port Washington	11050	FCA Chief Development Officer
Ms.	Lisa	Burch	NY	42 Fenway	Rockville Centre	11572	FCA Chief Operating Officer



*Giving
Help &
Hope*



2014 Stewardship Report

BOARD OF TRUSTEES

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Richard Cavallaro, PRESIDENT & CEO, SKANSKA USA CIVIL

Rosanne Cavallaro, COMMUNITY ADVOCATE

Daniel Grasmeyer, EXEC. FINANCIAL SVCS. DIRECTOR,
MORGAN STANLEY WEALTH MANAGEMENT

Jordi Hernandez-Mercado, DIR. OF OUTREACH, OPPORTUNITIES FOR A BETTER TOMORROW

Dorethy Jacobs, LCSW, COMMUNITY ADVOCATE

Angela M. Rogers, Ph.D., COMMUNITY ADVOCATE

Gerard Jones, PRESIDENT, NATIONAL ORGANIZATION OF INDUSTRIAL TRADE UNIONS

Barbara P. Kennedy, CO-MANAGING MEMBER, BOND, SCHOENCK & KING

SGA AND GENERAL COUNSEL, KING KULEN

Dr. J. David Smith, CENTER FOR ENTREPRENEURSHIP

Dr. J. David Smith, COMMUNITY ADVOCATE

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*Our mission is to
Protect & Stengthen
Long Island's most vulnerable children, seniors, families and communities.*

*Family & Children's offers assistance to
those who are experiencing social, emotional and economic challenges.*



IN 2014, WE SERVED MORE THAN 20,000 OF OUR NEIGHBORS
IN NEED, GIVING THEM A HAND UP TO A BETTER LIFE.

MANAGEMENT TEAM

President/Chief Executive Officer: Jeffrey L. Reynolds, Ph.D., CEAP, SAP

Chief Operating Officer: Lisa Burch, MPA

Chief Development Officer: Donald Holden

Chief Financial Officer: MaryAnn Vassallo

Christina Alonso, LCSW

DIRECTOR, MHS DIVISION/FAMILY/MEDIATION

Bill Best, MSW

DIRECTOR, RESIDENTIAL AND YOUTH SERVICES

Nancy Cohen, MA, LMFT

TEAM LEADER, JUVENILE JUSTICE

DIRECTOR, GRANTS MANAGEMENT

Jeffrey Holloway, MSW

DIRECTOR, IS

Christina Miller, MSW

DIRECTOR, HOME & COMMUNITY-BASED SERVICES

Deano W. Raphael, MA

DIRECTOR, YOUTH SERVICES/COMMUNICATIONS

Christina Santangelo, MS

DIRECTOR, ACCOUNTING AND COMPLIANCE

Jeffrey L. Reynolds, Ph.D., CEAP, SAP

PRESIDENT/CHIEF EXECUTIVE OFFICER

Lisa Burch, MPA

CHIEF OPERATING OFFICER

Donald Holden

CHIEF DEVELOPMENT OFFICER

MaryAnn Vassallo

CHIEF FINANCIAL OFFICER

Christina Alonso, LCSW

DIRECTOR, MHS DIVISION/FAMILY/MEDIATION

Bill Best, MSW

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Christina Miller, MSW

DIRECTOR, HOME & COMMUNITY-BASED SERVICES

Deano W. Raphael, MA

DIRECTOR, YOUTH SERVICES/COMMUNICATIONS



Dear Friends of FCA,

On behalf of the Board of Trustees, dedicated staff and loyal volunteers, we are proud to present you with our 2014 annual report. 2014 was a year of transition: we secured a new President/CEO; we revamped programs; strengthened our internal infrastructure, boosted our compliance efforts and invested in IT and our physical spaces. We've launched a new agency website, re-doubled our social media activities and are in the process of rebranding all of our printed materials. In short, we are using 130 years of history to re-emerge and re-imagine our services in a way that disrupts the status quo.

To be sure, the needs – and opportunities to help – will likely increase as communities across Long Island struggle to address deepening income inequality, educational achievement gaps, health care disparities, and untreated mental health disorders, including epic levels of addiction. An aging population and growing number of returning military veterans signal demographic shifts that will also boost the demand for our services.

That means we must invest our resources strategically, demand not only competence but excellence, insist on program accountability and remain true to the principles and core values that set us apart.

We're privileged to see those core values - service to others, social justice, dignity and worth of every person, importance of human relationships, and unwavering integrity - on display everyday as we witness the work of our staff, volunteers, board members and community partners. We are proud of our clients' sheer determination, who, with just a little help, can redefine health, happiness and success on their own terms.

Sincerely,



Jeffrey L. Reynolds, Ph.D.
President/CEO



Drew S. Crowley
Chair, Board of Trustees

Heading In A New Direction



CLIENT STORY

Back in 2009, I was 25 when I was mandated by the courts to begin treatment for my marijuana use. I was smoking pot daily and believed it was no big deal. As a requirement for my treatment with FCA, I had to abstain from drug use. I figured I'd do what had to be done for the moment but would probably go back to smoking once the program was over. Less than a year later, when I finished with the program, my abstinence was intact. What? I realized that I had learned to live without pot; somehow I learned to deal with my thoughts, upsetting events and even emotions without smoking weed. I was happy to end my treatment and get on with my life.

Then in 2014, I decided to return to FCA, this time voluntarily. I got older and had come to a crossroads in my life and realized my former addiction had made me unmotivated, uninvolved in my future and unprepared for a career. It was time to do something about it. So, I began treatment again to strengthen my recovery and joined your Vocational Education program and obtained a high school equivalency diploma setting myself up for acceptance at trade school. Today, I'm licensed, working and sober — thanks to FCA.

— John H.

CLIENT, HICKSVILLE COUNSELING CENTER

TACKLING ADDICTION

Heroin use has exploded in what is being described as an epidemic on Long Island. This has been a growing issue over the last 15 years and now law enforcement and the mental health community have been forced to play "catch up" in trying to stem the tide of addiction. In search of a high, youth pay only \$10 for a package of heroin versus \$80 for an 80-milligram pill of OxyContin. Underage drinking, the availability of starter drugs like marijuana and the low cost of heroin provide a fertile breeding ground for youth addiction. Substance use disorders impact one in four families, putting great strain on the physical, emotional and financial health of the individual, their family and our community.

CHANGING BEHAVIORS & CREATING OPPORTUNITIES

FCA offers adults and youth with behavioral health or substance abuse issues a pathway to stability, empowering them to build stronger, healthier lives. Our qualified health professionals, credentialed substance abuse counselors, social workers, psychiatrists and nurse practitioners deliver evidence-based treatment practices to individuals, couples and families. We offer education and information along with practical tools for managing mental health issues or changing unwanted behaviors or addictions. We assist our clients by engaging their loved ones in their recovery efforts; providing respite and childcare to parents; and offering vocational or ESL education to adults. Ours is a holistic, multi-disciplinary approach that treats psycho-social, psychiatric, substance abuse issues or co-occurring disorders.

We have two NYS OASAS-licensed outpatient treatment facilities that provide individual, group and family treatment for those struggling with addiction and substance use disorders, one in Hicksville and one in Hempstead. We're in the process of transforming our chemical dependency treatment center in Hempstead into the go-to place for families dealing with addiction. We'll look at how men and women respond differently to stressors that lead to reliance on drugs and alcohol and offer evidence-based treatment that brings results. We will be working towards ending addiction for the parent while simultaneously sharing prevention information and support to the family. As part of our commitment to mothers, we'll be offering free childcare at the center. We believe change is possible, and we give our clients a strong foundation from which to move forward.



ADDICTION TREATMENT AND BEHAVIORAL HEALTH SERVICES:

- Hicksville Counseling Center
- Hempstead Family Treatment and Recovery Center
- Home & Community-Based Services
- Spousal Abuse Group Education
- Anger Management
- Veterans Services
- Vocational Education



THANK YOU TO...

*The Unitarian Universalist
Congregation at Shelter Rock
for their \$100,000 donation.*



An Outlet for Expression

CLIENT STORY

I love to draw and me and my friends thought it was cool to "bomb" our neighborhood with spray paint on fences and buildings. But, I got arrested and had to meet with an FCA case manager as part of my probation and learned that I shouldn't always listen to my friends. My case manager found a local screen printing shop where I could volunteer every week and the owner even let me create custom designs for tee shirts. This was way cooler than just spray painting buildings.

I've been working with my case manager on being responsible for my actions and now my 60 day probation is over and I'm doing well in school, at home and at my volunteer job. Everything's OK.

— James

14 YEAR OLD CLIENT OF JUVENILE JUSTICE PROGRAM

CREATING OPPORTUNITIES FOR YOUTH

In 2014, we opened our Learning Center, a warm and hospitable place for young people to come for acceptance and to develop the confidence and skills they'll need to succeed. Many of the young people we assist come from underserved neighborhoods and failing school districts; some are homeless; some are in foster care and others are falling through the cracks at home and in school. At the Learning Center, all are welcome; we engage youth in meaningful exercises and workshops to help them develop the skills they need to prepare themselves for employment, college and successful adulthood. We invite volunteers from the business community to share their knowledge on subjects ranging from health and nutrition to job seeking skills or how to write a winning essay for a college application. A key component of the Learning Center's mission is connecting these young people with compassionate and concerned adults who are willing to guide them and offer assistance and jobs that enable them to succeed. This mentor-mentee program is part of a larger Step Up to Success initiative which began in 2013 as a way of ensuring that clients receive the practical help they need to create positive change in their lives.

A FUND FOR THE FUTURE

Our Scholarship Fund is another very important component of our Educational Opportunities & Life Skills for Youth Division. This fund is dispersed to students enrolled in college or trade school, who maintain a 2.5 GPA, and are willing participants in one of our programs. Generous donors and corporations contribute annually to the fund in order to ensure that the doors to a higher education are open to any youth willing to do the work. To date, we have awarded over one million dollars to Long Island youth – a sound investment in the future of our community.



IN MEMORY OF CAROL WESSEL

In 2014, we lost our friend, trustee and benefactrix Carol Wessel. However, her legacy lives on in the passion of our staff and the success of our clients who've all been touched by her enthusiasm, grace and compassion.



EDUCATIONAL OPPORTUNITIES & LIFE SKILLS FOR YOUTH:

- The Learning Center
- Parents and Children Together
- Project Independence Nassau & Suffolk
- Scholarship Fund
- Youth Advisory Council

2014 Scholarship Fund Sponsors

Adelphi University
Lorraine & Peter Bogan
Dede & Woody Frank
Grafer Family Foundation
Amy Hagedorn
Ginny & Louis Haynes
Angela & Scott Jagger Foundation
Judith C. White Foundation, Inc.
Arthur Katz-Knockout Pest Control
Dorothy B. and Bernard D.
Kennedy
Patellaro Family
Prounis Family
Patricia Pryor Bonica
Charlie & Denise Strain
Suffolk County National Bank
(SCNB)
Treiber Family
Wessel Family

Giving Youth a Chance



DONOR STORY

I like to find good people and keep them for as long as I can. In keeping with this strategy, I hired seven youth from FCA's Step Up to Success initiative: John, Jay, April, Nancy, Rachael, Ted and Steven. These young people are now part of the LI Frozen Storage team in part-time or full-time positions where they can use their talents, continue their education and obtain valuable work experience.

In the past, there used to be a level of social mobility that people could attain through employment; if you worked hard enough you could improve your financial situation and obtain a standard of living that exceeded that of your parents. But today, it is very difficult to prove how hardworking you are when you can't get an entry level job without a college degree. That is why we hired young people sponsored by Family & Children's Association; we wanted to give them that initial opportunity they need to succeed. And we're thrilled with how they've responded. FCA did a great job of screening the applicants and gave us dedicated, hard-working kids.

We want to make sure that they can earn a wage that allows them to live on and remain part of the Long Island community. Giving young people a chance is the least we can do. What would be the outcome if we did nothing?

— Avi Felix, Ph.D.

CEO, LI FROZEN STORAGE

STRENGTHENING FAMILIES

The challenges facing many Long Island families are complex; in addition to financial and substance abuse issues, FCA is seeing an increase in families with undiagnosed mental illness; medically-fragile children; and those diagnosed with Autism (or one of the disorders on the Autism spectrum).

In order to improve the lives of these children, from infancy through adolescence, we introduced evidence-based treatment programs such as "Strengthening Families" into our toolbox for transforming families in need. Staff in all family-focused programs received certification in this methodology allowing us to improve client outcomes. Parents gained greater control of their home environments, improved their parenting skills, time management and money management skills resulting in more stable home lives for their children.



