

# Item 16



## Travis County Commissioners Court Agenda Request

**Meeting Date:** June 18, 2013

**Prepared By/Phone Number:** Shannon Pleasant CTPM / 854-1181;  
Marvin Brice CPPB / 854-9765

**Elected/Appointed Official/Dept. Head:** Cyd Grimes C.P.M. CPPO

**Commissioners Court Sponsor:** Judge Biscoe

**Agenda Language:** Approve Modification No. 1 to Interlocal Agreement No. 4400001018, Austin Travis County Integral Care for Child Therapist Supervisor Services.

- Travis County Health and Human Services & Veteran Services is requesting the renewal of the Interlocal Agreement between Travis County and Austin Travis County Integral Care (ATCIC) for the Child Therapist Supervision position. Under the agreement, ATCIC works with children whose parents are involved with the Travis County Family Drug Treatment Court. The grant funds for this agreement are through The Children's Continuum Grant.

This renewal was previously approved on the September 25, 2012 Court Agenda, Item No. 35 to prevent contract expiration, as the agreement was not ready for presentation due to HHS & VS working with the County Attorney's office on finalizing the Statement of Work and funding. Terms of the agreement have been finalized and the originals are now being presented to the Court for signature.

Modification No. 1 will renew the agreement for an additional twelve month period from October 1, 2012 through September 30, 2013. The agreement shall not exceed \$65,845.

- **Contract Expenditures:** Within the last 12 months \$69,070 has been spent against this contract/requirement.

ID# 8785

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to [agenda@co.travis.tx.us](mailto:agenda@co.travis.tx.us) by Tuesdays at 5:00 p.m. for the next week's meeting.

➤ **Contract-Related Information:**

Award Amount: \$69,070

Contract Type: Interlocal Agreement

Contract Period: October 1, 2011 – September 30, 2012

➤ **Contract Modification Information:**

Modification Amount: \$65,845

Modification Type: Bilateral

Modification Period: October 1, 2012 – September 30, 2013

➤ **Solicitation-Related Information: N/A**

Solicitations Sent: Responses Received:

HUB Information: % HUB Subcontractor:

➤ **Special Contract Considerations: N/A**

Award has been protested; interested parties have been notified.

Award is not to the lowest bidder; interested parties have been notified.

Comments:

➤ **Funding Information:**

SAP Shopping Cart #: FR# 300000510

Funding Account(s): 518120

Comments: Grant No. 800190, I/O No. 100081

ID# 8785

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to [agenda@co.travis.tx.us](mailto:agenda@co.travis.tx.us) by **Tuesdays at 5:00 p.m.** for the next week's meeting.

**MODIFICATION OF CONTRACT NUMBER: 4400001018 – Child Therapist Supervisor Services** Page 1 of 52

<b>ISSUED BY:</b> Travis County Purchasing Office 700 Lavaca, Suite 800 Austin, Texas 78701	<b>PURCHASING AGENT ASST: Shannon Pleasant</b> TEL NO: (512) 854-1181 FAX NO: (512) 854-9185	<b>DATE PREPARED:</b>  May 6, 2013
<b>ISSUED TO:</b> Austin Travis County Integral Care 1430 Collier St. Austin, TX 78704	<b>MODIFICATION NO.:</b>  1	<b>EXECUTED DATE OF ORIGINAL CONTRACT:</b>  October 1, 2006

ORIGINAL CONTRACT TERM DATES: October 1, 2011 – September 30, 2012 CURRENT CONTRACT TERM DATES: October 1, 2012 – September 30, 2013

**FOR TRAVIS COUNTY INTERNAL USE ONLY:**  
 Original Contract Amount: \$69,970 Current Modified Amount \$65,845

**DESCRIPTION OF CHANGES:** The above-referenced contract is hereby modified to reflect the following changes, as well as those more completely set forth in the attachment:

1. Renewal of agreement for an additional twelve month period from October 1, 2012 through September 30, 2013.
2. The not to exceed amount for this renewal period is \$65,845.

Except as provided herein, all terms, conditions, and provisions of the document referenced above as heretofore modified, remain unchanged and in full force and effect.

**Note to Vendor/City:**  
 Complete and execute (sign) your portion of the signature block section below for all copies and return all signed copies to Travis County.  
 DO NOT execute and return to Travis County. Retain for your records.

LEGAL BUSINESS NAME: <u>ATEMHMC dba ATCTC</u>	<input type="checkbox"/> DBA
BY: <u>[Signature]</u> SIGNATURE	<input type="checkbox"/> CORPORATION
BY: <u>DAVID EVANS</u> PRINT NAME	<input type="checkbox"/> OTHER
TITLE: <u>CEO</u> ITS DULY AUTHORIZED AGENT	DATE: <u>5/28/2013</u>

TRAVIS COUNTY, TEXAS BY: <u>[Signature]</u> CYD V. GRIMES, C.P.M., CPPO, TRAVIS COUNTY PURCHASING AGENT	DATE:
---	-------

TRAVIS COUNTY, TEXAS BY: _____ SAMUEL T. BISCOE, TRAVIS COUNTY JUDGE	DATE:
--	-------

**2013 RENEWAL AND AMENDMENT OF INTERLOCAL COOPERATION AGREEMENT  
BETWEEN TRAVIS COUNTY AND  
AUSTIN-TRAVIS COUNTY MENTAL HEALTH AND MENTAL RETARDATION CENTER  
DOING BUSINESS AS AUSTIN TRAVIS COUNTY INTEGRAL CARE  
(OJJDP Grant)**

This 2013 Renewal and Amendment ("Amendment/ 2013 Renewal") of Interlocal Cooperation Agreement is entered into by the following Parties: Travis County, a political subdivision of the State of Texas ("County") and Austin-Travis County Mental Health and Mental Retardation Center, d.b.a. Austin Travis County Integral Care ("Center"), the Mental Health and Mental Retardation Authority designated by the State of Texas for Travis County and the incorporated municipalities therein pursuant to Texas Health and Safety Code, Chapters 531 and 534, and other applicable statutes.

**RECITALS**

County and Center (collectively referred to herein as the "Parties") entered into an agreement to provide mental health, mental retardation and substance abuse services for indigent citizens and other eligible clients ("Agreement") the Initial Term of which began October 1, 2011, and terminated September 30, 2012 ("Initial Agreement Term"); and

Under the Agreement, Center agreed to provide personal and professional services for the care of indigents and other qualified recipients and for public health education and information related to mental health, mental retardation and substance abuse services in accordance with the terms of the Agreement, thus providing services which further a public purpose; and

The Agreement provided for renewal and amendment of the Agreement by the written agreement of the Parties; and

Where goods or services are funded from federal, state or local grants ("Grant"), Center will, according to the terms of the Grant, provide goods and services necessary to achieve the Grant's purpose in accordance with Grant terms.

County and Center desire to renew the Agreement for an additional one-year term (" 2013 Renewal Term") and to amend the Agreement to reflect certain mutually agreed upon changes in the Agreement applicable to the 2013 Renewal Term.

NOW, THEREFORE, in consideration of the mutual benefits received by these changes, and other good and adequate consideration as specified herein, the Parties agree to amend the Agreement as follows:

**1.0 INTERLOCAL TERMS.**

**1.1 2013 Renewal Term.** The Parties acknowledge and agree that the Agreement is hereby renewed for an additional one-year term beginning October 1, 2012, and terminating September 30, 2013 ("2013 Renewal Term"), and agree to make certain changes applicable to that 2013 Renewal Term in this Amendment/ 2013 Renewal.

**1.2 2013 Grant Renewal Term.** The Parties agree that the changes made in this Amendment/ 2013 Renewal related to the 2013 Grant Funds for the Department of Justice Office of Juvenile Justice and Delinquency Prevention ("OJJDP") will be applicable as follows: that time period beginning October 1, 2012, and terminating September 30, 2013 (" 2013 Grant Renewal Term").

**1.3 OJJDP Grant.** The Parties agree that funding for the 2013 Renewal Term includes funds from the OJJDP Grant received by County. The Parties agree that the terms of the OJJDP Grant have been previously provided to Center and that the applicable terms of the OJJDP Grant are included in this Amendment/2013 Renewal by reference. County will make available to Center a copy of the OJJDP Grant

upon request, and will provide Center with copies of any applicable amendments or changes to the OJJDP Grant.

**2.0 MAXIMUM AMOUNTS.**

**2.1 2013 Renewal Term Maximum Amounts.** The Parties agree to amend the maximum amounts applicable to the 2013 Renewal Term (Section 13.1.1) and the 2013 Grant Renewal Term, as applicable, to reflect amounts not to exceed the following for the 2013 Renewal Term:

**\$ 65,845.00**

**3.0 ENTIRE AGREEMENT**

**3.1 2013 Attachments.** The Parties agree to amend Section 4.2, "Attachments," by adding the following:

**4.2-2013. 2013 Attachments**

**4.2.1 Attachment A Work Statement and Budget**

- (i) Statement of Work
- (ii) FY '13 Program Budget Detail – The Children's Continuum

**4.2.2 Attachment B Financial Forms**

- (i) Compliance Certification Form
- (ii) Payment Request Form
- (iii) Expenditure Report Form
- (iv) Budget Revisions Request Form
- (v) Out of Town Travel Form

**4.2.3 Attachment C Insurance Requirements**

**4.2.4 Attachment D Ethics Affidavit**

**4.2.5 Attachment E Grant Assurances and Acknowledgements**

- (i) Standard Assurances
- (ii) Assurance – Non-Construction Programs
- (iii) Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters and Drug-Free Workplace Requirements
- (iv) Disclosure of Lobbying Activities

**3.2 Promised Performance.** The attachments enumerated and denominated above are attached to this Amendment/2013 Renewal as **Exhibit 1** and are hereby made a part of the Agreement, as amended, and constitute promised performances by Center in accordance with all terms of the Agreement.

**3.3 Previous Attachments.** The Parties agree that previous attachments, in whole or in part, not specifically changed by this Amendment/2013 Renewal will remain in full force and effect.

**4.0 CENTER PERFORMANCE**

**4.1 Grant Terms.** The Parties agree that all terms and conditions relevant to Grant requirements (OJJDP) as included in this Agreement by this Amendment/2013 Renewal, either specifically or by reference, or by previous Agreement terms not specifically changed by this Amendment/2013 Renewal remain in full force and effect. County will provide Center with copies of any changes in the Grant applicable to Center's performance under this Amendment/2013 Renewal and the Agreement, as amended, upon receipt of such changes.

**5.0 FINANCIAL PROVISIONS**

**5.1 2013 Renewal Term Maximum Funds.** The Parties agree to amend Section 13.1.1, "Maximum Amount," by adding the following as to 2013 Renewal Term not-to-exceed amounts:

13.1.1 - 2013 Renewal Term Maximum Funds. Subject to the terms and conditions of this Agreement, as amended (see Section 2.1 above) the Parties agree to Maximum Funds as to the 2013 Renewal Term in the following amounts:

**\$65,845.00**

**5.2 Grant Funds Limitations.** The Parties agree that, should Grant Funds from any individual source identified in this Amendment/2013 Renewal be withdrawn, decreased, or otherwise not provided to County, the County's not-to-exceed amount in this Section 5.0 shall be reduced accordingly. County shall advise Center of any decrease in Grant Funds immediately upon receipt of notice from the Grant source, and shall not be responsible for payment of any expenses incurred for Grant activities provided by Center after such notice. Funds from any Grant funding source are available only during the term of that Grant, according to the terms of the Grant.

**5.3 Fiscal Year Limitations. - 2013 Renewal Term.** As to the 2013 Renewal Term, the Parties agree that, of the totals set forth in Section 5.1 of this Amendment/2013 Renewal, Center cannot invoice, and will not be paid for expenditures during the following designated periods which are greater than the amounts shown in Section 5.1 of this Amendment/2013 Renewal.

**6.0 INCORPORATION**

6.1 County and Center hereby incorporate the Agreement, as amended, into this Amendment/2013 Renewal. Except for the changes made in this Amendment/2013 Renewal, County and Center hereby agree to all the terms and conditions of the Agreement as amended. The Agreement, as amended, with the changes made in this Amendment/2013 Renewal constitutes the entire agreement between the Parties with respect to the subject matter contained herein, and supersedes any prior undertaking or written or oral agreements or representations between the Parties.

**7.0 EFFECTIVE DATE**

7.1 This Amendment/2013 Renewal is effective October 1, 2012, when it is approved and signed by both Parties. This Agreement, as amended, shall remain in effect until further modified or terminated in writing by the Parties, or until the termination date.

## **ATTACHMENT A** **STATEMENT OF WORK**

### **CONTRACTOR DESCRIPTION**

Austin Travis County Integral Care (ATCIC) provides community-based behavioral health and developmental disabilities services in Travis County, serving more than 22,000 individuals and families annually, by offering a comprehensive system of services and programs year-round.

Individuals receiving services at ATCIC are often in dire need of care and have a single or combined diagnosis of developmental disabilities, persistent mental illnesses, and substance use issues. ATCIC programs are administered through the following service areas:

- Adult Behavioral Health
- Child and Family
- Intellectual and Developmental Disabilities
- Psychiatric Crisis Services and Jail Diversion

Services include mental health assessments, psychiatric evaluations, 24-hour crisis interventions, medication treatment, inpatient treatment, supportive employment and vocational services, service coordination, care coordination, case management, family support and respite care, housing, information and referral, supported living and residential services. ATCIC also provides community services in consumer's place of residence, schools, or within the community most appropriate for delivery of services.

### **CONTRACTOR SERVICES**

ATCIC will provide infant mental health therapeutic services to children 0 – 5 years of age whose parents are enrolled in the Travis County Family Drug Treatment Court (FDTC) Program by employing one 1.0 FTE child therapist who meets the minimum qualifications set forth below in this Attachment A (Child Therapist). In addition, 5% of a supervisor's time will be reimbursed through the Agreement for the supervision of the Child Therapist and/or participation in activities and meetings regarding The Children's Continuum (County's program for children of parents who are enrolled in FDTC).

### **CHILD THERAPEUTIC SERVICES**

The Child Therapist will work closely with participating caregiver (parent or legally authorized representative) to establish and work toward goals that increase the developmental and social-emotional well-being of the child while in the Travis County OJJDP *Children's Continuum* program.

**Specific duties of the Child Therapist include:**

- Screening children, ages 0 – 5, of parents enrolled in the Travis County Family Drug Court Program (each, an Enrolled Child and, collectively, Enrolled Children) using the *Ages and Stages Questionnaire (ASQ)*, a developmental and social-emotional screening tool for children from birth to 5 years of age;
- Maintain a caseload of 10-12 families with one or more Enrolled Children to provide psychotherapy to improve the parent/child attachment and functioning;
- Provide infant mental health therapeutic services to Enrolled Children for up to six (6) months with closure occurring when the goals have been met;
- Engage both the Enrolled Child and his/her caregiver (parent or kin) in assessing the social-emotional needs of the Enrolled Child to plan for the developmental activities and therapeutic interventions;
- Develop an individualized treatment plan of care (Plan) for each Enrolled Child that may include mental health assessment, advocacy, care coordination/case management, parent training, crisis intervention, counseling, therapy and skills training;
- Make referrals and collateral contacts to community agencies to address the educational, social/recreational, any additional behavioral healthcare services and supports, including medical/dental care of the Enrolled Child;
- Appear in court to provide testimony to the court on progress made by the Enrolled Child and/or parent while participating in the Travis County OJJDP *Children's Continuum*;
- Conduct an average of four (4) assessments a month and monitor an average of 35 Plans a year;
- Coordinate with providers on the ATCIC Provider Network to provide non-traditional therapeutic services and supports such as art/music therapy, recreational therapy, behavioral aide, pro-social groups, individual/family mentoring, respite care, and equine therapy, on an as needed basis;
- Be responsible for documenting the service encounters while providing the therapeutic services;

- Preparing and providing the monthly reports necessary for adhering to the requirements of the OJJDP grant based on the Child Therapist's role in the grant; and
- Assist in the coordination of team meetings involving the Enrolled Child and/or family members in addressing the developmental and social-emotional well-being needs of the Enrolled Child.

#### **Minimum Qualifications of the Child Therapist**

- Master's Degree in Social Work or related field;
- Licensed Practitioner of the Healing Arts (LPHA), either as a Licensed Professional Counselor (LPC), Licensed Masters Social Worker (LMSW), or Licensed Clinical Social Worker (LCSW).
- Extensive knowledge of the stages of child development including social and emotional well-being; child welfare and child protective services systems;
- Minimum of three (3) years providing children's mental health services, infant mental health services, or other direct services addressing the developmental and social-emotional needs of children;
- Demonstrate flexibility with work schedule and willingness to work evening hours and/or weekends; and
- Ability to demonstrate cultural and/or linguistic competency with children and their families with diverse backgrounds, with Bilingual capabilities (Spanish and English) strongly preferred.

#### **WORKPLAN**

The services provided under this Agreement shall be provided during the 2013 Renewal Term which begins October 1, 2012 and terminates September 30, 2013.

#### **INVOICES**

ATCIC will invoice County monthly (pursuant to Agreement terms) for those months in which services are provided. See Attachment B for invoice forms to be used when submitting the monthly request for payment. Documentation to be included with the request for payment should include payroll registers, copies of checks or pay statements and an activity log or other documentation mutually agreed upon with the County.

ATCIC will also provide monthly reports showing the time allocated to the activities listed above by the Child Therapist and supervisor.

**FY'13 PROGRAM BUDGET DETAIL - THE CHILDREN'S CONTINUUM**  
**Child Therapist and Supervisor**

Agency: Austin-Travis County Mental Health and Mental Retardation Center d.b.a. Austin-Travis County Integral Care

	Requested CITY OF AUSTIN Amount	Requested TRAVIS COUNTY Amount	Balance - Amounts Funded by All OTHER Sources	TOTAL Budget (ALL funding sources)
<b>PERSONNEL</b>				
Salaries		\$47,624.00		\$47,624.00
FICA		3,643.00		3,643.00
Health Insurance		5,313.00		5,313.00
Dental Insurance		128.00		128.00
EAP Costs		45.00		45.00
Insurance - Other		120.00		120.00
State Unemployment		114.00		114.00
Workers Comp.		200.00		200.00
Retirement		2,143.00		2,143.00
Cell Phone		441.00		441.00
<b>A. TOTAL PERSONNEL</b>	<b>\$0.00</b>	<b>\$59,771.00</b>	<b>\$0.00</b>	<b>\$59,771.00</b>
<b>OPERATING EXPENSES</b>				
General Operating Expenses (Facility costs, hardware/software maintenance, phone line, air card, internet connection, liability insurance)		3,596.00		3,596.00
Occupancy Expenses (including rent, utilities, building maintenance, etc.)				0.00
Postage				0.00
Telephone				0.00
Staff Travel		2,304.00		2,304.00
Printing/Duplication				0.00
Office Supplies and Related Costs (in support of agency operations)				0.00
Audit/Accounting				0.00
Consultants/Contractual (complete Subcontracted Expenses form)				0.00
Subscriptions/Memberships				0.00
Conferences/Seminars				0.00
Insurance/Bonding				0.00
Equipment				0.00
Supplies		174.00		174.00
Other (specify)				0.00
<b>B. TOTAL OPERATING EXPENSES</b>	<b>\$0.00</b>	<b>\$6,074.00</b>	<b>\$0.00</b>	<b>\$6,074.00</b>
<b>DIRECT ASSISTANCE</b>				
Drugs/Medicine				0.00
Food/Beverage				0.00
				0.00
				0.00
<b>C. TOTAL DIRECT ASSISTANCE</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>EQUIPMENT/CAPITAL OUTLAY</b>				
(Specify)				0.00
				0.00
				0.00
<b>D. TOTAL EQUIPMENT/CAPITAL OUTLAY</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GRAND TOTAL (A + B + C + D)</b>	<b>\$0.00</b>	<b>\$65,845.00</b>	<b>\$0.00</b>	<b>\$65,845.00</b>

Note: Grand Total does not include program income

## INSTRUCTIONS for TRAVIS COUNTY INVOICING:

### Using the Payment Request/ Expenditure Report and related forms for Social Service Contracts

**\*\*\* IMPORTANT: Please carefully read and follow the steps below in the order indicated to prepare and submit monthly invoices using the electronic invoicing spreadsheet forms located in the adjacent tabs of this file \*\*\***

**GENERAL INFORMATION.** This file contains the following spreadsheet tabs, listed from left to right:

**Tab 1.** This Instructions page - please print this and refer to it often as you prepare your invoices;

**Tab 2.** Budget Revision Request form, which must be completed and submitted any time such revision is needed;

**Tab 3.** Compliance Certification form - this completed form must be submitted with every invoice; and

**Tabs 4 & above.** The Expenditure Reports and Payment Requests (follow the detailed instructions below), comprised of 24 linked monthly spreadsheet tabs (12 "Exp Rpt" & 12 "Pay Req"), beginning with January. **NOTE:** (Subject to any changes in County requirements) if you have any unexpended funds remaining after your last regular monthly invoice and for which you will request payment, there will be a Supplemental "13th payment request" form provided separately, along with your Contract Annual Summary (formerly Close-Out) forms.