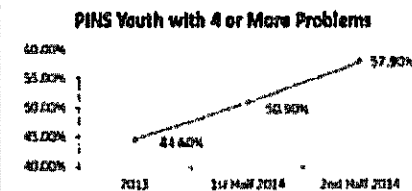
STRATEGIES FOR BUILDING FAMILY SUCCESS:

- Family Center
- Family Mediation
- Family Support
- Family Ties
- Nursery Co-op
- PINS Diversion

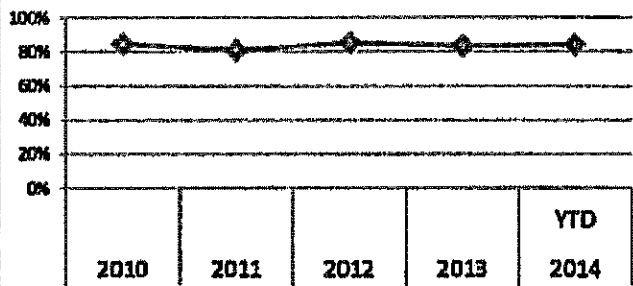
AT RISK YOUTH

For families requesting a Person in Need of Supervision Petition from the court system for their challenging adolescent, our PINS Diversion program is the answer. Since 2011, we have saved 3,200 teens from entering the juvenile justice system, family court or out-of-home placement. And, in 2014 we successfully implemented a new team approach to provide multi-faceted counseling to the most difficult cases, because we believe that each child, no matter how resistant, deserves a chance to prosper. Our success rate, of more than 90% each year, translates into billions of dollars in savings to taxpayers. The impact on families is priceless.

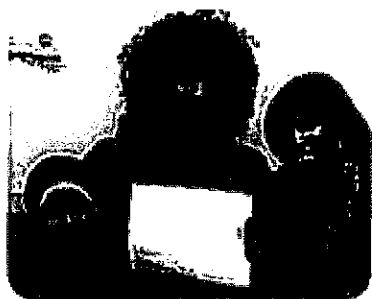
Increasing complexity of incoming clients



Successful Discharge (adjusted for families discontinuing service)



FROM OUR LITTLEST CLIENT
THANK YOU



FAMILY SUPPORT

FAMILY TIES



NURSERY CO-OP

HCBS



CHEMICAL DEPENDENCY TREATMENT

YOUTH ADVISORY COUNCIL

S TO OUR SAVVY SENIORS FOR CARING



SPECIAL VOLUNTEERS



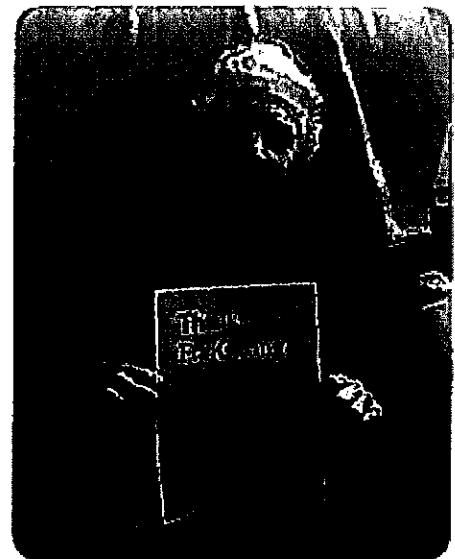
WALKABOUT



PINS DIVERSION



VETERANS SERVICES & RESIDENCE



SENIOR SERVICES



COUNSELING, SERVICES AND SUPPORT FOR ADULTS & SENIORS:

- Community Guardianship
- IESEP Case Management
& In-Home Assistance
- Health Insurance
Information Counseling
and Assistance
- Home Energy Assistance
Program
- Ombuds service

SPECIAL THANKS TO...

The Fay J. Lindner Foundation
*for their unending support of
our senior programs. Giving
since 1991, the Foundation has
contributed over \$1.2 million in
support of vulnerable seniors.*

CARING FOR THE GREATEST GENERATION

Each year, FCA serves nearly 9000 individuals who are 60 years of age and older. We focus on the individual needs of each person, providing a variety of services that enhance their well-being and support their life goals. For those living independently at home, we provide information, financial and health insurance counseling, home visits and referrals to available entitlements. For others who may be unable to manage their affairs or reside in adult/nursing facilities, we offer guardianship and advocacy to ensure they receive proper care. Our professional and caring staff gives seniors the help they need to live their lives with dignity.

ASSESSING & RESPONDING

Case managers and volunteers visit seniors in their homes and senior-care facilities to evaluate their situation and create a plan for their individual needs. Do they need help around the house or a healthcare aide? Are they entitled to free services such as Meals on Wheels, Friendly Visiting, food stamps or a free one-time delivery of home heating oil? Are they being cared for appropriately and with respect? Our staff and volunteers devote themselves to the concerns and proper care of Long Island's most vulnerable residents.

Working with seniors offers our volunteers opportunities to make a real contribution in a person's life: our bill payers, for example, visit clients' homes and help organize their paperwork and bills on a monthly basis. Our friendly visitors bring companionship and solace to those struggling with loneliness and isolation. Visits like these start out as a professional calls yet slowly morph into a visit between friends – and that's our community of caring at work.

A Happy Ending

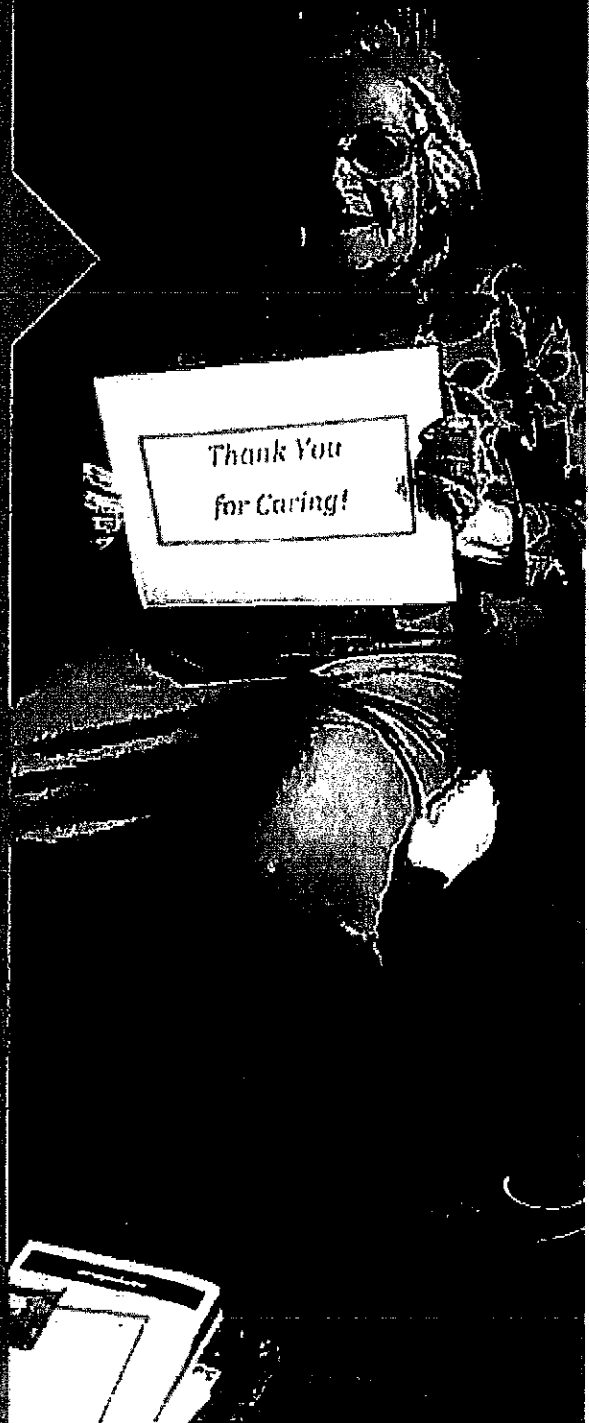
CLIENT STORY

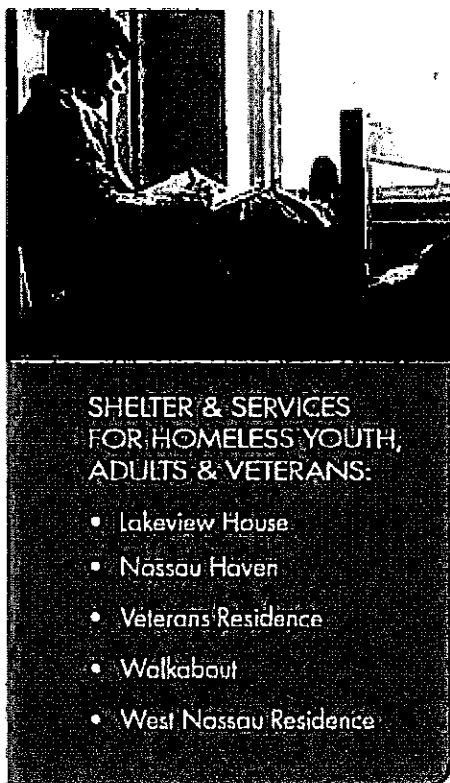
My house was severely damaged during Super Storm Sandy. Thankfully I received money for repairs from FEMA but was hospitalized shortly thereafter before I could arrange for reconstruction. Unfortunately, I entrusted my son to take over doing the repairs but then he walked off with the balance of the money and I've been unable to locate him ever since. With nowhere else to go, I returned to my house after my hospitalization, but at 75 years of age, it's very difficult to live in such an unsafe and mold-infested place. A neighbor recommended I contact FCA and with nowhere else to turn, I made the call.

Your senior financial counselors listened to my story and were very supportive; they helped me figure out next steps and together we filled out the application for a reverse mortgage. This was a God send! I've gone through an assessment of my home and am now receiving monthly stipends in order to make repairs and remain in my home for the rest of my life. This is a happy ending to a terrible period in my life, all thanks to FCA.

— Cynthia W.

CLIENT OF SENIOR SERVICES





STEP UP TO SUCCESS

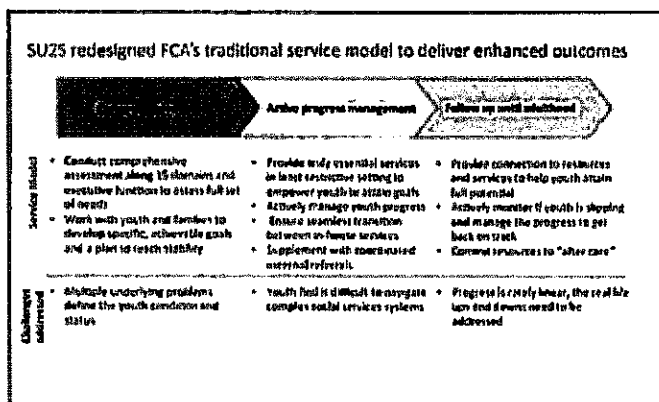
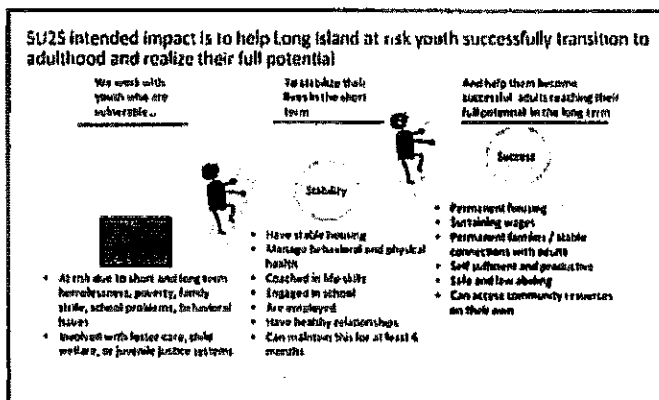
In 2013, FCA brought together 17 young men and women from across our agency and inducted them into our Step Up to Success initiative (SU2S). This innovative project was designed to deliver the tools for successful adulthood into the hands of our clients, aged 16 - 24, who were homeless, in foster care or in failing schools. These young people presented with a wide range of challenges and varying degrees of readiness for independent living – in addition to histories of physical and/or emotional trauma. Results for the test phase were very promising: 14 out of the 18 clients moved up one or more rungs on our "ladder of success."