**MAINTAINING the INTEGRITY of FORMS/ LINKS:** The cell formulas and embedded links among the forms have been carefully constructed - do NOT change them without consulting us first. The forms may also be password-protected, allowing you to input required data into appropriate cell only. If your invoice forms need any changes, please contact your Travis County contract manager or City HHS Research Analyst David Garza for assistance by email [David.Garza@ci.austin.tx.us](mailto:David.Garza@ci.austin.tx.us) or by phone (512) 972-5008. Your assigned Travis County contract manager and the City Research Analyst are also available should you have any questions or need technical assistance.

### **MONTHLY EXPENDITURE REPORT (Complete this form FIRST)**

1) In the "Jan07 Exp Rpt" spreadsheet tab, review and if needed add/correct the appropriate program and agency information near the top. Be sure to include your agency's contact person name/phone/extension.

2) For the Approved Budget column F, review and if needed, add/correct your TRAVIS COUNTY total 12-month (January 1 through December 31) program budget amount for each line item. Note that all subtotals and totals will calculate automatically. The resulting bottom line total in line 1 (cell F42) should equal the corresponding total COUNTY-only program budget amount for the current contract term.

3) Then in the Expenditures January 2007 column, input the actual amount for each eligible expenditure line item (total for the January 1st through January 31st period). Then check all amounts on the sheet for accuracy, and make sure that the correct amounts and other information are carried forward into the remaining monthly "...Exp Rpt" spreadsheets. As each new month is completed in the contract term, you will repeat this step for the corresponding month's Expenditure Report. Be sure to verify the accuracy of all calculations and cumulative amounts, every time you invoice

### **PAYMENT REQUEST (Check/correct this form only AFTER completing the Expenditure Report)**

These spreadsheets are designed so that the amounts in each of the 12 Payment Request forms automatically calculate directly from the corresponding Expenditure Report - this means that the two January forms are linked, as are the two February forms, etc. In addition, all of the "...Exp Rpt" and "...Pay Req" forms are linked so that the correct cumulative amounts should automatically be carried forward into the appropriate cells for subsequent months. **IMPORTANT: All amounts in the Payment Requests should be calculated automatically - your main task for Payment Requests is to verify that all of the amounts are calculated and printed correctly.**

5) Verify that each "...Pay Req" spreadsheet includes a unique Invoice Number in the shaded block near the top - this number is also linked to the invoice number of the corresponding month's Exp Rpt form. This Number is a code representing your agency and program, the month invoiced, and ends in "1" to indicate it is the first or original invoice for that month. Important: if for any reason you later submit a different, revised or corrected etc. invoice for that same month (which replaces or supplements the original invoice), change the ending number to "2" on that second invoice, then to "3" on the third one as needed, etc.

**\*\*\* Reminder for steps 6, 7 and 8 below: Most items on the Payment Request should be input or corrected by first adjusting the corresponding linked data in that month's Expenditure Report. \*\*\***

6) Next, review and (if needed) add/correct the appropriate agency and program information in section I, including the Payment Request Amount for the month being invoiced.

7) Check and correct (if needed) the amounts in Section II, ensuring that they are consistent with the corresponding amounts in the monthly "... Exp Rpt" spreadsheets.

8) Review the other "...Pay Req" spreadsheets to ensure that all of the information is accurately carried forward also.

9) To invoice for each upcoming month, repeat steps 3 and 5-8 listed above for the appropriate pair of monthly sheets, print both sheets, obtain the required signatures, and submit as usual with a completed Compliance Certification form.

**Note - NOT included here: Supplemental "13th Payment" forms -** If you have any unexpended funds remaining after your last monthly invoice and for which you will request payment, the appropriate Supplemental / 13th Payment forms should be provided after December for your action. Otherwise, you will release any remaining unexpended funds back to the County as part of theseparate "Contract Annual Summary" (formerly known as "Close-Out") process.

## BUDGET REVISION REQUEST - GRANT CONTRACTS

Travis County Health and Human Services and Veterans Service

Agency Name: **ATCIC**

Revision for: **TRAVIS COUNTY Funding Only**

Program Name: **The Children's Continuum**

AGENCY: Refer to any applicable contract section(s) and / or attachment(s) when using this form

Revision Number: **(No.)**

Contract Term: **Oct. 1, 2012 to Sept. 30, 2013**

Effective Date for Revision: **(date to be effective)**

**Notice: the line items in this form are NOT directly linked to the monthly "...Exp Rpt" forms - you must still input your revised budget line items (when approved) into the next applicable monthly "...Exp Rpt" form as usual**

Line	Item	Approved Budget	Prior Approval Required ?	Adjustment Amt. (indicate + or -)	Revised Budget
<b>PERSONNEL</b>					
1	Salaries - REGULAR time				0.00
2	Salaries-OVERTIME (Trav.Co. only)				0.00
3	Benefits				0.00
4	Other (Specify)		YES		0.00
<b>A</b>	<b>SUBTOTAL - PERSONNEL</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
<b>OPERATING EXPENSES</b>					
5	General Operating Expenses				0.00
6	Insurance/Bonding				0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)				0.00
8	Consultants / Contractual				0.00
9	Staff Travel - <u>within</u> Travis County				0.00
10	Conference/Seminars/Tmg. <u>within</u> Travis Co.				0.00
11	Staff Travel - <u>out of</u> Travis Co.		YES		0.00
12	County		YES		0.00
13	Other (specify)		YES		0.00
14	#REF!		YES		0.00
<b>B</b>	<b>SUBTOTAL - OPER. EXPENSES</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
<b>DIRECT ASSISTANCE</b>					
15	Food / Beverage - for clients				0.00
16	Financial Assistance to Individuals (e.g., rent, mortgage, utilities)				0.00
17	Other (specify)		YES		0.00
18	#REF!		YES		0.00
<b>C</b>	<b>SUBTOTAL: DIRECT ASSIST.</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
<b>EQUIPMT./CAPITAL OUTLAY</b>					
19	List items (specify equipmt/capit.)		YES		0.00
20	#REF!		YES		0.00
<b>D</b>	<b>SUBTOTAL - EQPMT./ CAPITAL</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
<b>21</b>	<b>TOTALS (A+B+C+D+E)</b>	<b>0.00</b>		<b>0.00</b>	<b>0.00</b>

Preparer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Travis Co. USE ONLY:**

Reviewed & approved by: \_\_\_\_\_

Date: \_\_\_\_\_

**Compliance Certification form – Grant Contracts**

IMPORTANT: this completed form must be submitted with each monthly invoice.



Agency: ATCIC

Program: The Children's Continuum

Payment requested: month, 2012

Payment requested from:  TRAVIS COUNTY

The following items must be itemized in the current approved program budget, OR written prior approval by TCHHS&VS Executive Director regarding these items must be attached to the Payment Request. (Mark any that apply to this month)

- Purchase of any non-expendable property \*  
 \* (agency must also complete the Equipment Purchased table, below)
- Alteration or relocation of facilities
- Out of County Travel/ Conferences/ Seminars/ Training
- Consultant/professional services or subcontracts
- Budget transfers over the 10% rule per contract
- None of the above apply to this month
- Compliance with Special Conditions/ Corrective Action Plan.
- Overtime expenditures if any followed contract requirements
- Audit expenditures if any were allocated per agency funding sources per contract
- Annual Audit submitted by Service Agency per contract.
- Transfer of Funds/Budget adjustments less than 10% made by agency \*\*  
 \*\* ( agency must attach Budget Revision request form)

**Equipment Purchased:**

Purchase Date	Item	Cost	Model Number	Serial Number	Location

Travis County Purchasing Office employee, \_\_\_\_\_ was notified of above purchases on \_\_\_\_\_  
(name) (date)

I certify the information reported herein and attached hereto is true, correct, and complete.  
 Please process the attached payment(s). (Certification required for processing of payment.)

Executive Director \_\_\_\_\_ Date \_\_\_\_\_

**For Travis County staff use only:**

- County funds calculated accurately ( to two decimals )
- County program budget not over-spent, per contract
- Fiscal year limitation not over-spent, per contract (75% Rule)
- Annual Audit submission by Service Agency per contract has been verified
- Compliance with Special Conditions/ Corrective Action Plan is confirmed

Attach copies of the following to this sheet and mark all that apply:

- Payment Request (verified and approved)
- Expenditure Report (verified and approved)
- Budget Revision form (if applicable)
- Revised/ Modified Payment Request (if applicable)
- Any required prior approval documents

I certify the information reported herein and attached hereto is true, correct, and complete.  
 Please process the attached payment(s). (Certification required for processing of payment.)

Travis County contract manager \_\_\_\_\_ Date \_\_\_\_\_

Travis County director (or designee) \_\_\_\_\_ Date \_\_\_\_\_

**For TC HHS&VS Admin./Finance use only:**

- Service has been received in the HTE system
- Payment Request reviewed for: 1) reporting accuracy 2) expenditures verified and 3) contract compliance.
- Annual Audit submission by Service Agency per contract has been verified

I hereby certify that the information reported on this compliance certification form by all parties is true, correct, and complete.  
 I understand that the legality of the payment is dependent on the accuracy of these statements. Please process the attached payment(s). (Please note, payment will not be processed without this signed certification attached to request for payment.)