During our expansion phase in 2014, FCA enrolled 49 young men and women from across our agency and each was given sessions with a transition coach who delivered intensive, one-to-one counseling that focused on mastering 16 life skill sets or "domains." Skills such as job seeking, job maintenance, money management, housing, education, financial counseling and personal grooming were taught to

youth and their progress was closely monitored by staff. With financial support from donors, encouragement from caring mentors from the community, and job opportunities provided by Long Island-based companies, these young people earned a combined \$124,000 in direct income and financial aid awards; 84% of active clients were enrolled/attended school and 75% were employed.

Plans are underway to incorporate the Step Up to Success protocol into all divisions within the agency; full integration will occur in 2015.

In recognition of these results, FCA has been awarded significant funding for our youth emergency shelter and transitional residence. We will receive approximately \$180,000 per year for the next three years through a Basic Center Grant and nearly \$200,000 per year for the next five years from a Solutions to End Homelessness Program (SEHP) grant awarded by Office of Temporary and Disability Assistance (OTDA).





Learning How to Be a Family

CLIENT STORY

I was 16 when I was arrested. The police were called to our house because of a fight I was having with my dad. I was taken to jail and we ended up in Adolescent Diversion Court where the judge required us to participate in your PINS Diversion program. I really didn't want to go to the Strengthening Families group with my dad, but it was part of the program so I went along. It was tough in the beginning, but over time I started to see my dad in a different way. I could see that he was trying to learn how to listen and he tackled our homework assignments with enthusiasm, so I did too. After completing the program, my case was dismissed by the court! I was thrilled and also happier because it was nicer at home, our disagreements didn't automatically turn into screaming matches and fights. We learned how to get along and respect each other's opinions and now things are better for both of us. Thanks for the help.

— Taylor

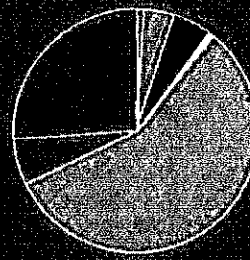
CLIENT OF PINS DIVERSION

FAMILY & CHILDREN'S ANNUAL REPORT

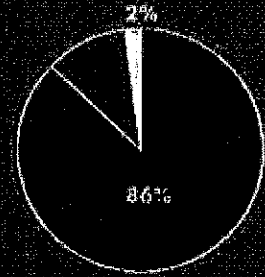
FISCAL YEAR ENDING 2014

INCOME

<input checked="" type="checkbox"/> Fees	\$ 730,630.00
<input type="checkbox"/> Contributions	\$ 897,647.00
<input checked="" type="checkbox"/> Fundraising	\$ 229,036.00
<input checked="" type="checkbox"/> Government	\$ 10,657,473.00
<input type="checkbox"/> Investment	\$ 1,168,123.00
<input type="checkbox"/> Medicaid/Medicare	\$ 4,854,868.00
<input type="checkbox"/> Other	\$ 77,767.00
Grand Total	\$ 18,615,544.00



INCOME 2013



EXPENSES 2013

EXPENSES

<input type="checkbox"/> Program Services	\$ 16,329,719.00
<input type="checkbox"/> Management & General	\$ 2,281,083.00
<input checked="" type="checkbox"/> Fundraising Services	\$ 337,738.00
Total Expenses	\$ 18,945,540.00
Net Deficit from Operations	\$ (329,996.00)



THANK YOU FOR CARING!



\$100,000 & GREATER

Mr. & Mrs. George D. O'Neill
Unitarian Universalist
Congregation at
Shelter Rock
William Stamps Farish Fund

\$50,000 TO \$99,999

Fay J. Lindner Foundation
Mrs. Amy Hogedorn
Newsday Charities/McCormick
Foundation
Sandy River Charitable Fdn.
United Way of Long Island

\$25,000 TO \$49,999

Gerry Corbett Foundation
Long Island Community
Foundation
Mr. & Mrs. Scott R. Treiber
Mr. & Mrs. Ken Wessel

\$10,000 TO \$24,999

Mr. Manuel Baron
BNY Mellon Wealth Mgmt.
Cit
Continental Kraft Corporation
Elena Malus Foundation, Inc.
Farrell Fritz, P.C.
Mr. & Mrs. H. Richard Grafer
Henry Schein, Inc.
King Kullen Grocery Co., Inc.
Knapp Swezey Foundation Inc.
Mr. Joseph Patellaro
Ms. Patricia Pryor Bonica
PSEG Long Island LLC
SKANSKA USA Civil
Star America Group
Mr. & Mrs. Charles M. Strain

\$5,000 TO \$9,999

Adikes Family Foundation
Arch Insurance Group

Baker Tilly LLP

Mr. & Mrs. Peter J. Bogan
Mr. & Mrs. Daniel E. Brown
Chubb Surety
Empire Blue Cross Blue Shield
Ferraro Bros. Building Materials
Healthplex, Inc.
Mr. & Mrs. Donald Holden
Mr. & Mrs. Louis L. Hoynes
Angela & Scott Jagger Foundation
Judlau Enterprises
Lakewood Bakery
Mr. & Mrs. Michael Monahan
Mutual of America
Network Outsource
NY Community Bank Foundation
Mr. Robert Schwerdel
Thamasaris Holding Inc.
TRS Associates, Inc.
Tully Construction Co.
Zurich Surety

\$1,000 TO \$4,999

Mr. Donald Abrams
Adelphi University
Al & Peggy Dematteis Family Foundation
Anikstein Family Foundation
Mr. & Mrs. James Anziano
ADN Corporation
Arrow Transfer & Storage Inc.
Astoria Bank
Balmik Foundation Inc.
Bank of America
Ms. Jayne Bliesl
Mr. Richard Bobba
Bond, Schoenack & King
Mr. & Mrs. Gerald Brielmaier
C.D.E. Air Conditioning Co.
Carr Business Systems
Clara & Kurt Hellmuth Foundation
Ms. Nancy Cohen
Mr. Benjamin & Mrs. Shawn Cohen
CohnReznick
Mr. & Mrs. Drew S. Crowley
Mr. & Mrs. Joseph F. D'Angelo
Mr. Peter D'Angelo
Mr. & Mrs. Robert Decker
Mr. & Mrs. Peter Dion
Mr. Gregg Dluginsky

Mr. Charles F. Dolan
Durr Mechanical Construction
Ecco III Enterprises Inc.
Mr. William Edwards
El Sol Contracting & Construction
Five Star Electric Corporation
Mr. & Mrs. George W. Frank
GAP Foundation
Garden City Community Church
Mr. & Mrs. Harry Goldfeier
Ms. Phoebe Goodman
Mr. & Mrs. Daniel Griesmeyer
Ms. Patricia Griesmeyer
Mrs. Fran Harnett
Mrs. Janet Henriquez-Marcic
Mr. John J. Holloway
Mr. Robert Horvath
James J. Calt Foundation
Ms. Mara Johnston
Jonathan Brooklyn Lodge #27
F.S.I.
Judith C. White Foundation, Inc.
Junior League of Long Island
Mr. & Mrs. Bernard D. Kennedy
Mr. & Mrs. Bernie P. Kennedy
Kennedy & Gillen
Knackout Pest Control Inc.
Koehler & Isaacs

Kreissberg & Maitland, LLP
Mr. & Mrs. David Landau
Mr. & Mrs. Jonathan Landau
Lane Construction Corp.
Ms. Hope Lapsley
Mr. & Mrs. Eamon Lavin
Ms. Sandra Leary
Ms. Natalie Leavy
Mr. & Mrs. Louis Levinson
Lions Club of Mineola
Long Island Frozen Storage
Mr. Neil MacDonald
Make The Road New York Inc.
Mrs. Eugenia Mazzara
Meltzer Lippe Goldstein & Breitstone, LLP
Mr. & Mrs. Philip Mickulas
Moretrench
Mr. Robert Murphy
N.O.I.T.U.
Mr. John A. Nuzzi
Mr. William B. O'Connor
Ms. Nancy Orosz
Palmer Walker Foundation
Mr. & Mrs. Robert Pascucci
Ms. Kathryn Payne
Plaza Construction LLC
Mr. & Mrs. Gregory Prime

Proitiviti
Mr. & Mrs. Michael Prounis
Railroad Construction Co.
Dr. & Mrs. Jeffrey Reynolds
Mr. Brian Ritchie
Mr. Steven Roth
RSSM LLP
Mr. Ira Schack
Mr. Joseph Schumm
Mr. Philip Scott
Mr. William R. Siegel
Signature Bank
Ms. Dolores Smalls
Mrs. Lisa Stern
Mr. William Stewart
STV
Suffolk County National Bank
Ms. Nancy B. Taylor
The Par Group
Mr. William Thornton
Mr. Bob Tobin
Mr. & Mrs. H. Craig Treiber
Mr. & Mrs. John H. Treiber
United Service Workers UIJAT
Ms. Mary Ann Vassallo
Ms. Beth M. Wiener
Mr. & Mrs. Donald Zerbarini



\$500 TO \$999

Mr. William Best
Mr. Albert Blanco
Mr. John A. Cerrato
Ms. Mary Ann Crowley
Mr. Louis P. DiCerbo
Dominick & Rose Ciampa Fdn.
Donatic
German Auto Service Corp.
Mr. & Mrs. Dan Haffel
Ms. Aileen Hanichko
Ms. Abbie-Jane Hattauer
Henry Luce Foundation Inc.

Holiday Inn Westbury
Mrs. Joan Hollander
Home Run Electric
Mr. Gerald Hustick
Jack Gayson Plumbing & Heating
Jantech Industries
Mr. Gerard Jones
Mr. James Keneally
Mr. & Mrs. George Kuzma
Ms. Jacqueline Lincy
Mr. Chris Mansfield
Mr. & Mrs. William Marshall
Ms. Lillian McCormick

Mr. Jim Meyer
Ms. Jean Montgomery
Mr. & Mrs. Donald Newton
Mr. David Penn
Ms. Jackie Pierangelo
Mr. & Mrs. Gauram Ramchandani
Rockville Centre School Dist.
Mr. Edward J. Ryan
Mr. Joel Schoenfeld
Mrs. Peggy Sicari
Ms. Alexandra Singerman
Mr. Adrian Sokaloff
Ms. Catherine Summers

Teachers Federal Credit Union
The Community Church of
East Williston
Triple Crown Sports Memorabilia
Mrs. Jane Tucker
Mr. Murray Warschauer
Ms. Beth Wessel
Mr. Wayne Wink
WSJS Architects
Mr. James Zima

For more information and a full list of our donors, visit www.familyandchildrens.org

Programs & Services

Addiction Treatment and Behavioral Health Services

- Anger Management
- Hicksville Counseling Center
- Hempstead Chemical Dependency Treatment Center (Hempstead Family Treatment and Recovery Center)
- Home & Community-Based Services
- Spousal Abuse Group Education (SAGE)
- Veterans Services
- Vocational Education

Educational Opportunities & Life Skills for Youth

- The Learning Center
- Parents and Children Together
- Project Independence Nassau & Suffolk
- Scholarship Fund
- Youth Advisory Council

Strategies for Building Family Success

- Family Center
- Family Mediation
- Family Support
- Family Ties
- Nursery Co-op
- PINS Diversion
- STARS

Counseling, Services and Support for Adults & Seniors

- Community Guardianship
- EISEP Case Management & In-Home Assistance
- Health Insurance Information Counseling and Assistance
- Home Energy Assistance Program
- Ombuds Service
- SAFE
- Senior Financial Counseling

Shelter & Services for Homeless Youth, Adults & Veterans

- Lakeview House
- Nassau Haven
- Veterans Residence
- Walkabout
- West Nassau Residence
- Street Outreach

Innovative Approaches to Strengthening Communities

- Step Up To Success (SU25)
- Village of Hempstead Initiative

BECOME
A VOLUNTEER!
(516) 746-0350
x372



Family & Children's Association
100 E. Old Country Road, Mineola NY 11501
(516) 746-0350
www.familyandchildrens.org

(ATTACHMENT FOR POINT C FROM PAGE 4)

The mission of Family and Children's Association (FCA) is to protect and strengthen Long Island's children, families and communities. We offer assistance to those who are experiencing social, emotional and/or economic difficulties through comprehensive and integrated services ranging from early childhood intervention and preventive care to services for senior citizens – all designed to encourage self-sufficiency whenever possible. FCA is committed to providing high quality, professional care through a continuum of in-home, residential, and community-based programs, which are individualized, strength-based and culturally competent. For over 130 years, we have served Long Island by rising to meet the needs and challenges of its most vulnerable population through an integrated network of services that care for children, youth, adults, seniors, and families. FCA is recognized as a model of excellence; fiscally sound, well-managed, and possessing an impeccable reputation for providing community-based social services. FCA programs touch the lives of more than 20,000 Long Island residents each year through the efforts of over 300 staff members, 200 individual volunteers, corporate groups, community groups and sponsors who join with us to become something bigger than themselves.

In a single year, as a result of the work of FCA more than 8,700 seniors remained safely in their homes, 1,100 individuals with drug or alcohol problems were helped to overcome their addictions, more than 3,000 families received services to protect and improve the safety and wellness of their children, nearly 1,000 children received educational support services to succeed in school, and 1,400 teenagers received counseling, independent living skills, counseling, case management or emergency housing. Wholly committed to continuous quality improvement, every one of FCA's programs measures outcomes to assess effectiveness, and solicits the input and opinions of the people who benefit from our services. These services are, client-focused and consumer-driven by design and community feedback is vital to our success.

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 87, Section 87.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19180-19211).

(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 or 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 - President/CEO

5/3/2016

Name and Title of Authorized Representative

Signature



m/day

6/21/2016

Date

Family and Children's Association

Name of Organization

100 East Old Country Road, Mineola New York 11501

Address of Organization

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	\$191,436
1b	Fringe	\$88,059
1 Total	Personnel (Salary plus Fringe)	\$279,495
2	Consultant(s)	\$0
3	Travel / Per Diem / Transportation	\$2,394
4	Equipment	\$1,880
5	Supplies	\$1,186
6	Contractual Services	\$11,257
7	Rent/Utilities	\$10,323
8	Department Specific Costs	\$0
9	Other Costs	\$3,046
10	Administrative Overhead	\$40,841
	Gross Expenditures (Lines 1 – 10)	\$350,422
11	Revenue, Income, Agency Contribution, Matches	\$0
	Net Budget Total (Lines 1 – 10 minus line 11)	\$350,422
	Agency Contribution	\$0
	Net Contract Total (Net Budget Total minus Agency Contribution)	\$350,422

AMENDMENT NO. III

This AMENDMENT, dated as of July 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 amended by the amendment executed on behalf of the County on May 4, 2016, as so amended, (the "Original Agreement"), the Contractor provides mandated Preventive services to children under the Family Support (Homemaker) program 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, 2016 with an option to renew under the same terms and conditions for two (2) 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 Six Million One Hundred Ninety Two Thousand Nine Hundred Four Dollars and 00/100 (\$6,192,904.00) (the "Maximum Amount"); and

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

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

1. Maximum Amount. (a) The Maximum Amount in the Original Agreement shall be increased by Forty Nine Thousand Seven Hundred Twenty Seven Dollars and 00/100 (\$49,727.00), 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 Two Hundred Forty Two Thousand Six Hundred Thirty One Dollars and 00/100 (\$6,242,631.00) (the "Amended Maximum Amount"). The increase in the maximum amount of Forty Nine Thousand Seven Hundred Twenty Seven Dollars and 00/100 (\$49,727.00) during the renewal term shall be paid in accordance with the line item budget attached hereto as Appendix B1 (the "Amended Budget").

2. Budget. The budget referred to in Section 3 (f) of the Original Agreement and attached to the Original Agreement is amended to appear in its entirety as set forth in Appendix B1 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.

3. 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: June 24, 2016

NASSAU COUNTY

By: _____

Name: _____

Title: County Executive

☐ Deputy County Executive

Date: _____

PLEASE EXECUTE IN BLUE INK

128786

COUNTY OF NASSAU)

On the _____ day of _____ in the year 2016 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

COUNTY OF NASSAU)

On the 8th day of July 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 Nassau; that he or she is the President/CEO of Family and Children's Association, 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

1. The first part of the document is a list of the names of the persons who have been named in the proceedings.



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 <input checked="" type="checkbox"/> Renewal <input type="checkbox"/>
Amendment
Time Extension <input type="checkbox"/>
Addl. Funds <input type="checkbox"/>
Blanket Resolution <input type="checkbox"/>
RES#

1) Mandated Program:	Yes X	No <input type="checkbox"/>
2) Comptroller Approval Form Attached:	Yes X	No <input type="checkbox"/>
3) CSEA Agmt. § 32 Compliance Attached:	Yes <input type="checkbox"/>	No X
4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes <input type="checkbox"/>	No X
5) Insurance Required	Yes X	No <input type="checkbox"/>

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: pmickulas@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 App'd & Fw'd.	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) <input type="checkbox"/> NIFS Appvl (Dept. Head) <input type="checkbox"/>	10/30/13	<i>[Signature]</i>	
	OMB	NIFS Approval <input type="checkbox"/>	11/1/13	<i>[Signature]</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
11/14/13	County Attorney	CA RE & Insurance Verification <input checked="" type="checkbox"/>	11/14/13	<i>[Signature]</i>	
11/14/13	County Attorney	CA Approval as to form <input checked="" type="checkbox"/>	11/14/13	<i>[Signature]</i>	
	Legislative Affairs	Fw'd Original Contract to CA <input type="checkbox"/>	11/26/13	<i>[Signature]</i>	
	Rules <input type="checkbox"/> / Leg. <input type="checkbox"/>	<input type="checkbox"/>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	County Attorney	NIFS Approval <input type="checkbox"/>	12/23/2013	<i>[Signature]</i>	
	Comptroller	NIFS Approval <input checked="" type="checkbox"/> 29146	1/31/14	<i>[Signature]</i>	CGL 1/29/14
	County Executive	Notarization Filed with Clerk of the Leg. <input type="checkbox"/>	1/2/14	<i>[Signature]</i>	

Contract Summary

PR5254 (8/04)



Contract Summary

Description Combined Preventive Services(PINS, Preventive & Independent Living)	
Purpose: <i>Appendix A1</i> - 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. <i>Appendix A2</i> - 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. <i>Appendix A3</i> - 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. (<i>A RFP was issued- new contract to start 9/1/13</i>)	
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: <i>Appendix A1</i> - 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. <i>Appendix A2</i> - 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 <i>Family Support</i> <i>Appendix A3</i> - 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. <i>Family Support (Homeless)</i>	
Impact on Funding / Price Analysis: 2013 - 09/01/13 - 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

RENEWAL	
% Increase	
% Decrease	

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

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 _____	
Date _____		Date _____		Date _____	
1/31/14		1/31/14		12/2/13	
				(For Office Use Only)	
				E #:	

PR5254 (8/04)

Single ruled

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.

b) In the event of a conflict or ambiguity between any term of this Agreement, above the signature page, and any Exhibit or Appendix, the Agreement above the signature page, shall take precedence followed by Appendix A1 and Appendix A2: Program Narrative and Scope of Services, Appendix B1 and B2 Line Item Budget.

c) In addition to the Scope of Work Appendices described above and annexed hereto, Contractor shall develop a plan for a community seminar highlighting the signs and symptoms of child abuse and domestic violence, to be approved by the County and Department and implemented within six (6) months of execution of this Agreement. Contractor must conduct the community seminar at least annually throughout the duration of the term of this Agreement and agrees to provide the County and Department ten (10) days advance notice of the date of every seminar and shall provide to the Commissioner of the Nassau County Department of Social Services verification that such program has been completed.

d) The Contractor shall provide to the Department within three (3) months of the commencement of the Agreement term a certificate of completion from (and registered with) the New York State Office of Children and Family Services ("OCFS") certifying successful completion of the OCFS "Core Training" program for each Contractor caseworker providing preventative or child protective services under the Agreement. When needed, the Contractor shall arrange training through the Department.

e) Contractor shall provide Spanish/English bi-lingual staff sufficient in number to provide effective communication and service delivery for Spanish speaking clients.

f) 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.

g) 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 the Department.

(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) The Contractor shall comply with the following performance standards by ensuring that:

- (a) Eighty percent (80%) of the families receiving preventive services will remain intact;
- (b) Eighty percent (80%) of the youth will improve their situation enough to avoid out of home placement while in the preventive program;
- (c) Eighty percent (80%) of the families assessed to have deficits in parenting skills will show an improvement in parenting skills while in the program;
- (d) Ninety percent (90%) of the families will have an initial face-to-face meeting with the caseworker within seventy-two (72) hours of referral from the Department;
- (e) Ninety percent (90%) of the families will have a family visit by the caseworker within one (1) week of referral from the Department.

k) Self-evaluation is recognized as being an integral and ongoing process in Contractor's commitment to provide quality services to children and families. Contractor shall identify and implement a number of processes and procedures to aid in the measurement of program effectively as they relate not only to the quality of service, but also to our compliance with Contractor and Government standards.

The following areas will serve as indicators:

- (1) A client feedback instrument will be distributed in the Spring and Fall of each year to every client in the program. A copy of such instrument shall be provided to the Contractor by Department;
- (2) As the program strives to provide timely interventions for families requesting service, it is important that initial contact with the family be established in as short a period of time as possible after referral. An ongoing survey of this response time rate will be conducted at monthly intervals at the time when statistical data is obtained;

(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.

(ii) An advance of One Hundred Seventy Seven Thousand Two Hundred Two and 33/100 Dollars (\$177,202.33) ("Year 2013 Advance") from the Year 2013 Encumbrance shall be payable upon execution of this Agreement by the County, subject to any voucher requirements set forth under this Agreement. The remainder of the Year 2013 Encumbrance shall be paid monthly in arrears and on a reimbursement basis in accordance with this Agreement, respective 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) An advance of Five Hundred Thirty One Thousand Six Hundred Seven and 00/100 Dollars (\$531,607.00) ("Year 2014 Advance") from the Year 2014 Encumbrance shall be payable upon full approval of the Year 2014 Encumbrance, subject to any voucher requirements set forth under this Agreement. The remainder of the Year 2014 Encumbrance shall be paid monthly in arrears and on a reimbursement basis in accordance with this Agreement, respective 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.

(iv) The Contractor shall deduct the Year 2013 Advance and Year 2014 Advance in equal installments from the claims submitted for payment during the last four (4) months of the respective years of each advance. 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.

(b) Vouchers; Voucher Review, Approval and Audit. Payments shall be made to the Contractor in arrears (except for the advance), on a reimbursement basis and shall be contingent upon (i) the Contractor submitting a claim voucher (the "Voucher") in a form satisfactory to the County, that (a) states with reasonable specificity the Services provided and the payment requested as consideration for such Services, (b) includes a statement certified by the Contractor's Executive Director (or substantially equivalent officer) that the Services rendered and the payment requested are in accordance with this Agreement, (c) is accompanied by a certified statement of expenses and income for the applicable period, in a form that includes in each expense row the name of the person or entity to whom or which payment was made and the amount of the payment, and states at the bottom of the payment column the aggregate amount of all payments for which reimbursement is claimed, and (d) if requested by the Department and/or the County Comptroller or his or her duly designated representative (the "Comptroller"), is accompanied by specific documentation supporting the amount claimed, and (ii) review, approval and audit of the Voucher by the Department and/or the Comptroller.

(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.

4. Independent Contractor. The Contractor is an independent Contractor of the County. The Contractor shall not, nor shall any officer, director, employee, servant, agent or independent contractor of the Contractor (a "Contractor Agent"), be (i) deemed a County employee, (ii) commit the County to any obligation, or (iii) hold itself, himself, or herself out as a County employee or Person with the authority to commit the County to any obligation. As used in this Agreement the word "Person" means any individual person, entity (including partnerships, corporations and limited liability companies), and governments or political subdivision thereof (including agencies, bureaus, offices and departments thereof).

5. No Arrears or Default. The Contractor is not in arrears to the County upon any debt or contract and it is not in default as surety, contractor, or otherwise upon any obligation to the County, including any obligation to pay taxes to, or perform services for or on behalf of, the County.

6. Compliance with Law. (a) Generally. The Contractor shall comply with any and all applicable Federal, State and local Laws, including, but not limited to those relating to conflicts of interest, discrimination, a living wage, disclosure of information, agency financial controls disclosure, and vendor registration, in connection with its performance under this Agreement. In furtherance of the foregoing, the Contractor is bound by and shall comply with the terms of Appendix EE attached hereto and with the County's vendor registration protocol. In addition, if the Contractor is a not-for-profit corporation, by executing this Agreement, the Contractor certifies that it has completed, executed and submitted to the Comptroller an Agency Financial Controls Questionnaire. As used in this Agreement the word "Law" includes any and all statutes, local laws, ordinances, rules, regulations, applicable orders, and/or decrees, as the same may be amended from time to time, enacted, or adopted.