\_\_\_\_\_  
 (signature of Executive Manager or Director, HHS&VS Administrative Services Division) Date \_\_\_\_\_

Grant Approval (County Auditor) \_\_\_\_\_ Date \_\_\_\_\_

## Travis County Grant Contract PAYMENT REQUEST



Invoice Number: **TCC #1**

**IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice**

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
ATCIC  1430 Collier Street Austin TX 78704 Phone (512) 447-4141	The Children's Continuum Child Therapist and Supervisor	October 2012
	<b>Contract Term</b>	<b>PAYMENT REQUEST AMOUNT</b>
	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. Grant Funded Program Budget	\$65,845.00
2. Previous Payments Requested	\$0.00
<b>3. AMOUNT OF THIS PAYMENT REQUEST</b>	<b>\$0.00</b>
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$65,845.00

SECTION III - CERTIFICATION <i>(Must be completed by Contractor)</i>		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
<b>Authorized Signature</b>	<b>Title</b>	<b>Date</b>
<b>Preparer's Signature</b>	<b>Title</b>	<b>Date</b>

SECTION IV - PAYMENT APPROVAL - <i>(TRAVIS CO. Staff)</i>		
<b>Contract Manager's Signature</b>	<b>Name and Title</b>	<b>Date</b>
	John C. Draughnaw Contract Specialist	

SECTION V - PAYMENT APPROVAL - <i>(Travis County FINANCE)</i>			
<b>TC HHS &amp; VS Financial Approval</b>	<b>Name and Title</b>	<b>Date</b>	<b>AMOUNT APPROVED</b>
<b>County Account Number</b>	<b>Issue Area</b>	<b>Vendor ID Number</b>	<b>Purchase Order Number</b>

**Staff Comments:**

## TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **TCC #1**

Report Period: **October 2012**

Agency: **ATCIC**  
 Agency contact: First and Last Names  
 E-mail: name@address.org

Program: **The Children's Continuum Child Therapist**  
 Phone: number, ext.  
 Fax: number, ext.  
 Current contract term:  
 Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures October 2012	Cumulative Expenditures	Budget Balance
<b>PERSONNEL</b>					
1	Salaries - REGULAR time	47,624.00	0.00	0.00	47,624.00
2	Salaries-OVERTIME (Trav. Co. only)	0.00	0.00	0.00	0.00
3	Benefits	12,147.00	0.00	0.00	12,147.00
4	Other (Specify)	0.00	0.00	0.00	0.00
<b>A</b>	<b>SUBTOTAL - PERSONNEL</b>	<b>59,771.00</b>	<b>0.00</b>	<b>0.00</b>	<b>59,771.00</b>
<b>OPERATING EXPENSES</b>					
5	General Operating Expenses	3,596.00	0.00	0.00	3,596.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - <u>within</u> Travis County	2,304.00	0.00	0.00	2,304.00
10	Conference/Seminars/Trng. <u>within</u> Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - <u>out of</u> Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Trng <u>out of</u> Travis County	0.00	0.00	0.00	0.00
13	Equipment	0.00	0.00	0.00	0.00
14	Supplies	174.00	0.00	0.00	174.00
<b>B</b>	<b>SUBTOTAL - OP. EXPENSES</b>	<b>6,074.00</b>	<b>0.00</b>	<b>0.00</b>	<b>6,074.00</b>
<b>DIRECT ASSISTANCE</b>					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance to Individuals (e.g., rent, mortgage, utilities)	0.00	0.00	0.00	0.00
17	Other (specify)	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
<b>C</b>	<b>SUBTOTAL: DIRECT ASSIST.</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>EQUIPMT./CAPITAL OUTLAY</b>					
19	List items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
<b>D</b>	<b>SUBTOTAL - EQPMT./ CAPITAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>RECOVERED ADVANCE PAYMENTS</b>					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
<b>E</b>	<b>SUBTOTAL: RECOVERED ADVANCE PAYMENTS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
21	<b>TOTALS ( A+B+C+D+E )</b>	<b>65,845.00</b>	<b>0.00</b>	<b>0.00</b>	<b>65,845.00</b>
	<b>Maximums Allowable</b>	<b>65,845.00</b>	<b>65,845.00</b>	<b>65,845.00</b>	

Preparer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Travis Co. USE ONLY:</b>	
Reviewed & approved by: _____	Date: _____



## Travis County Grant Contract PAYMENT REQUEST

Invoice Number: TCC #2

**IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice**

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
ATCIC  1430 Collier Street Austin TX 78704 Phone (512) 447-4141	The Children's Continuum Child Therapist and Supervisor	November 2012
	Contract Term	PAYMENT REQUEST AMOUNT
	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. Grant Funded Program Budget	\$65,845.00
2. Previous Payments Requested	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$65,845.00

SECTION III - CERTIFICATION <i>(Must be completed by Contractor)</i>		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Authorized Signature	Title	Date
Preparer's Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - <i>(TRAVIS CO. Staff)</i>		
Contract Manager's Signature	Name and Title	Date
	John C. Bradshaw Contract Specialist	

SECTION V - PAYMENT APPROVAL - <i>(Travis County FINANCE)</i>			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

**Staff Comments:**

## TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **TCC #2**

Report Period: **November 2012**

Agency: **ATCIC**  
 Agency contact: \_\_\_\_\_ First and Last Names  
 E-mail: name@address.org

Program: **The Children's Continuum Child Therapist a**  
 Phone: number, ext. \_\_\_\_\_ Current contract term:  
 Fax: number, ext. \_\_\_\_\_ Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures November 2012	Cumulative Expenditures	Budget Balance
<b>PERSONNEL</b>					
1	Salaries - REGULAR time	47,624.00	0.00	0.00	47,624.00
2	Salaries-OVERTIME (Trav.Co. only)	0.00	0.00	0.00	0.00
3	Benefits	12,147.00	0.00	0.00	12,147.00
4	Other (Specify)	0.00	0.00	0.00	0.00
<b>A</b>	<b>SUBTOTAL - PERSONNEL</b>	<b>59,771.00</b>	<b>0.00</b>	<b>0.00</b>	<b>59,771.00</b>
<b>OPERATING EXPENSES</b>					
5	General Operating Expenses	3,596.00	0.00	0.00	3,596.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - <u>within</u> Travis County	2,304.00	0.00	0.00	2,304.00
10	Conference/Seminars/Tmg. <u>within</u> Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - <u>out of</u> Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Tng <u>out of</u> Travis County	0.00	0.00	0.00	0.00
13	Equipment	0.00	0.00	0.00	0.00
14	Supplies	174.00	0.00	0.00	174.00
<b>B</b>	<b>SUBTOTAL - OP. EXPENSES</b>	<b>6,074.00</b>	<b>0.00</b>	<b>0.00</b>	<b>6,074.00</b>
<b>DIRECT ASSISTANCE</b>					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance to Individuals (e.g., rent, mortgage, utilities)	0.00	0.00	0.00	0.00
17	Other (specify)	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
<b>C</b>	<b>SUBTOTAL: DIRECT ASSIST.</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>EQUIPMT./CAPITAL OUTLAY</b>					
19	List items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
<b>D</b>	<b>SUBTOTAL - EQPMT./ CAPITAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>RECOVERED ADVANCE PAYMENTS</b>					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
<b>E</b>	<b>SUBTOTAL: RECOVERED ADVANCE PAYMENTS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
21	<b>TOTALS (A+B+C+D+E)</b>	<b>65,845.00</b>	<b>0.00</b>	<b>0.00</b>	<b>65,845.00</b>
	<b>Maximums Allowable</b>	<b>65,845.00</b>	<b>65,845.00</b>	<b>65,845.00</b>	

Preparer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Travis Co. USE ONLY:**

Reviewed & approved by: \_\_\_\_\_

Date: \_\_\_\_\_



## Travis County Grant Contract PAYMENT REQUEST

Invoice Number: TCC #3

**IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice**

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
ATCIC 1430 Collier Street Austin TX 78704 Phone (512) 447-4141	The Children's Continuum Child Therapist and Supervisor	December 2012
	Contract Term	PAYMENT REQUEST AMOUNT
	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. Grant Funded Program Budget	\$65,845.00
2. Previous Payments Requested	\$0.00
<b>3. AMOUNT OF THIS PAYMENT REQUEST</b>	<b>\$0.00</b>
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$65,845.00

SECTION III - CERTIFICATION <i>(Must be completed by Contractor)</i>		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Authorized Signature	Title	Date
Preparer's Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - <i>(TRAVIS CO. Staff)</i>		
Contract Manager's Signature	Name and Title	Date
	John C. Bradshaw Contract Specialist	

SECTION V - PAYMENT APPROVAL - <i>(Travis County FINANCE)</i>			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

**Staff Comments:**

## TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **TCC #3**

Report Period: December 2012

Agency: **ATCIC** Program: **The Children's Continuum** **Child Therapist a**  
 Agency contact: First and Last Names Phone: number, ext. Current contract term:  
 E-mail: name@address.org Fax: number, ext. Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures December 2012	Cumulative Expenditures	Budget Balance
<b>PERSONNEL</b>					
1	Salaries - REGULAR time	47,624.00	0.00	0.00	47,624.00
2	Salaries-OVERTIME (Trav.Co. only)	0.00	0.00	0.00	0.00
3	Benefits	12,147.00	0.00	0.00	12,147.00
4	Other (Specify)	0.00	0.00	0.00	0.00
<b>A</b>	<b>SUBTOTAL - PERSONNEL</b>	<b>59,771.00</b>	<b>0.00</b>	<b>0.00</b>	<b>59,771.00</b>
<b>OPERATING EXPENSES</b>					
5	General Operating Expenses	3,596.00	0.00	0.00	3,596.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - <u>within</u> Travis County Conference/Seminars/Tng. <u>within</u> Travis Co.	2,304.00	0.00	0.00	2,304.00
10		0.00	0.00	0.00	0.00
11	Staff Travel - <u>out of</u> Travis Co. Conferences/Seminars/Tng <u>out of</u> Travis County	0.00	0.00	0.00	0.00
12		0.00	0.00	0.00	0.00
13	Equipment	0.00	0.00	0.00	0.00
14	Supplies	174.00	0.00	0.00	174.00
<b>B</b>	<b>SUBTOTAL - OP. EXPENSES</b>	<b>6,074.00</b>	<b>0.00</b>	<b>0.00</b>	<b>6,074.00</b>
<b>DIRECT ASSISTANCE</b>					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance to Individuals (e.g., rent, mortgage, utilities)	0.00	0.00	0.00	0.00
17	Other (specify)	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
<b>C</b>	<b>SUBTOTAL: DIRECT ASSIST.</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>EQUIPMT./CAPITAL OUTLAY</b>					
19	List items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
<b>D</b>	<b>SUBTOTAL - EQPMT./ CAPITAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>RECOVERED ADVANCE PAYMENTS</b>					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
<b>E</b>	<b>SUBTOTAL: RECOVERED ADVANCE PAYMENTS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
21	<b>TOTALS ( A+B+C+D+E )</b>	<b>65,845.00</b>	<b>0.00</b>	<b>0.00</b>	<b>65,845.00</b>
	<b>Maximums Allowable</b>	<b>65,845.00</b>	<b>65,845.00</b>	<b>65,845.00</b>	