(b) Nassau County Living Wage Law. Pursuant to LL 1-2006, as amended, and to the extent that a waiver has not been obtained in accordance with such law or any rules of the County Executive, the Contractor agrees as follows:

- (i) Contractor shall comply with the applicable requirements of the Living Wage Law, as amended;
- (ii) Failure to comply with the Living Wage Law, as amended, may constitute a material breach of this Agreement, the occurrence of which shall be determined solely by the County. Contractor has the right to cure such breach within thirty days of receipt of notice of breach from the County. In

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

applicable, its employees, agents and subcontractors have and shall have, all required New York State approvals, authorization(s), certification(s), registration(s), license(s) and/or permit(s) required by the State, County or local authorities for the Services (collectively, the "License" or "Licenses"). In the event that the Contractor or such other holder of a License is no longer licensed for any one or more of the Services, the Contractor must immediately notify the County.

(g) The Contractor shall require verification that any agent otherwise required by law, employee, or subcontractor have documentation of completion of a child abuse mandated reported training course.

(h) The provisions of this paragraph shall survive the termination of this Agreement and any breach of these provisions shall be cause for immediate termination of this Agreement.

7. Minimum Service Standards. Regardless of whether required by Law and in addition to any other applicable provisions of this Agreement: (a) The Contractor shall, and shall cause Contractor Agents to, conduct its, his or her activities in connection with this Agreement so as not to endanger or harm any Person or property.

(b) The Contractor shall deliver services under this Agreement in a professional manner consistent with the best practices of the industry in which the Contractor operates. The Contractor shall take all actions necessary or appropriate to meet the obligation described in the immediately preceding sentence, including obtaining and maintaining, and causing all Contractor Agents to obtain and maintain, all licenses, certifications, and approvals ("Approvals") necessary or appropriate in connection with this Agreement.

8. Indemnification; Defense; Cooperation. (a) The Contractor shall be solely responsible for and shall indemnify and hold harmless the County, the Department and its officers, employees, and agents (the "Indemnified Parties") from and against any and all liabilities, losses, costs, expenses (including, without limitation, attorneys' fees and disbursements) and damages ("Losses"), arising out of or in connection with any acts or omissions of the Contractor or a Contractor Agent, regardless of whether taken pursuant to or authorized by this Agreement and regardless of whether due to negligence, fault, or default, including Losses in connection with any threatened investigation, litigation or other proceeding or preparing a defense to or prosecuting the same; provided, however, that the Contractor shall not be responsible for that portion, if any, of a Loss that is caused by the negligence of the Indemnified Parties..

(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

reduction or cancellation of coverage under, any insurance required hereunder, the Contractor shall provide written notice to the Department of the same and deliver to the Department renewal or replacement policies, certificates of insurance, and/or amendatory endorsements. The Contractor shall cause all insurance to remain in full force and effect throughout the term of this Agreement and shall not take any action, or omit to take any action that would suspend or invalidate any of the required coverages. The failure of the Contractor to maintain Workers' Compensation Insurance shall render this contract void and of no effect. The failure of the Contractor to maintain the other required coverages shall be deemed a material breach of this Agreement upon which the County reserves the right to consider this Agreement terminated as of the date of such failure.

10. Assignment; Amendment; Waiver. This Agreement and the rights and obligations hereunder may not be in whole or part (a) assigned, transferred or disposed of, (b) amended, or (c) waived without the prior written consent of the County Executive or his or her duly designated deputy (the "County Executive"), and any purported assignment or other disposal without such prior written consent shall be null and void. The failure of a party to assert any of its rights under this Agreement, including the right to demand strict performance, shall not constitute a waiver of such rights.

11. Subcontracting.

(a) Notwithstanding the above provision, the Contractor shall not subcontract any portion of the work without the prior written consent of the County Executive or his or her duly designated deputy (the "County Executive"), and any purported subcontracting without such prior written consent shall be null and void.

(b) Contractor is and shall remain primarily liable for the successful completion of all work in accordance with this Agreement. The Contractor shall be primarily liable even when using subcontractors, independent contractors, consortiums or partners to perform some or all of the work contemplated by this Agreement, and even if the use of such partners or subcontractors has been approved by the County.

(c) Nothing contained in this Agreement or otherwise shall create any contractual relation between the County and any subcontractors. The Contractor agrees to be as fully responsible to the County for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them as it is for the acts and omissions of persons directly employed by the Contractor.

(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

actions reasonably requested by the County (including those set forth in other provisions of this Agreement). The provisions of this subsection shall survive the termination of this Agreement.

(d) Accounting upon Termination. (i) Within thirty (30) days of the termination of this Agreement, the Contractor shall provide the Department with a complete accounting up to the date of termination of all monies received from the County and shall immediately refund to the County any unexpended balance remaining as of the time of termination.

(e) Payments in Connection with Termination or Notice of Termination. Unless a provision of this Agreement expressly states otherwise, payments to the Contractor following the termination of this Agreement shall not exceed payments made as consideration for services that were (i) performed prior to termination, (ii) authorized by this Agreement to be performed, and (iii) not performed after the Contractor received notice that the County did not desire to receive such services.

13. Accounting Procedures; Records. The Contractor shall maintain and retain, for a period of six (6) years following the later of termination of or final payment under this Agreement, complete and accurate records, documents, accounts and other evidence, whether maintained electronically or manually ("Records"), pertinent to performance under this Agreement. Records shall be maintained in accordance with Generally Accepted Accounting Principles and, if the Contractor is a non-profit entity, must comply with the accounting guidelines set forth in the federal Office of Management & Budget Circular A-122, "Cost Principles for Non-Profit Organizations." Such Records shall at all times be available for audit and inspection by the County Comptroller or his or her duly designated representative (the "Comptroller"), the Department, any other governmental authority with jurisdiction over the provision of services hereunder and/or the payment therefore, and any of their duly designated representatives. The provisions of this Section shall survive the termination of this Agreement.

14. Inventory. (a) Title to all equipment, supplies, and material purchased with funds paid under this Agreement (the "Equipment") shall vest in the County and the Equipment shall not be disposed of without the prior written approval of the County.

(b) The Contractor shall maintain and retain, for a period of six (6) years following the later of termination of or final payment under this Agreement, a complete and accurate inventory (the "Inventory") of the Equipment. The Inventory shall describe the Equipment with reasonable specificity so that the Equipment can be readily identified. The Inventory shall at all times be available for audit and inspection by the Comptroller, the Department, any other

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.

17. Consent to Jurisdiction and Venue; Governing Law. Unless otherwise specified in this Agreement or required by Law, all claims or actions with respect to this Agreement shall be resolved exclusively by litigation before a court of competent jurisdiction located in Nassau County in New York State and the parties expressly waive any objections to the same on any grounds, including venue and forum non conveniens. This Agreement is intended as a contract under, and shall be governed and construed in accordance with, the Laws of New York State, without regard to the conflict of laws provisions thereof. The provisions of this Section shall survive the termination of this Agreement.

18. Notices. Any notice, request, demand or other communication required to be given or made in connection with this Agreement shall be (a) in writing, (b) delivered or sent (i) by hand delivery, evidenced by a signed, dated receipt, (ii) postage prepaid via certified mail, return receipt requested, or (iii) overnight delivery via a nationally recognized courier service, (c) deemed given or made on the date the delivery receipt was signed by a County employee, three (3) business days after it is mailed or one (1) business day after it is released to a courier service, as applicable, and (d)(i) if to the Department, to the attention of the Commissioner at the address specified above for the Department, (ii) if to an Applicable DCE, to the attention of the Applicable DCE at the address specified above for the County, (iii) if to the Comptroller, to the attention of the Comptroller at 240 Old Country Road, Mineola, NY 11501, and (iv) if to the Contractor, to the attention of the person who executed this Agreement on behalf of the Contractor at the address specified above for the Contractor, or to such other persons or addresses as shall be designated by written notice.

19. All Legal Provisions Deemed Included; Severability; Supremacy (a) Every provision required by Law to be inserted into or referenced by this Agreement is intended to be a part of this Agreement. If any such provision is not inserted or referenced or is not inserted or referenced in correct form then (i) such provision shall be deemed inserted into or referenced by this Agreement for purposes of interpretation and (ii) upon the application of either party this Agreement shall be formally amended to comply strictly with Law, without prejudice to the rights of either party.

(b) In the event that any provision of this Agreement, or any of the services described herein, shall be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

(c) Unless the application of this subsection will cause a provision required by Law to be excluded from this Agreement, in the event of an actual conflict between the terms and

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).

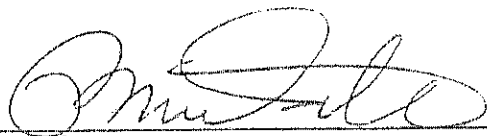
(b) Availability of Funds. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person beyond funds appropriated or otherwise lawfully available for this Agreement.

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.]

IN WITNESS WHEREOF, the Contractor and the County have executed this Agreement and agree to be bound by its terms as of the first date written above.

FAMILY & CHILDREN'S ASSOCIATION

By: 
Name: Philip M. Mickulas
Title: President & CEO
Date: Oct 16, 2013

NASSAU COUNTY

By: _____

Name: _____

Title: County Executive

☐ Deputy County Executive

Date: _____

PLEASE EXECUTE IN BLUE INK

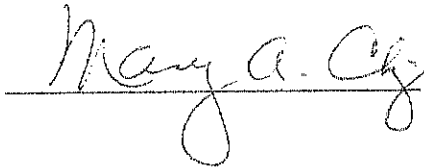
STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the 16th day of October in the year 2013 before me personally came Philip M. Mirkulac 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 the President + CEO of Family & Chiklra'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. 01CH6183623
Qualified in Nassau County
Commission Expires April 2, 2015

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

NOTARY PUBLIC

APPENDIX A1_HOMEMAKER

(a) The County agrees to retain the services of the Contractor to:

(i) Provide specialized Family Support Services to Sixty (60) cases referred to it by the Department, and to provide a sufficient number of specialized Family Support Workers to serve the cases referred to it by the Department.

(ii) Provide training for the Family Support Workers.

(b) The Contractor's Family Support duties under this Agreement shall include, but shall not be limited to, the following:

(i) The provision of Family Support Services, as needed, to assigned families including, but not limited to:

(a) Provide screening and assessment to determine level of family support;

(b) Instruction and/or assistance in child care;

(c) Instruction and/or assistance in care of home (cleaning);

(d) Instruction and/or assistance in shopping and preparation of food;

(e) Instruction of parent(s) in home management and child rearing techniques necessary to prevent foster placement;

(f) Instruction of parent(s) in basic social skills.

(g) Attendance at Service Plan Review Conferences as necessary.

(ii) Regular consultation with the Department's Case Manager and/or Coordinator regarding the special needs of the family and specific objectives for services as required by the Department including written and/or verbal reports as requested by the Case Manager and/or Coordinator.

(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.

(f) The Department shall provide a Coordinator in connection with this Agreement and the Contractor shall designate a representative as the Contractor's Liaison to the Department's Coordinator. The Department reserves the right to request a change of Family Support Workers, a/k/a Specialized Homemakers, upon a showing of unsatisfactory performance pursuant to Section 2 of this contract and any other reasonable method.

(g) All requests for Family Support Workers service shall be made by the Department's Coordinator to the Contractor's Liaison. The Department's Coordinator shall work with the Contractor's Liaison who shall be responsible for assigning the Family Support Workers and informing the Department's Coordinator and/or Case Manager of the assignment. The Department's Case Manager shall provide a written plan for each client family.

(h) The Contractor agrees to submit to the Department such reports as may be required by the Department.

(i) The Contractor agrees to maintain a case record system in the format deemed by the Department to be in accordance with the provisions of the Child Welfare Reform Act of 1979, or as same may from time to time be amended.

(j) The Contractor agrees that 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 insure that the terms, covenants, and conditions of this Agreement are being carried out. Monitoring shall include, but not limited to, the following:

(i) On-site visits by designated Department staff.

(ii) Examination of case records to review the services offered and delivered to various clients.

(iii) Cooperation with the evaluation team.

APPENDIX A2 FAMILY TIES

(A) County agrees to retain the services of Contractor to provide case planning services coordinating casework, counseling, and support services for families at risk for up to One Hundred Eighty (180) of the Department's preventive services cases. Of the Two Hundred Fifty-five (255) cases, those classified by the Department as requiring "enhanced services" shall be counted as two (2) cases.

(B) The Contractor will provide the following program staff positions:

(i) Project Director

(ii) Casework Supervisors

(iii) Caseworkers

(iv) Case Aides

(v) Clerk Typists

(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

child and/or the child's parents or guardians towards a course of action agreed to by the child and/or the child's parents or guardians as the best method of attaining personal objectives or resolving problems or needs of a social, emotional, developmental, or economic nature;

(b) Individual or group activities with the child and/or the child's parents that are planned for the purposes of achieving such course of action as specified in the child and family's service plan. In addition, casework contact is not defined as merely a casual visit with or an observation of a child or family. A casework contact is intended to be part of a working session with a purpose related to the service needs of the child and his or her family. Casework contacts should occur whenever the case planner judges they will best serve the child or family. Efforts to make casework contacts must be diligent and in good faith. Casework contacts must be documented in progress notes within five (5) business days or two (2) days of case opening in Connections and must be summarized in the appropriate required forms of the uniform case record. The location and reason for the contact along with the outcome of the contact must be fully described. Proper documentation is required to substantiate failed contracts. Diligent effort properly documented will be counted toward the requirement for compliance.

There must be at least twelve (12) casework contacts with a child and/or family within each six (6) month service period. Because this is a minimum requirement, there are no exceptions to the total of twelve (12) casework contacts in six months. The basic purpose of the casework contacts requirement is to insure that the case planner has ample opportunity to make an adequate assessment of factors that led to the provision of preventive services. A least one monthly contact must be in the client's home.

Other contacts may be necessary to meet the goals of the service plan. The expectation is that the minimum will usually be exceeded. At two monthly casework contacts must be made by the case planner, consisting of individual face-to-face meetings with the child and/or the child's family, in the client's home. No more than two of the remaining six month period may be made by supportive service providers.

In certain cases, the Department may request a more intensive intervention in crisis situations that can involve a minimum of four (4) casework contacts per month, or twenty-four (24) casework contacts within each six (6) month service period, as well as enhanced services to the client.

(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.

(xiii) Home Management 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 Services Law.

(xiv) Homemaker 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.

(xv) Housekeeper/Chore 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.

(xvi) Specialized Homemaker Services is defined as those services provided in the home and community that focus on the need of the parent for instruction and guidance and are designed to maintain and enhance parental functioning and family/parent role performance. Techniques may include, but not be limited to, role modeling, listening skills, home management assistance and education in parenting skills and personal coping behavior.

(xvii) Parent Training is defined as group instruction in parent skills development and developmental needs of the child and adolescent for the purpose of strengthening parental functioning and parent/child relationships in order to avert a disruption in family or help a child in foster care return home sooner than otherwise possible. Parent training may include child-parent interaction groups formed to enhance relationship and communication skills.

(xviii) Transportation Services is defined as providing or arranging for transportation of the child and/or family to and/or from services arranged as part of the child's service plan except that transportation may not be provided as preventive service for visitation of children in foster care with their parents and may only be provided if such transportation cannot be arranged or provided by the child's family.

(D) Duties: Contractor's duties hereunder shall include, but not limited to the following:

(i) To provide case planning services for up to two hundred fifty five (255) cases including: those cases classified by the DEPARTMENT as requiring "enhanced services" which shall be counted as two (2) cases, pursuant to and in accordance with the New York Social Services Law Section 409-a(2), 18 NYCRR

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.

(k) Transportation Services will include providing, or arranging for transportation of the child and/or family to and from services planned as part of the family's service plan. Transportation will not be provided for visitation of children in foster home or residential care since moneys are allowed for this in those respective budgets. The Contractor shall provide the Department, in such form and manner as prescribed by the Department, documentation of the expenditures of Contractor for transportation expenses.

(ii) (a) The Contractor will review and discuss the service plan with the Department. Any changes in the plan or significant deviation there from shall be submitted in a revised plan to the Department prior to the proposed implementation of the change. The Contractor shall implement the change upon the receipt of oral approval from the Department which shall be confirmed in writing by Department within twenty-four (24) hours. The Department shall retain case management responsibility. The Department's case management responsibility shall extend to the making of the final decisions on the case service plan and the Contractor further agrees to abide by the Department's final decision of the case service plan.

(b) Contractor shall receive and accept every referral by the Department to the Contractor. All referrals will be reviewed by the Supervisor of Casework Services and assigned to a worker with availability on his or her caseload. Within three working days after a referral has been received by the Contractor, the Contractor shall conduct a face-to-face interview. The parties hereto agree that the three day period within which the Contractor shall conduct the face-to face interview may be extended by mutual consent of both the Contractor and the Department.

(c) The Contractor agrees to provide the staffing specified under this Agreement unless changed with Department approval.

(d) The Contractor agrees to provide the following supervisory functions for the program:

(i) Program Caseworkers and Case Aides will receive 1-1/2 hours of individual supervision on a weekly basis. Each Supervisor will be responsible for supervision of five (5) workers each. Supervisory conferences address themselves to such issues as: worker's performance, client assessment, review of service goals, and administrative topics.

(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

(iii) The outreach program will also address family needs by providing social, educational, and recreational experiences for the families and children in the program and can include, but is not limited to:

- (a) teen rap groups
- (b) bus trips
- (c) holiday parties

These activities can be planned and coordinated by the Contractor utilizing the assistance of the clients in the program.

(g) The Contractor shall have the responsibility of training the program staff. The Program will be conducted on two levels:

- (i) participation in Contractor-ongoing Staff Development Program
- (ii) on-site training in topics specifically geared to preventive services.
- (iii) Staff shall be required to attend Contractor-wide programs in topics that can

include:

- (a) Orientation
- (b) Recording Procedures
- (c) Child Abuse and Neglect
- (d) Sex Education
- (e) Legal Procedures
- (f) Adolescent Behavior
- (g) Permanency Planning
- (h) First Aid
- (i) Time Management, Etc.
- (i) Behavior Management
- (iv) On-site training can include:
 - (a) Interviewing Techniques
 - (b) Preventive Service Regulations

- (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.

(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 and file number, date of referral, date of assessment and date of completion;
- ii) total number of youth placed in foster care;
- iii) total number of families remaining intact;
- iv) total number out of home placements;
- v) total number of families assessed to have deficits in parenting skills;
- vi) total number of families who received training in parenting skills;
- vii) total number of families seen by a caseworker who had a family visit by the caseworker within one week of initial referral; and
- viii) other statistical information requested by the Department which is relevant to the program's status and success.

(m) 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.

(E) Job Description

(ii) The Project Director duties hereunder shall include, but not be limited to, the following:

- (a) the overall direction and supervision of the program; management of program site
- (b) budgeting and fiscal management

- (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

(ii) The Casework Supervisor(s) duties hereunder shall include, but not be limited to, the following:

- (a) supervise caseworkers
- (b) assess referrals to program
- (c) assist Project Director to develop linkages with community resources for follow-up family assistance
- (d) supervise case planning and case contacts
- (e) provide or be back-up to casework/aide staff
- (f) provide parent support groups on regular basis

(iii) The Caseworker(s) duties hereunder shall include, but not be limited to, the following:

- (a) provide casework services to families and individuals
- (b) counseling, advocacy, referral, and information
- (c) conduct intake of cases
- (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, report, forms, and correspondence, and other duties needed to implement the Service Plan.

(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

- (f) process new case files and tracking cards
- (g) send weekly report of newly opened mandated cases to Contractor's Department of Information Management
- (h) oversee that all offices are maintained in a professional fashion with care given to the proper handling of case related material
- (i) maintain attractive and informative bulletin boards in Reception area
- (j) prepare and mail all administrative reports to main office and to Department
- (k) maintain petty cash reserve and accountability system for client-related transportation expenses
- (l) serve as weekly liaison between main office and program site for personnel related deliveries
- (m) any other tasks as directed by Project Director

(F) The Right Start for Babies- Visit Project

Project Overview: In addition to the salaried staff indicated, the Contractor shall utilize the Adelphi University Institute for Parenting (IP) VISIT Project for the purpose of providing infant mental health assessment and therapeutic supervised visitation using Child-Parent Psychotherapy (CPP) that will guide service and treatment plans and better meet the needs of the families in the child welfare system. The program is comprised of two major components, an intensive **Infant Mental Health (IMH) Assessment** and intensive **Infant Mental Health Treatment**. The Contractor will have no direct or indirect administration or supervisory responsibility with respect to the IP Visit Project.

Service Population: Infants and toddlers, ages 0 to 4 years, and their parents, involved in the public child welfare system, where children have experienced abuse, maltreatment or other trauma, and are at risk of out of home placement, .

Number of Families to be Served: Up to forty (40) families and their children will be served during the project term.

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

Collateral Contacts /Information Gathering (3 hours)

1. Early Intervention
2. Pediatrician
3. Lawyers
4. Parent service providers (i.e. probation, mental health, medication management, drug/alcohol treatment)

Report Writing (6.5 hours)

Infant Mental Health (IMH) Treatment: No charge to the county at this time.

Appendix A3

I. POSITION INFORMATION:

Position Title: Program Supervisor Category: EXEMPT

Programs: FAMILY SUPPORT

_____ Hrs/Week:

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

IV. SUPERVISION: (Administration as required for position)

Reports to: Director

Supervises: All Family Support Workers and Administrative Assistant

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

Education:

Certificates or Licenses: Non-essential, CSW preferred

Experience: 5-7 years experience working with at-risk families and youth.
Supervisory and administrative experience required.

Experience: VI. **MINIMUM QUALIFICATIONS – OTHER**

Driving: Valid Driver's License

Computer Skills: Basic computer literacy

Math Skills: Basic computation skills

Reasoning Ability: Superior

Language Skills: Superior Communication Skills; English

Physical Skills: Non-Essential

Other:

VII. EMPLOYEE SIGNATURE

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

7. Coordination of interagency collaboration and service delivery
8. Compliance with all Nassau County Department of Social Services regulations relating to Preventive Service Mandates
9. Maintain competency within the New York State CONNECTIONS electronic case record
10. Responsible for daily case recordings, monthly FASP's, monthly statistics and all other forms required by agency and DSS
11. Comply with all reporting provisions of Suspected Child Abuse and Neglect
12. Professional growth and development: Documentation of 17 ½ hours of ongoing education and training annually

IV. SUPERVISION

Reports to: Program Supervisor(s)

Supervises: Interns

V. 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: Case Worker: MSW/MA

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 comprehensible 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

families and their children as defined by Agency and Department of Social Services policies and procedures.

III. *ESSENTIAL DUTIES AND RESPONSIBILITIES:*

A. General Administration

1. Supervise and monitor overall program operations and staff
2. Supervision of Case Planners and Program Coordinators to:
 - Assure that workers are in compliance with all state and county regulations and agency policy.
 - Address service provision to families, including issues that may impede progress, clinical and concrete needs.
 - Provide tools for workers success to enhance their work.
3. Assure that statistical and reimbursement forms are submitted on time
4. Develop protocols and resource information for staff and program
5. Oversee all DSS protocols (incoming and outgoing DSS courier material, subsidy preparation, removals/voluntary placements, case conferences)
6. Serve as lead liaison between program and DSS.
7. Serve on the agency Management Council
8. Serve on intra-agency committees and task groups
9. Conduct random case record review to assure that records are in compliance with agency standards
10. Daily/ weekly responsibilities include:
 - Daily case duration list
 - Daily clip-board census
 - Weekly census to DSS
 - Weekly FSI openings to DSS
 - Monthly statistical report
 - Assessment of case assignments

- 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

D. Direct Service

1. Carry small caseload when needed, provide case work services as outlined for case planners
2. Conduct interviews, do assessments for services
3. Short term counseling and crisis intervention as needed

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

Reports to:

Program Director

Supervises:

Program Coordinators, Intake Specialist and Case planners

MINIMUM QUALIFICATIONS – EDUCATION AND EXPERIENCE

Education: MSW or related Human Service Degree

Certificates or Licenses : LCSW preferred

Experience: At least 4 years supervisory experience

Experience: VI. MINIMUM QUALIFICATIONS – OTHER

Driving: Valid Drivers License

Computer Skills: Advanced computer literacy and ability to navigate New York State CONNECTIONS

Math Skills: Basic computation skills

Reasoning Ability: Superior – must be able to problem solve daily issues that may arise related to essential features of the position. Able to multi- task in fast-paced work environment

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

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.