Preparer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Travis Co. USE ONLY:**

Reviewed & approved by: \_\_\_\_\_

Date: \_\_\_\_\_



## Travis County Grant Contract PAYMENT REQUEST

Invoice Number: **TCC #4**

**IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice**

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
ATCIC	The Children's Continuum Child Therapist and Supervisor	Jan-13
1430 Collier Street Austin TX 78704 Phone (512) 447-4141	<b>Contract Term</b>	<b>PAYMENT REQUEST AMOUNT</b>
	Oct. 1, 2012 - Sept. 30, 2013	<b>\$0.00</b>

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. Grant Funded Program Budget	\$65,845.00
2. Previous Payments Requested	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$65,845.00

SECTION III - CERTIFICATION <i>(Must be completed by Contractor)</i>		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
<b>Preparer's Signature</b>	<b>Title</b>	<b>Date</b>
<b>Authorized Signature</b>	<b>Title</b>	<b>Date</b>

SECTION IV - PAYMENT APPROVAL - (TRAVIS CO. Staff)		
<b>Contract Manager's Signature</b>	<b>Name and Title</b>	<b>Date</b>
	John C. Bradshaw Contract Specialist	

SECTION V - PAYMENT APPROVAL - (Travis County FINANCE)			
<b>TC HHS &amp; VS Financial Approval</b>	<b>Name and Title</b>	<b>Date</b>	<b>AMOUNT APPROVED</b>
<b>County Account Number</b>	<b>Issue Area</b>	<b>Vendor ID Number</b>	<b>Purchase Order Number</b>

**Staff Comments:**

## TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **TCC #4**

Report Period: Jan-13

Agency: **ATCIC**  
 Agency contact: First and Last Names  
 E-mail: name@address.org

Program: **The Children's Continuum Child Therapist**  
 Phone: number, ext.  
 Fax: number, ext.  
 Current contract term:  
 Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures	Cumulative Expenditures	Budget Balance
<b>PERSONNEL</b>					
1	Salaries - REGULAR time	47,624.00	0.00	0.00	47,624.00
2	Salaries-OVERTIME (Trav.Co. only)	0.00	0.00	0.00	0.00
3	Benefits	12,147.00	0.00	0.00	12,147.00
4	Other (Specify)	0.00	0.00	0.00	0.00
<b>A</b>	<b>SUBTOTAL - PERSONNEL</b>	<b>59,771.00</b>	<b>0.00</b>	<b>0.00</b>	<b>59,771.00</b>
<b>OPERATING EXPENSES</b>					
5	General Operating Expenses	3,596.00	0.00	0.00	3,596.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - <u>within</u> Travis County	2,304.00	0.00	0.00	2,304.00
10	Conference/Seminars/Tmg. <u>within</u> Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - <u>out of</u> Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Tmg <u>out of</u> Travis County	0.00	0.00	0.00	0.00
13	Equipment	0.00	0.00	0.00	0.00
14	Supplies	174.00	0.00	0.00	174.00
<b>B</b>	<b>SUBTOTAL - OP. EXPENSES</b>	<b>6,074.00</b>	<b>0.00</b>	<b>0.00</b>	<b>6,074.00</b>
<b>DIRECT ASSISTANCE</b>					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance to Individuals (e.g., rent, mortgage, utilities)	0.00	0.00	0.00	0.00
17	Other (specify)	0.00	0.00	0.00	0.00
18		0.00	0.00	0.00	0.00
<b>C</b>	<b>SUBTOTAL: DIRECT ASSIST.</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>EQUIPMT./CAPITAL OUTLAY</b>					
19	List items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20		0.00	0.00	0.00	0.00
<b>D</b>	<b>SUBTOTAL - EQPMT./ CAPITAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>RECOVERED ADVANCE PAYMENTS</b>					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
<b>E</b>	<b>SUBTOTAL: RECOVERED ADVANCE PAYMENTS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
21	<b>TOTALS (A+B+C+D+E)</b>	<b>65,845.00</b>	<b>0.00</b>	<b>0.00</b>	<b>65,845.00</b>
	<b>Maximums Allowable</b>	<b>65,845.00</b>			

Preparer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Travis Co. USE ONLY:**

Reviewed & approved by: \_\_\_\_\_

Date: \_\_\_\_\_



## Travis County Grant Contract PAYMENT REQUEST

Invoice Number: TCC #5

**IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice**

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
ATCIC  1430 Collier Street Austin TX 78704 Phone (512) 447-4141	The Children's Continuum Child Therapist and Supervisor	February 2013
	<b>Contract Term</b>	<b>PAYMENT REQUEST AMOUNT</b>
	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. Grant Funded Program Budget	\$65,845.00
2. Previous Payments Requested	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$65,845.00

SECTION III - CERTIFICATION <i>(Must be completed by Contractor)</i>		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
<b>Preparer's Signature</b>	<b>Title</b>	<b>Date</b>
<b>Authorized Signature</b>	<b>Title</b>	<b>Date</b>

SECTION IV - PAYMENT APPROVAL - <i>(TRAVIS CO. Staff)</i>		
<b>Contract Manager's Signature</b>	<b>Name and Title</b>	<b>Date</b>
	John C. Draughn Contract Specialist	

SECTION V - PAYMENT APPROVAL - <i>(Travis County FINANCE)</i>			
<b>TC HHS &amp; VS Financial Approval</b>	<b>Name and Title</b>	<b>Date</b>	<b>AMOUNT APPROVED</b>
<b>County Account Number</b>	<b>Issue Area</b>	<b>Vendor ID Number</b>	<b>Purchase Order Number</b>

**Staff Comments:**

## TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **TCC #5**

Report Period: **February 2013**

Agency: **ATCIC**  
 Agency contact: First and Last Names  
 E-mail: name@address.org

Program: **The Children's Continuum Child Therapist :**  
 Phone: number, ext. Current contract term:  
 Fax: number, ext. Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures February 2013	Cumulative Expenditures	Budget Balance
<b>PERSONNEL</b>					
1	Salaries - REGULAR time	47,624.00	0.00	0.00	47,624.00
2	Salaries-OVERTIME (Trav.Co. only)	0.00	0.00	0.00	0.00
3	Benefits	12,147.00	0.00	0.00	12,147.00
4	Other (Specify)	0.00	0.00	0.00	0.00
<b>A</b>	<b>SUBTOTAL - PERSONNEL</b>	<b>59,771.00</b>	<b>0.00</b>	<b>0.00</b>	<b>59,771.00</b>
<b>OPERATING EXPENSES</b>					
5	General Operating Expenses	3,596.00	0.00	0.00	3,596.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - <u>within</u> Travis County	2,304.00	0.00	0.00	2,304.00
10	Conference/Seminars/Tmg. <u>within</u> Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - <u>out of</u> Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Tmg <u>out of</u> Travis County	0.00	0.00	0.00	0.00
13	Equipment	0.00	0.00	0.00	0.00
14	Supplies	174.00	0.00	0.00	174.00
<b>B</b>	<b>SUBTOTAL - OP. EXPENSES</b>	<b>6,074.00</b>	<b>0.00</b>	<b>0.00</b>	<b>6,074.00</b>
<b>DIRECT ASSISTANCE</b>					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance to Individuals (e.g., rent, mortgage, utilities)	0.00	0.00	0.00	0.00
17	Other (specify)	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
<b>C</b>	<b>SUBTOTAL: DIRECT ASSIST.</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>EQUIPMT./CAPITAL OUTLAY</b>					
19	List Items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
<b>D</b>	<b>SUBTOTAL - EQPMT./ CAPITAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>RECOVERED ADVANCE PAYMENTS</b>					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
<b>E</b>	<b>SUBTOTAL: RECOVERED ADVANCE PAYMENTS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
21	<b>TOTALS (A+B+C+D+E)</b>	<b>65,845.00</b>	<b>0.00</b>	<b>0.00</b>	<b>65,845.00</b>
	<b>Maximums Allowable</b>	<b>65,845.00</b>			

Preparer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Travis Co. USE ONLY:**

Reviewed & approved by: \_\_\_\_\_

Date: \_\_\_\_\_



## Travis County Grant Contract PAYMENT REQUEST

Invoice Number: **TCC #6**

**IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice**

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
ATCIC 1430 Collier Street Austin TX 78704 Phone (512) 447-4141	The Children's Continuum Child Therapist and Supervisor	March 2013
<b>Contract Term</b>		<b>PAYMENT REQUEST AMOUNT</b>
Oct. 1, 2012 - Sept. 30, 2013		<b>\$0.00</b>

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. Grant Funded Program Budget	\$65,845.00
2. Previous Payments Requested	\$0.00
<b>3. AMOUNT OF THIS PAYMENT REQUEST</b>	<b>\$0.00</b>
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$65,845.00

SECTION III - CERTIFICATION <i>(Must be completed by Contractor)</i>		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
<b>Authorized Signature</b>	<b>Title</b>	<b>Date</b>
<b>Preparer's Signature</b>	<b>Title</b>	<b>Date</b>

SECTION IV - PAYMENT APPROVAL - <i>(TRAVIS CO. Staff)</i>		
<b>Contract Manager's Signature</b>	<b>Name and Title</b>	<b>Date</b>
	John C. Braushaw Contract Specialist	

SECTION V - PAYMENT APPROVAL - <i>(Travis County FINANCE)</i>			
<b>TC HHS &amp; VS Financial Approval</b>	<b>Name and Title</b>	<b>Date</b>	<b>AMOUNT APPROVED</b>
<b>County Account Number</b>	<b>Issue Area</b>	<b>Vendor ID Number</b>	<b>Purchase Order Number</b>

**Staff Comments:**

## TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **TCC #6**

Report Period: **March 2013**

Agency: **ATCIC**  
 Agency contact: First and Last Names  
 E-mail: name@address.org

Program: **The Children's Continuum Child Therapist**  
 Phone: number, ext. Current contract term:  
 Fax: number, ext. Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures March 2013	Cumulative Expenditures	Budget Balance
<b>PERSONNEL</b>					
1	Salaries - REGULAR time	47,624.00	0.00	0.00	47,624.00
2	Salaries-OVERTIME (Trav.Co. only)	0.00	0.00	0.00	0.00
3	Benefits	12,147.00	0.00	0.00	12,147.00
4	Other (Specify)	0.00	0.00	0.00	0.00
<b>A</b>	<b>SUBTOTAL - PERSONNEL</b>	<b>59,771.00</b>	<b>0.00</b>	<b>0.00</b>	<b>59,771.00</b>
<b>OPERATING EXPENSES</b>					
5	General Operating Expenses	3,596.00	0.00	0.00	3,596.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - <u>within</u> Travis County	2,304.00	0.00	0.00	2,304.00
10	Conference/Seminars/Tmg. <u>within</u> Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - <u>out of</u> Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Tmg <u>out of</u> Travis County	0.00	0.00	0.00	0.00
13	Equipment	0.00	0.00	0.00	0.00
14	Supplies	174.00	0.00	0.00	174.00
<b>B</b>	<b>SUBTOTAL - OP. EXPENSES</b>	<b>6,074.00</b>	<b>0.00</b>	<b>0.00</b>	<b>6,074.00</b>
<b>DIRECT ASSISTANCE</b>					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance to individuals (e.g., rent, mortgage, utilities)	0.00	0.00	0.00	0.00
17	Other (specify)	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
<b>C</b>	<b>SUBTOTAL: DIRECT ASSIST.</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>EQUIPMT./CAPITAL OUTLAY</b>					
19	List items (specify equipmt/caplt.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
<b>D</b>	<b>SUBTOTAL - EQPMT./ CAPITAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>RECOVERED ADVANCE PAYMENTS</b>					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
<b>E</b>	<b>SUBTOTAL: RECOVERED ADVANCE PAYMENTS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
21	<b>TOTALS (A+B+C+D+E)</b>	<b>65,845.00</b>	<b>0.00</b>	<b>0.00</b>	<b>65,845.00</b>
	<b>Maximums Allowable</b>	<b>65,845.00</b>			

Preparer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Travis Co. USE ONLY:</b>	
Reviewed & approved by: _____	Date: _____



## Travis County Grant Contract PAYMENT REQUEST

Invoice Number: TCC #7

**IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice**

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
ATCIC 1430 Collier Street Austin TX 78704 Phone (512) 447-4141	The Children's Continuum Child Therapist and Supervisor	April 2013
<b>Contract Term</b>		<b>PAYMENT REQUEST AMOUNT</b>
Oct. 1, 2012 - Sept. 30, 2013		\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. Grant Funded Program Budget	\$65,845.00
2. Previous Payments Requested	\$0.00
3. AMOUNT OF THIS PAYMENT REQUEST	\$0.00
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$65,845.00

SECTION III - CERTIFICATION <i>(Must be completed by Contractor)</i>		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
<b>Authorized Signature</b>	<b>Title</b>	<b>Date</b>
<b>Preparer's Signature</b>	<b>Title</b>	<b>Date</b>

SECTION IV - PAYMENT APPROVAL - <i>(TRAVIS CO. Staff)</i>		
<b>Contract Manager's Signature</b>	<b>Name and Title</b>	<b>Date</b>
	JOHN C. BRADSHAW Contract Specialist	

SECTION V - PAYMENT APPROVAL - <i>(Travis County FINANCE)</i>			
<b>TC HHS &amp; VS Financial Approval</b>	<b>Name and Title</b>	<b>Date</b>	<b>AMOUNT APPROVED</b>
<b>County Account Number</b>	<b>Issue Area</b>	<b>Vendor ID Number</b>	<b>Purchase Order Number</b>

**Staff Comments:**

## TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **TCC #7**

Report Period: April 2013

Agency: **ATCIC**  
 Agency contact: First and Last Names  
 E-mail: name@address.org

Program: **The Children's Continuum Child Therapist**  
 Phone: number, ext. Current contract term:  
 Fax: number, ext. Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures April 2013	Cumulative Expenditures	Budget Balance
<b>PERSONNEL</b>					
1	Salaries - REGULAR time	47,624.00	0.00	0.00	47,624.00
2	Salaries-OVERTIME (Trav.Co. only)	0.00	0.00	0.00	0.00
3	Benefits	12,147.00	0.00	0.00	12,147.00
4	Other (Specify)	0.00	0.00	0.00	0.00
<b>A</b>	<b>SUBTOTAL - PERSONNEL</b>	<b>59,771.00</b>	<b>0.00</b>	<b>0.00</b>	<b>59,771.00</b>
<b>OPERATING EXPENSES</b>					
5	General Operating Expenses	3,596.00	0.00	0.00	3,596.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - within Travis County	2,304.00	0.00	0.00	2,304.00
10	Conference/Seminars/Tmg. within Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - out of Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Tmg out of Travis County	0.00	0.00	0.00	0.00
13	Equipment	0.00	0.00	0.00	0.00
14	Supplies	174.00	0.00	0.00	174.00
<b>B</b>	<b>SUBTOTAL - OP. EXPENSES</b>	<b>6,074.00</b>	<b>0.00</b>	<b>0.00</b>	<b>6,074.00</b>
<b>DIRECT ASSISTANCE</b>					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance to Individuals (e.g., rent, mortgage, utilities)	0.00	0.00	0.00	0.00
17	Other (specify)	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
<b>C</b>	<b>SUBTOTAL: DIRECT ASSIST.</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>EQUIPMT./CAPITAL OUTLAY</b>					
19	List Items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
<b>D</b>	<b>SUBTOTAL - EQPMT./ CAPITAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>RECOVERED ADVANCE PAYMENTS</b>					
		Note: any amounts on line E must be input as negative dollars (reimbursed)			
<b>E</b>	<b>SUBTOTAL: RECOVERED ADVANCE PAYMENTS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
21	<b>TOTALS (A+B+C+D+E)</b>	<b>65,845.00</b>	<b>0.00</b>	<b>0.00</b>	<b>65,845.00</b>
	<b>Maximums Allowable</b>	<b>65,845.00</b>			

Preparer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Travis Co. USE ONLY:</b>	
Reviewed & approved by: _____	Date: _____



## Travis County Grant Contract PAYMENT REQUEST

Invoice Number: TCC #8

**IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice**

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
ATCIC 1430 Collier Street Austin TX 78704 Phone (512) 447-4141	The Children's Continuum Child Therapist and Supervisor	May 2013
	Contract Term	PAYMENT REQUEST AMOUNT
	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. Grant Funded Program Budget	\$65,845.00
2. Previous Payments Requested	\$0.00
<b>3. AMOUNT OF THIS PAYMENT REQUEST</b>	<b>\$0.00</b>
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$65,845.00

SECTION III - CERTIFICATION <i>(Must be completed by Contractor)</i>		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Authorized Signature	Title	Date
Preparer's Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - <i>(TRAVIS CO. Staff)</i>		
Contract Manager's Signature	Name and Title	Date
	John C. Bradshaw Contract Specialist	

SECTION V - PAYMENT APPROVAL - <i>(Travis County FINANCE)</i>			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

**Staff Comments:**

## TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **TCC #8**

Report Period: **May 2013**

Agency: **ATCIC**  
 Agency contact: First and Last Names  
 E-mail: name@address.org

Program: **The Children's Continuum Child Therapist**  
 Phone: number, ext. Current contract term:  
 Fax: number, ext. Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures May 2013	Cumulative Expenditures	Budget Balance
<b>PERSONNEL</b>					
1	Salaries - REGULAR time	47,624.00	0.00	0.00	47,624.00
2	Salaries-OVERTIME (Trav.Co. only)	0.00	0.00	0.00	0.00
3	Benefits	12,147.00	0.00	0.00	12,147.00
4	Other (Specify)	0.00	0.00	0.00	0.00
<b>A</b>	<b>SUBTOTAL - PERSONNEL</b>	<b>59,771.00</b>	<b>0.00</b>	<b>0.00</b>	<b>59,771.00</b>
<b>OPERATING EXPENSES</b>					
5	General Operating Expenses	3,596.00	0.00	0.00	3,596.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - within Travis County	2,304.00	0.00	0.00	2,304.00
10	Conference/Seminars/Tmg. within Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - out of Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Tmg out of Travis County	0.00	0.00	0.00	0.00
13	Equipment	0.00	0.00	0.00	0.00
14	Supplies	174.00	0.00	0.00	174.00
<b>B</b>	<b>SUBTOTAL - OP. EXPENSES</b>	<b>6,074.00</b>	<b>0.00</b>	<b>0.00</b>	<b>6,074.00</b>
<b>DIRECT ASSISTANCE</b>					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance to Individuals (e.g., rent, mortgage, utilities)	0.00	0.00	0.00	0.00
17	Other (specify)	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
<b>C</b>	<b>SUBTOTAL: DIRECT ASSIST.</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>EQUIPMT./CAPITAL OUTLAY</b>					
19	List items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20		0.00	0.00	0.00	0.00
<b>D</b>	<b>SUBTOTAL - EQPMT./ CAPITAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>RECOVERED ADVANCE PAYMENTS</b>					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
<b>E</b>	<b>SUBTOTAL: RECOVERED ADVANCE PAYMENTS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
21	<b>TOTALS (A+B+C+D+E)</b>	<b>65,845.00</b>	<b>0.00</b>	<b>0.00</b>	<b>65,845.00</b>
	<b>Maximums Allowable</b>	<b>65,845.00</b>			

Preparer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Travis Co. USE ONLY:</b>	
Reviewed & approved by: _____	Date: _____



## Travis County Grant Contract PAYMENT REQUEST

Invoice Number: TCC #9

**IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice**

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
ATCIC 1430 Collier Street Austin TX 78704 Phone (512) 447-4141	The Children's Continuum Child Therapist and Supervisor	June 2013
	Contract Term	PAYMENT REQUEST AMOUNT
	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. Grant Funded Program Budget	\$65,845.00
2. Previous Payments Requested	\$0.00
<b>3. AMOUNT OF THIS PAYMENT REQUEST</b>	<b>\$0.00</b>
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$65,845.00

SECTION III - CERTIFICATION <i>(Must be completed by Contractor)</i>		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Authorized Signature	Title	Date
Preparer's Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - <i>(TRAVIS CO. Staff)</i>		
Contract Manager's Signature	Name and Title	Date
	John C. Brasshaw Contract Specialist	