13. Provide casework services and crisis intervention to all members of the family unit
14. Conduct and prepare psychosocial intake assessments on assigned cases
15. Development and implementation of case management goals
16. Provide counseling, advocacy, referral and information; provide linkage to all services to support a successful service plan
17. Provide extensive outreach to resistant high risk clients within the family system
18. Make home and field visits
19. Coordination of interagency collaboration and service delivery
20. Compliance with all Nassau County Department of Social Services regulations relating to Preventive Service Mandates
21. Responsible for daily case recordings, monthly FASP's, monthly statistics and all other forms required by agency and DSS
22. Maintain competency within the New York State CONNECTIONS electronic case record
23. Comply with all reporting provisions of Suspected Child Abuse and Neglect
24. Professional growth and development: Documentation of required hours of ongoing education and training annually

IV. SUPERVISION

Reports to: Program Supervisor(s)

V. 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: 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 comprehensible 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: Family Ties Program Coordinator

Category: EXEMPT

Programs: FAMILY TIES Hrs/Week: 35

II. GENERAL DESCRIPTION:

Supervision of the Family Ties case planners 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 the Family Ties supervised. Other duties may be assigned.

11. Weekly supervision of case planners to:
 - a. Assure that workers are in compliance with all state and county regulations and agency policy.
 - b. Address service provision to families, including issues that may impede progress, clinical and concrete needs.
 - c. Provide tools for workers success to enhance their work.
 - d. Assure that all stats and reimbursements forms are submitted on time
12. Maintain competency within the New York State CONNECTIONS electronic case record. Coach and effectively teach staff proper data entry.
13. Coordinate, schedule, and represent agency at transfer conferences (Family Connections, PINS Diversion), removals/voluntary placements, housing subsidies, case of the week conferences.
14. Cultivate links and relationships with new resources and facilitate the referral process.

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

Certificates or Licenses: Non-essential, LCSW preferred

Experience: 2-5 years experience working with at-risk families and youth. Supervisory and administrative experience required.

Experience: VI. *MINIMUM QUALIFICATIONS – OTHER*

Driving: Valid Driver's License

Computer Skills: Advanced computer literacy and ability to navigate New York State CONNECTIONS environment.

Math Skills: Basic computation skills

Reasoning Ability: Superior must be able to problem solve daily issues that may arise related to essential features of the position.

Language Skills: Superior Communication Skills; English, Spanish helpful

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: Excellent organizational skills and ability to multi-task.

VII. EMPLOYEE SIGNATURE	
Print name:	
Signature:	Date:

Prepared by Terry Wood

Date Prepared: June 07

Original: Employee Personnel File

cc: Employee

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, etc.

35. Oversee CONNECTIONS and Webstar applications: set up staff with accounts, user names, IDs, and mailboxes, assign function, units and sites, troubleshoot problems with access (unlock accounts, request new passwords) provide tech assistance as needed.

IV. SUPERVISION

Reports to: Prevention Team Director

Supervises: Two or more clerical support staff

V. 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: High School Diploma. Demonstrated computer literacy

Certificates or Licenses: Non-essential

Experience: 3-5 years

VI. MINIMUM QUALIFICATIONS – OTHER

The following are the minimum competencies required to successfully perform the essential features of the position:

Driving: Valid driver's license

Computer Skills: Computer proficiency with MSWord and Excell and the ability to problem solve intermediate level computer issues.

Math Skills: Basic computation skills

Reasoning Ability: Above Average

Communication and Interpersonal Skills: Good communication skills

Physical Skills: stamina

Other: N/A

VII. EMPLOYEE SIGNATURE

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.

37. Provide instruction to families in time management and established routines for children. This includes written materials as well guidance as to the use of time effectively to accomplish tasks.
38. Provide information and instruction to families on nutrition, cooking, meal planning and grocery shopping
39. Provide instruction to families in money management including supplying materials to assist them with budgeting expenses and income.
40. Provide instruction and guidance to families in developing and strengthen their social skills and activities.
41. Complete and submit by the stated guidelines all paperwork required by the funder, regulatory agency and FCA including but not limited to bi-weekly progress reports, case notes, timesheets and expense claims.
42. Attend all required program, FCA and funder meeting and training.
43. Assume other responsibilities, tasks or projects as needed to ensure the effective operation of the program.
44. Maintain competency within the New York State CONNECTIONS electronic case record
45. Comply with all reporting provisions of Suspected Child Abuse and Neglect
46. Professional growth and development: Documentation of required hours of ongoing education and training annually

IV. SUPERVISION

Reports to: Supervising Social Worker

V. 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: Case Aide: High School diploma or equivalent

Certificates or Licenses: Family Development Credentials

Experience: One year of full time experience working with families with children under the age of 18

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 exercise 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.

3. Makes routine field visits to gather documentation and obtain information concerning an applicant's eligibility for agency services.
4. Assists professional social service workers in evaluating day care and foster care homes by performing collateral visits to schools and other agencies to obtain information concerning the prospective day care or foster care home, maintains case plans by providing supportive home visits to clients.
5. Provides transportation for clients in conjunction with delivery of agency services and visitation.
6. Participates in supervision.
7. Performs miscellaneous job-related duties as assigned.

REQUIREMENTS: (Knowledge, skills and abilities):

1. Some knowledge of the social resources and services offered to the community
2. Working knowledge of low-income areas, residents and their problems
3. Ability to communicate with and explain agency policies and procedures to people from varied socio-economic and educational levels
4. Ability to understand and deal effectively with the economic, social and emotional needs of individuals while carrying out assigned duties
5. Ability to establish effective working relationships with other agency employees, representatives of community organization and the general public
6. Ability to follow oral and written instructions
7. Ability to safely transport clients to and from services
8. Ability to maintain confidentiality

EDUCATIONAL/EXPERIENCE REQUIREMENTS:

1. College graduate, preferably with a degree in psychology or Social Service related field
2. At the time of appointment and throughout employment in this title, employees are required to possess a valid license to operate a motor vehicle in New York State and have the use of an automobile for the purpose of this employment.

APPENDIX B1 LINE ITEM BUDGET: Homemaker



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

	Net Contract Total (Net Budget Total minus Agency Contribution)	\$99,458.00
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APPENDIX B1 LINE ITEM BUDGET: Homemaker



Nassau County Human Services

Universal Budget Form

Contract # _____ 0

Contract Name: Family and Children's Association

Program Name: Homemaker (1/1/14 -12/31/14)

Select Line To
Work On Here

Budget Summary

	Line #	Expense type	Total \$
	1a	Salary	\$146,239.00
<u>Work on Salary</u>	1b	Fringe	\$88,487.00
<u>and Fringe</u>	1 Total	Personnel (Salary plus Fringe)	\$234,726.00
<u>Work on Line 2</u>	2	Consultant(s)	\$0.00
<u>Work on Line 3</u>	3	Travel / Per Diem / Transportation	\$5,844.00
<u>Work on Line 4</u>	4	Equipment	\$1,200.00
<u>Work on Line 5</u>	5	Supplies	\$2,144.00
<u>Work on Line 6</u>	6	Contractual Services	\$11,113.00
<u>Work on Line 7</u>	7	Rent/Utilities	\$12,091.00
<u>Work on Line 8</u>	8	Department Specific Costs	\$400.00
<u>Work on Line 9</u>	9	Other Costs	\$1,765.00

<u>Work on Line 10</u>	10	Administrative Overhead	\$25,770.00
		Gross Expenditures (Lines 1 – 10)	\$295,053.00
<u>Work on Line 11</u>	11	Revenue, Income, Agency Contribution, Matches	
		Net Budget Total (Lines 1 – 10 minus line 11)	\$295,053.00
<u>Agency Contribution</u>		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
<u>Work on Salary and Fringe</u>	1b	Fringe	\$116,530.00
	1	Personnel (Salary plus Fringe)	\$459,970.00
	Total		
<u>Work on Line 2</u>	2	Consultant(c)	\$73.00
<u>Work on Line 3</u>	3	Travel / Per Diem / Transportation	\$9,620.00

<u>Work on Line 4</u>	4	Equipment	\$17,633.00
<u>Work on Line 5</u>	5	Supplies	\$1,753.00
<u>Work on Line 6</u>	6	Contractual Services	\$48,093.33
<u>Work on Line 7</u>	7	Rent/Utilities	\$11,469.00
<u>Work on Line 8</u>	8	Department Specific Costs	\$2,167.00
<u>Work on Line 9</u>	9	Other Costs	\$10,887.00
<u>Work on Line 10</u>	10	Administrative Overhead	\$53,751.00
		Gross Expenditures (Lines 1 – 10)	\$615,416.00
<u>Work on Line 11</u>	11	Revenue, Income, Agency Contribution, Matches	\$0
		Net Budget Total (Lines 1 – 10 minus line 11)	\$615,416.00
<u>Agency Contribution</u>		Agency Contribution	\$
		Net Contract Total (Net Budget Total minus Agency Contribution)	\$615,416.00

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

<u>11</u>		
	Net Budget Total (Lines 1 – 10 minus line 11)	\$1,827,819.00
	Agency Contribution	\$
	Net Contract Total (Net Budget Total minus Agency Contribution)	\$1,827,819.00

Agency
Contribution

Appendix EE

Equal Employment Opportunities for Minorities and Women

The provisions of this Appendix EE are hereby made a part of the document to which it is attached.

The Contractor shall comply with all federal, State and local statutory and constitutional anti-discrimination provisions. In addition, Local Law No. 14-2002, entitled "Participation by Minority Group Members and Women in Nassau County Contracts," governs all County Contracts as defined herein and solicitations for bids or proposals for County Contracts. In accordance with Local Law 14-2002:

(a) The Contractor shall not discriminate against employees or applicants for employment because of race, creed, color, national origin, sex, age, disability or marital status in recruitment, employment, job assignments, promotions, upgradings, demotions, transfers, layoffs, terminations, and rates of pay or other forms of compensation. The Contractor will undertake or continue existing programs related to recruitment, employment, job assignments, promotions, upgradings, transfers, and rates of pay or other forms of compensation to ensure that minority group members and women are afforded equal employment opportunities without discrimination.

(b) At the request of the County contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a

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

any time after Subcontractor approval when the contracting agency has reasonable cause to believe that the existing Best Efforts Checklist may be inaccurate. Within ten working days (10) of any such request by the contracting agency, the Contractor must submit Documentation.

(i) In the case where a request is made by the contracting agency or a Deputy County Executive acting on behalf of the contracting agency, the Contractor must, within two (2) working days of such request, submit evidence to demonstrate that it employed Best Efforts to obtain Certified M/WBE participation through proper documentation.

(j) Award of a County Contract alone shall not be deemed or interpreted as approval of all Contractor's Subcontracts and Contractor's fulfillment of Best Efforts to obtain participation by Certified M/WBEs.

(k) A Contractor shall maintain Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises for a period of six (6) years. Failure to maintain such records shall be deemed failure to make Best Efforts to comply with this Appendix EE, evidence of false certification as M/WBE compliant or considered breach of the County Contract.

(l) The Contractor shall be bound by the provisions of Section 109 of Local Law No. 14-2002 providing for enforcement of violations as follows:

- a. Upon receipt by the Executive Director of a complaint from a contracting agency that a County Contractor has failed to comply with the provisions of Local Law No. 14-2002, this Appendix EE or any other contractual provisions included in furtherance of Local Law No. 14-2002, the Executive Director will try to resolve the matter.
- b. If efforts to resolve such matter to the satisfaction of all parties are unsuccessful, the Executive Director shall refer the matter, within thirty days (30) of receipt of the complaint, to the American Arbitration Association for proceeding thereon.

- 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.

As used in this Appendix EE the term "Best Efforts Checklist" shall mean a list signed by the Contractor, listing the procedures it has undertaken to procure Subcontractors in accordance with this Appendix EE.

As used in this Appendix EE the term "County Contract" shall mean (i) a written agreement or purchase order instrument, providing for a total expenditure in excess of twenty-five thousand dollars (\$25,000), whereby a County contracting agency is committed to expend or does expend funds in return for labor, services, supplies, equipment, materials or any combination of the foregoing, to be performed for, or rendered or furnished to the County; or (ii) a written agreement in excess of one hundred thousand dollars (\$100,000), whereby a County contracting agency is committed to expend or does expend funds for the acquisition, construction, demolition, replacement, major repair or renovation of real property and improvements thereon. However, the term "County Contract" does not include agreements or orders for the following services: banking services, insurance policies or contracts, or contracts with a County contracting agency for the sale of bonds, notes or other securities.

As used in this Appendix EE the term "County Contractor" means an individual, business enterprise, including sole proprietorship, partnership, corporation, not-for-profit corporation, or any other person or entity other than the County, whether a contractor, licensor, licensee or any other party, that is (i) a party to a County Contract, (ii) a bidder in connection with the award of a County Contract, or (iii) a proposed party to a County Contract, but shall not include any Subcontractor.