SECTION V - PAYMENT APPROVAL - <i>(Travis County FINANCE)</i>			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

**Staff Comments:**

## TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **TCC #9**

Report Period: June 2013

Agency: **ATCIC**  
 Agency contact: First and Last Names  
 E-mail: name@address.org

Program: **The Children's Continuum Child Therapist**  
 Phone: number, ext. Current contract term:  
 Fax: number, ext. Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures June 2013	Cumulative Expenditures	Budget Balance
<b>PERSONNEL</b>					
1	Salaries - REGULAR time	47,624.00	0.00	0.00	47,624.00
2	Salaries-OVERTIME (Trav.Co. only)	0.00	0.00	0.00	0.00
3	Benefits	12,147.00	0.00	0.00	12,147.00
4	Other (Specify)	0.00	0.00	0.00	0.00
<b>A</b>	<b>SUBTOTAL - PERSONNEL</b>	<b>59,771.00</b>	<b>0.00</b>	<b>0.00</b>	<b>59,771.00</b>
<b>OPERATING EXPENSES</b>					
5	General Operating Expenses	3,596.00	0.00	0.00	3,596.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - <u>within</u> Travis County Conference/Seminars/Tng. <u>within</u>	2,304.00	0.00	0.00	2,304.00
10	Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - <u>out of</u> Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Tng <u>out of</u> Travis County	0.00	0.00	0.00	0.00
13	Equipment	0.00	0.00	0.00	0.00
14	Supplies	174.00	0.00	0.00	174.00
<b>B</b>	<b>SUBTOTAL - OP. EXPENSES</b>	<b>6,074.00</b>	<b>0.00</b>	<b>0.00</b>	<b>6,074.00</b>
<b>DIRECT ASSISTANCE</b>					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance to individuals (e.g., rent, mortgage, utilities)	0.00	0.00	0.00	0.00
17	Other (specify)	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
<b>C</b>	<b>SUBTOTAL: DIRECT ASSIST.</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>EQUIPMT./CAPITAL OUTLAY</b>					
19	List Items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
<b>D</b>	<b>SUBTOTAL - EQPMT./ CAPITAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>RECOVERED ADVANCE PAYMENTS</b>					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
<b>E</b>	<b>SUBTOTAL: RECOVERED ADVANCE PAYMENTS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
21	<b>TOTALS (A+B+C+D+E)</b>	<b>65,845.00</b>	<b>0.00</b>	<b>0.00</b>	<b>65,845.00</b>
	<b>Maximums Allowable</b>	<b>65,845.00</b>			

Preparer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Travis Co. USE ONLY:</b>	
Reviewed & approved by: _____	Date: _____



## Travis County Grant Contract PAYMENT REQUEST

Invoice Number: **TCC #10**

**IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice**

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
ATCIC 1430 Collier Street Austin TX 78704 Phone (512) 447-4141	The Children's Continuum Child Therapist and Supervisor	July 2013
<b>Contract Term</b>		<b>PAYMENT REQUEST AMOUNT</b>
Oct. 1, 2012 - Sept. 30, 2013		<b>\$0.00</b>

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. Grant Funded Program Budget	\$65,845.00
2. Previous Payments Requested	\$0.00
3. <b>AMOUNT OF THIS PAYMENT REQUEST</b>	<b>\$0.00</b>
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$65,845.00

SECTION III - CERTIFICATION <i>(Must be completed by Contractor)</i>		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
<b>Authorized Signature</b>	<b>Title</b>	<b>Date</b>
<b>Preparer's Signature</b>	<b>Title</b>	<b>Date</b>

SECTION IV - PAYMENT APPROVAL - <i>(TRAVIS CO. Staff)</i>		
<b>Contract Manager's Signature</b>	<b>Name and Title</b>	<b>Date</b>
	John C. Braushaw Contract Specialist	

SECTION V - PAYMENT APPROVAL - <i>(Travis County FINANCE)</i>			
<b>TC HHS &amp; VS Financial Approval</b>	<b>Name and Title</b>	<b>Date</b>	<b>AMOUNT APPROVED</b>
<b>County Account Number</b>	<b>Issue Area</b>	<b>Vendor ID Number</b>	<b>Purchase Order Number</b>

**Staff Comments:**

## TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **TCC #10**

Report Period: July 2013

Agency: **ATCIC**  
 Agency contact: First and Last Names  
 E-mail: name@address.org

Program: **The Children's Continuum Child Therapist**  
 Phone: number, ext. Current contract term:  
 Fax: number, ext. Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures July 2013	Cumulative Expenditures	Budget Balance
<b>PERSONNEL</b>					
1	Salaries - REGULAR time	47,624.00	0.00	0.00	47,624.00
2	Salaries-OVERTIME (Trav.Co. only)	0.00	0.00	0.00	0.00
3	Benefits	12,147.00	0.00	0.00	12,147.00
4	Other (Specify)	0.00	0.00	0.00	0.00
<b>A</b>	<b>SUBTOTAL - PERSONNEL</b>	<b>59,771.00</b>	<b>0.00</b>	<b>0.00</b>	<b>59,771.00</b>
<b>OPERATING EXPENSES</b>					
5	General Operating Expenses	3,596.00	0.00	0.00	3,596.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - <u>within</u> Travis County	2,304.00	0.00	0.00	2,304.00
10	Conference/Seminars/Tng. <u>within</u> Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - <u>out of</u> Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Tng <u>out of</u> Travis County	0.00	0.00	0.00	0.00
13	Equipment	0.00	0.00	0.00	0.00
14	Supplies	174.00	0.00	0.00	174.00
<b>B</b>	<b>SUBTOTAL - OP. EXPENSES</b>	<b>6,074.00</b>	<b>0.00</b>	<b>0.00</b>	<b>6,074.00</b>
<b>DIRECT ASSISTANCE</b>					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance to Individuals (e.g., rent, mortgage, utilities)	0.00	0.00	0.00	0.00
17	Other (specify)	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
<b>C</b>	<b>SUBTOTAL: DIRECT ASSIST.</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>EQUIPMT./CAPITAL OUTLAY</b>					
19	List items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
<b>D</b>	<b>SUBTOTAL - EQPMT./ CAPITAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>RECOVERED ADVANCE PAYMENTS</b>					
Note: any amounts on line E must be input as negative dollars (reimbursed)					
<b>E</b>	<b>SUBTOTAL: RECOVERED ADVANCE PAYMENTS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
21	<b>TOTALS (A+B+C+D+E)</b>	<b>65,845.00</b>	<b>0.00</b>	<b>0.00</b>	<b>65,845.00</b>
	<b>Maximums Allowable</b>	<b>65,845.00</b>			

Preparer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Travis Co. USE ONLY:</b>	
Reviewed & approved by: _____	Date: _____



## Travis County Grant Contract PAYMENT REQUEST

Invoice Number: **TCC #11**

**IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice**

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
ATCIC  1430 Collier Street Austin TX 78704 Phone (512) 447-4141	The Children's Continuum Child Therapist and Supervisor	August 2013
	Contract Term	PAYMENT REQUEST AMOUNT
	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. Grant Funded Program Budget	\$65,845.00
2. Previous Payments Requested	\$0.00
<b>3. AMOUNT OF THIS PAYMENT REQUEST</b>	<b>\$0.00</b>
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$65,845.00

SECTION III - CERTIFICATION <i>(Must be completed by Contractor)</i>		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
Authorized Signature	Title	Date
Preparer's Signature	Title	Date

SECTION IV - PAYMENT APPROVAL - <i>(TRAVIS CO. Staff)</i>		
Contract Manager's Signature	Name and Title	Date
	John C. Bradshaw Contract Specialist	

SECTION V - PAYMENT APPROVAL - <i>(Travis County FINANCE)</i>			
TC HHS & VS Financial Approval	Name and Title	Date	AMOUNT APPROVED
County Account Number	Issue Area	Vendor ID Number	Purchase Order Number

**Staff Comments:**

## TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **TCC #11**

Report Period: August 2013

Agency: **ATCIC**  
 Agency contact: First and Last Names  
 E-mail: name@address.org

Program: **The Children's Continuum Child Therapist**  
 Phone: number, ext. Current contract term:  
 Fax: number, ext. Oct. 1, 2012 - Sept. 30, 2013

Line	Item	Approved Budget		Actual Expenditures & Balance		
		Approved Budget	Expenditures August 2013	Cumulative Expenditures	Budget Balance	
<b>PERSONNEL</b>						
1	Salaries - REGULAR time	47,624.00	0.00	0.00	47,624.00	
2	Salaries - OVERTIME (Trav. Co. only)	0.00	0.00	0.00	0.00	
3	Benefits	12,147.00	0.00	0.00	12,147.00	
4	Other (Specify)	0.00	0.00	0.00	0.00	
<b>A</b>	<b>SUBTOTAL - PERSONNEL</b>	<b>59,771.00</b>	<b>0.00</b>	<b>0.00</b>	<b>59,771.00</b>	
<b>OPERATING EXPENSES</b>						
5	General Operating Expenses	3,596.00	0.00	0.00	3,596.00	
6	Insurance/Bonding	0.00	0.00	0.00	0.00	
7	Audit Expenses (for Travis Co. funds, Include pro-rata share only)	0.00	0.00	0.00	0.00	
8	Consultants / Contractual	0.00	0.00	0.00	0.00	
9	Staff Travel - within Travis County Conference/Seminars/Trng. within	2,304.00	0.00	0.00	2,304.00	
10	Travis Co.	0.00	0.00	0.00	0.00	
11	Staff Travel - out of Travis Co. Conferences/Seminars/Trng out of	0.00	0.00	0.00	0.00	
12	Travis County	0.00	0.00	0.00	0.00	
13	Equipment	0.00	0.00	0.00	0.00	
14	Supplies	174.00	0.00	0.00	174.00	
<b>B</b>	<b>SUBTOTAL - OP. EXPENSES</b>	<b>6,074.00</b>	<b>0.00</b>	<b>0.00</b>	<b>6,074.00</b>	
<b>DIRECT ASSISTANCE</b>						
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00	
16	Financial Assistance to Individuals (e.g., rent, mortgage, utilities)	0.00	0.00	0.00	0.00	
17	Other (specify)	0.00	0.00	0.00	0.00	
18	0	0.00	0.00	0.00	0.00	
<b>C</b>	<b>SUBTOTAL: DIRECT ASSIST.</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>EQUIPMT./CAPITAL OUTLAY</b>						
19	List Items (specify equipmt/capit.)	0.00	0.00	0.00	0.00	
20	0	0.00	0.00	0.00	0.00	
<b>D</b>	<b>SUBTOTAL - EQPMT./ CAPITAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
RECOVERED ADVANCE PAYMENTS		Note: any amounts on line E must be input as negative dollars (reimbursed)				
<b>E</b>	<b>SUBTOTAL: RECOVERED ADVANCE PAYMENTS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
21	<b>TOTALS (A+B+C+D+E)</b>	<b>65,845.00</b>	<b>0.00</b>	<b>0.00</b>	<b>65,845.00</b>	
	<b>Maximums Allowable</b>	<b>65,845.00</b>				