As used in this Appendix EE the term "County Contractor" shall mean a person or firm who will manage and be responsible for an entire contracted project.

As used in this Appendix EE "Documentation Demonstrating Best Efforts to Obtain Certified Minority or Women-owned Business Enterprises" shall include, but is not limited to the following:

- a. Proof of having advertised for bids, where appropriate, in minority publications, trade newspapers/notices and magazines, trade and union publications, and publications of general circulation in Nassau County and surrounding areas or having verbally solicited M/WBEs whom the County Contractor reasonably believed might have the qualifications to do the work. A copy of the advertisement, if used, shall be included to demonstrate that it contained language indicating that the County Contractor welcomed bids and quotes

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.

h. The conditions of performance expected of Subcontractors by the County Contractor must also be included with the Best Effort Documentation

i. County Contractors may include any other type of documentation they feel necessary to further demonstrate their Best Efforts regarding their bid documents.

As used in this Appendix EE the term "Executive Director" shall mean the Executive Director of the Nassau County Office of Minority Affairs; provided, however, that Executive Director shall include a designee of the Executive Director except in the case of final determinations issued pursuant to Section (a) through (l) of these rules.

As used in this Appendix EE the term "Subcontract" shall mean an agreement consisting of part or parts of the contracted work of the County Contractor.

As used in this Appendix EE, the term "Subcontractor" shall mean a person or firm who performs part or parts of the contracted work of a prime contractor providing services, including construction services, to the County pursuant to a county contract. Subcontractor shall include a person or firm that provides labor, professional or other services, materials or supplies to a prime contractor that are necessary for the prime contractor to fulfill its obligations to provide services to the County pursuant to a county contract. Subcontractor shall not include a supplier of materials to a contractor who has contracted to provide goods but no services to the County, nor a supplier of incidental materials to a contractor, such as office supplies, tools and other items of nominal cost that are utilized in the performance of a service contract.

Provisions requiring contractors to retain or submit documentation of best efforts to utilize certified subcontractors and requiring Department head approval prior to subcontracting shall not apply to inter-governmental agreements. In addition, the tracking of expenditures of County dollars by not-for-profit corporations, other municipalities, States, or the federal government is not required.

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. Nicholas

(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:

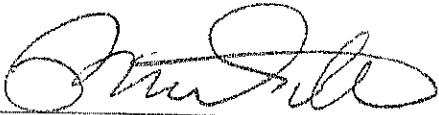
4. In the past five years, an administrative proceeding, investigation, or government body-initiated judicial action _____ has ☒ has not been commenced against or relating to the Contractor in connection with federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational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

5. Contractor agrees to permit access to work sites and relevant payroll records by authorized County representatives for the purpose of monitoring compliance with the Living Wage Law and investigating employee complaints of noncompliance.

I hereby certify that I have read the foregoing statement and, to the best of my knowledge and belief, it is true, correct and complete. Any statement or representation made herein shall be accurate and true as of the date stated below.

10/16/13

Dated



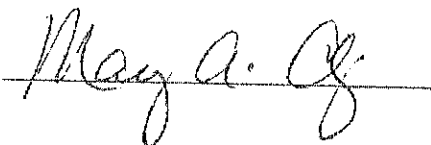
Signature of Chief Executive Officer

Philip M. Micholas

Name of Chief Executive Officer

Sworn to before me this

16th day of October, 2013.



MARY A. CHIZ
Notary Public, State of New York
No. 01CH6163683
Qualified in Nassau County
Commission Expires April 2, 2015

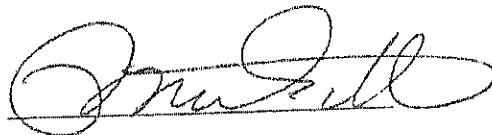
Notary Public

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

Sworn to before me this 16th

day of October, 2013

Mary A. Chiz
Notary Public

MARY A. CHIZ
Notary Public, State of New York
No. 01CH6103683
Qualified in Nassau County
Commission Expires April 2, 2015

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 <input type="checkbox"/>
Amendment	<input checked="" type="checkbox"/>
Time Extension	<input type="checkbox"/>
Addl. Funds	<input type="checkbox"/>
Blanket Resolution	<input type="checkbox"/>

1) Mandated Program:	Yes X	No <input type="checkbox"/>
2) Comptroller Approval Form Attached:	Yes X	No <input type="checkbox"/>
3) CSEA Agmt. § 32 Compliance Attached:	Yes X	No <input type="checkbox"/>
4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes	No <input checked="" type="checkbox"/>
5) Insurance Required	Yes X	No <input type="checkbox"/>

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 App'd & For'd.	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) NIFS App'l (Dept. Head)	<input type="checkbox"/>	3/4/15	
	OMB	NIFS Approval	<input type="checkbox"/>	3/11/15	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
3/10/15	County Attorney	CA RE & Insurance Verification	<input checked="" type="checkbox"/>	3/12/15	
3/18/15	County Attorney	CA Approval as to form	<input checked="" type="checkbox"/>	3/18/15	
	Legislative Affairs	For'd Original Contract to CA	<input type="checkbox"/>		
	Rules <input type="checkbox"/> Leg. <input type="checkbox"/>		<input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3/18/15	County Attorney	NIFS Approval	<input checked="" type="checkbox"/>	3/18/15	
	Comptroller	NIFS Approval	<input checked="" type="checkbox"/>	3/25/15	
3/11/15	County Executive	Notarization Filed with Clerk of the Leg	<input type="checkbox"/>	3/12/15	



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 <input type="checkbox"/>	XXXXXXXX
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: <i>[Signature]</i>
Name: <i>Michael S. Cohen</i>	Name: <i>[Signature]</i>	Date: <i>3/23/15</i>
Date: <i>3/22/15</i>	Date: <i>3/22/15</i>	E #:

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").

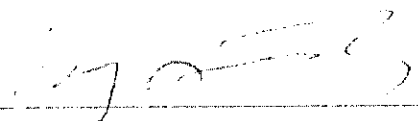


3. Budget. The budgets referred to in Section 3 (a) of the Original Agreement and attached to the Original Agreement are amended to appear in their entirety as set forth in Appendices B1 and B2 attached hereto (such amended budget, the "Amended Budget"). The said Amended Budget annexed hereto may be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

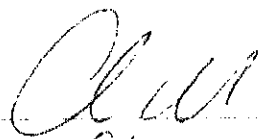
4. Full Force and Effect. All the terms and conditions of the Original Agreement not expressly amended by this Amendment shall remain in full force and effect and govern the relationship of the parties for the term of the Amended Agreement.

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 Rocco
Title: County Executive
☒ Deputy County Executive
Date: 6/4/15

PLEASE EXECUTE IN BLUE INK

COUNTY OF NASSAU)

Aracetta A. Petrucci
ARACETTA A. PETRUCCI
Notary Public, State of New York
No. 01PE6259023
Qualified in Nassau County
Commission Expires April 02, 2016

COUNTY OF NASSAU)

MARY A. CHIZ
Notary Public, State of New York
No. 010436122
Qualified in Madison County
Commission Expires April 2, 2015

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)	\$295,053

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



E-48-16

Contract Details

SERVICE Combined Preventive Services

NIFS ID #: CLSS16000013

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

New	Renewal	<input type="checkbox"/>
Amendment		<input checked="" type="checkbox"/>
Time Extension		<input type="checkbox"/>
Addl. Funds		<input type="checkbox"/>
Blanket Resolution		<input type="checkbox"/>

1) Mandated Program:	Yes X	No <input type="checkbox"/>
2) Comptroller Approval Form Attached:	Yes X	No <input type="checkbox"/>
3) CSEA Agmt. § 32 Compliance Attached:	Yes X	No <input type="checkbox"/>
4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes	No <input checked="" type="checkbox"/>
5) Insurance Required	Yes X	No <input type="checkbox"/>

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 App'd & Fwd.	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) <input type="checkbox"/> NIFS App'd (Dept. Head) <input type="checkbox"/>	1/20/16	<i>Robert B. L...</i>	
	ONIB	NIFS Approval <input type="checkbox"/>	1/22/16	<i>Julio...</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
1/25/16	County Attorney	CA RE & Insurance Verification <input type="checkbox"/>	1/25/16	<i>[Signature]</i>	
1/25/16	County Attorney	CA Approval as to form <input type="checkbox"/>	1/25/16	<i>[Signature]</i>	
	Legislative Affairs	Fwd'd Original Contract to CA <input type="checkbox"/>	2/3/16	<i>Coretta A. Petrucci</i>	
	Rules <input checked="" type="checkbox"/> Leg. <input type="checkbox"/>				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3/23/16	County Attorney	NIFS Approval <input checked="" type="checkbox"/>	3/23/16	<i>Vac...</i>	
	Comptroller	NIFS Approval <input type="checkbox"/>	1/13/16	<i>[Signature]</i>	
2/1/16	County Executive	Notarization <input type="checkbox"/> Filed with Clerk of the Leg. <input type="checkbox"/>	2/1/16	<i>[Signature]</i>	



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 care, 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:	11714
Transaction:	CQ

FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXXXX
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	SSGEN7600-11714	\$300,995.00
6	SSGEN7600-11714	\$931,254.00
	TOTAL	\$ 1,232,249.00

RENEWAL	
% Increase	
% Decrease	

Document Prepared By:

Date:

NFS Certification I certify that this document was accepted into NFS. Name: <i>[Signature]</i> Date: <i>2/14/14</i>	Comptroller Certification I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged. Name: <i>[Signature]</i> Date: <i>2/14/14</i>	County Executive Approval Name: <i>[Signature]</i> Date: <i>2/14/14</i> E #:
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122118

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.

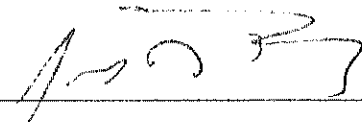
3. Budget. The budgets referred to in Section 3 (f) of the Original Agreement and attached to the Original Agreement are amended to appear in their entirety as set forth in Appendices B1 and B2 attached hereto (such amended budget, the "Amended Budget"). The said Amended Budget annexed hereto may be 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.

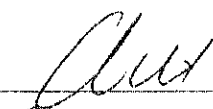
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IN WITNESS WHEREOF, the Agency and the County have executed this Agreement as of the date first above written.

FAMILY AND CHILDREN'S ASSOCIATION

By: 
Name: Jeffrey L. Reynolds
Title: President/CEO
Date: January 12, 2016

NASSAU COUNTY

By: 
Name: Charles Roberts
Title: County Executive
☒ Deputy County Executive
Date: 5/4/16

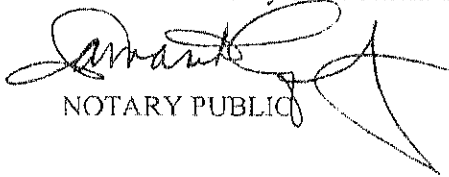
PLEASE EXECUTE IN BLUE INK

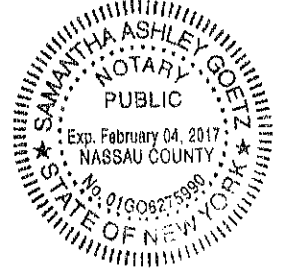
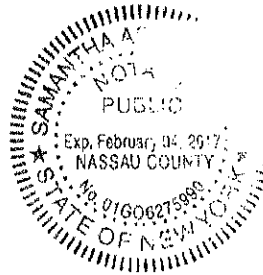
STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the 4 day of May in the year 2016 before me personally came Charles Putando 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

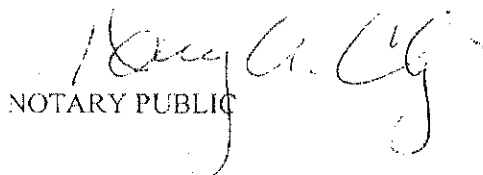


STATE OF NEW YORK)

)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 Nassau; 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. 01CH0163683
Qualified in Nassau County
Commission Expires April 2, 2017

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

COUNTY OF NASSAU

Inter-Departmental Memo

To: Budget Office

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

Date: September 26, 2016

Subject: Family and Children's Association (FCA) (Homemaker and Family Ties Services)
(Budget Amendment) 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 June 29, 2016, notifying him of the above fact concerning the Budget Amendment. A copy of the letter was forwarded to the Nassau County Office of Labor Relations for the appropriate action.

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

Att.
10099
130076





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/>

June 29, 2016

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 and Children's Association
Family Support/Homemaker Program (Budget Amendment 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,

A handwritten signature in black ink, appearing to be "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
128926