Preparer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Travis Co. USE ONLY:</b>	
Reviewed & approved by: _____	Date: _____

## Travis County Grant Contract PAYMENT REQUEST



Invoice Number: **TCC #12**

**IMPORTANT: Both an Expenditure Report and a Compliance Certification form must be provided with this invoice**

SECTION I - CURRENT PAYMENT DATA		
Agency	Program	Month/Year
ATCIC  1430 Collier Street Austin TX 78704 Phone (512) 447-4141	The Children's Continuum Child Therapist and Supervisor	September 2013
	<b>Contract Term</b>	<b>PAYMENT REQUEST AMOUNT</b>
	Oct. 1, 2012 - Sept. 30, 2013	\$0.00

SECTION II - PROGRAM BUDGET AND PAYMENT SUMMARY	
Item	Travis County Funds
1. Grant Funded Program Budget	\$65,845.00
2. Previous Payments Requested	\$0.00
<b>3. AMOUNT OF THIS PAYMENT REQUEST</b>	<b>\$0.00</b>
4. Total Payments Requested (Item 2 plus Item 3)	\$0.00
5. Balance (Item 1, minus Item 4)	\$65,845.00

SECTION III - CERTIFICATION <i>(Must be completed by Contractor)</i>		
I certify that this Payment Request and the corresponding Expenditure Report have been made in accordance with the terms and conditions of the Contract. I also certify that all information provided is correct and that the amounts are not in excess of current needs.		
<b>Authorized Signature</b>	<b>Title</b>	<b>Date</b>
<b>Preparer's Signature</b>	<b>Title</b>	<b>Date</b>

SECTION IV - PAYMENT APPROVAL - <i>(TRAVIS CO. Staff)</i>		
<b>Contract Manager's Signature</b>	<b>Name and Title</b>	<b>Date</b>
	John C. Braushaw Contract Specialist	

SECTION V - PAYMENT APPROVAL - <i>(Travis County FINANCE)</i>			
<b>TC HHS &amp; VS Financial Approval</b>	<b>Name and Title</b>	<b>Date</b>	<b>AMOUNT APPROVED</b>
<b>County Account Number</b>	<b>Issue Area</b>	<b>Vendor ID Number</b>	<b>Purchase Order Number</b>

**Staff Comments:**

## TRAVIS COUNTY CONTRACT EXPENDITURE REPORT

Inv. #: **TCC #12**

Report Period: **September 2013**

Agency: **ATCIC**  
 Agency contact: First and Last Names  
 E-mail: name@address.org

Program: **The Children's Continuum Child Therapist**  
 Phone: number, ext. Current contract term:  
 Fax: number, ext. Oct. 1, 2012 - Sept. 30, 2013

Line	Approved Budget		Actual Expenditures & Balance		
	Item	Approved Budget	Expenditures September 2013	Cumulative Expenditures	Budget Balance
<b>PERSONNEL</b>					
1	Salaries - REGULAR time	47,624.00	0.00	0.00	47,624.00
2	Salaries-OVERTIME (Trav.Co. only)	0.00	0.00	0.00	0.00
3	Benefits	12,147.00	0.00	0.00	12,147.00
4	Other (Specify)	0.00	0.00	0.00	0.00
<b>A</b>	<b>SUBTOTAL - PERSONNEL</b>	<b>59,771.00</b>	<b>0.00</b>	<b>0.00</b>	<b>59,771.00</b>
<b>OPERATING EXPENSES</b>					
5	General Operating Expenses	3,596.00	0.00	0.00	3,596.00
6	Insurance/Bonding	0.00	0.00	0.00	0.00
7	Audit Expenses (for Travis Co. funds, include pro-rata share only)	0.00	0.00	0.00	0.00
8	Consultants / Contractual	0.00	0.00	0.00	0.00
9	Staff Travel - <u>within</u> Travis County	2,304.00	0.00	0.00	2,304.00
10	Conference/Seminars/Trng. <u>within</u> Travis Co.	0.00	0.00	0.00	0.00
11	Staff Travel - <u>out of</u> Travis Co.	0.00	0.00	0.00	0.00
12	Conferences/Seminars/Trng <u>out of</u> Travis County	0.00	0.00	0.00	0.00
13	Equipment	0.00	0.00	0.00	0.00
14	Supplies	174.00	0.00	0.00	174.00
<b>B</b>	<b>SUBTOTAL - OP. EXPENSES</b>	<b>6,074.00</b>	<b>0.00</b>	<b>0.00</b>	<b>6,074.00</b>
<b>DIRECT ASSISTANCE</b>					
15	Food / Beverage - for clients	0.00	0.00	0.00	0.00
16	Financial Assistance to Individuals (e.g., rent, mortgage, utilities)	0.00	0.00	0.00	0.00
17	Other (specify)	0.00	0.00	0.00	0.00
18	0	0.00	0.00	0.00	0.00
<b>C</b>	<b>SUBTOTAL: DIRECT ASSIST.</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>EQUIPMT./CAPITAL OUTLAY</b>					
19	List items (specify equipmt/capit.)	0.00	0.00	0.00	0.00
20	0	0.00	0.00	0.00	0.00
<b>D</b>	<b>SUBTOTAL - EQPMT./ CAPITAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
RECOVERED ADVANCE PAYMENTS		Note: any amounts on line E must be input as negative dollars (reimbursed)			
<b>E</b>	<b>SUBTOTAL: RECOVERED ADVANCE PAYMENTS</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
21	<b>TOTALS (A+B+C+D+E)</b>	<b>65,845.00</b>	<b>0.00</b>	<b>0.00</b>	<b>65,845.00</b>
	<b>Maximums Allowable</b>	<b>65,845.00</b>			

Preparer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Travis Co. USE ONLY:</b>	
Reviewed & approved by: _____	Date: _____

**OUT OF TOWN TRAVEL FORM**

NAME OF CONTRACTOR: _____	
DATE OF SUBMISSION: _____	
PURPOSE OF TRAVEL AND RELATIONSHIP TO COUNTY BUSINESS: _____ _____	
DESTINATION: _____	
DATE: From _____ to _____	
INDIVIDUALS PARTICIPATING: _____ _____ _____	RELATIONSHIP TO CONTRACT PURPOSE: _____ _____ _____
COSTS:	
Lodging (Total):	\$ _____
Details:	_____
Meals (Total):	\$ _____
Details:	_____
Transportation (Total):	\$ _____
Details:	_____
SIGNATURE: _____	
Printed Name: _____	
Title: _____	
Date: _____	
1	

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACHMENT C**  
**INSURANCE REQUIREMENTS**

Contractor shall have, and shall require all subcontractors providing services under this Contract to have, Standard Insurance meeting the General Requirements as set forth below and sufficient to cover the needs of Contractor and/or Subcontractor pursuant to applicable generally accepted business standards. Depending on services provided by Contractor and/or Subcontractor(s), Supplemental Insurance Requirements or alternate insurance options shall be imposed as follows:

**I. General Requirements Applicable to All Contractors' Insurance.**

The following requirements apply to the Contractor and to Subcontractor(s) performing services or activities pursuant to the terms of this Contract. Contractor acknowledges and agrees to the following concerning insurance requirements applicable to Contractor and subcontractor(s):

A. The minimum types and limits of insurance indicated below shall be maintained throughout the duration of the Contract.

B. NOTE: TCRMF is the Center administrator of the Fund. Not AM Best rated

C. Prior to commencing work under this Contract, the required insurance shall be in force as evidenced by a Certificate of Insurance issued by the writing agent or carrier. A copy of the Certificate of Insurance shall be forwarded to County immediately upon execution of this Contract.

NOTE: TCRMF does not issue "Certificates of Insurance". The method to provide proof of insurance is through a letter format called a "Verification of Insurance".

D. Certificates of Insurance shall include the endorsements outlined below and shall be submitted to the Travis County Purchasing Agent within ten (10) working days of execution of the contract by both parties or the effective date of the Contract, whichever comes first. The Certificate(s) shall show the Travis County contract number and all endorsements by number.

E. Insurance required under this Contract which names Travis County as Additional Insured shall be considered primary for all claims.

F. Insurance limits shown below may be written as Combined Single Limits or structured using primary and excess or umbrella coverage that follows the form of the primary policy.

G. County shall be entitled, upon its request and without expense, to receive certified copies of policies and endorsements.

H. County reserves the right to review insurance requirements during any term of the Contract and to require that Contractor make reasonable adjustments when the scope of services has been expanded.

I. Contractor shall not allow any insurance to be cancelled or lapse during any term of this Contract. Contractor shall not permit the minimum limits of coverage to erode or otherwise be reduced. Contractor shall be responsible for all premiums, deductibles and self-insured retention. All deductibles and self-insured retention shall be shown on the Certificates of Insurance.

J. Insurance coverage specified in this Contract is not intended and will not be interpreted to limit the responsibility or liability of the Contractor or subcontractor(s).

## II. Specific Requirements

The following requirements (II.A - II.E, inclusive) apply to the Contractor and Subcontractor(s) performing services or activities pursuant to the terms of this Contract. Contractor acknowledges and agrees to the following concerning insurance requirements applicable to Contractor and subcontractor(s):

### A. Workers' Compensation and Employers' Liability Insurance

1. Coverage shall be consistent with statutory benefits outlined in the Texas Workers' Compensation Act.

ATCIC is a governmental entity and Employers' Liability is not required

3. Policies under this Section shall apply to State of Texas and include the following endorsements in favor of Travis County and City of Austin:
  - a. Waiver of Subrogation (Form 420304)
  - b. Thirty (30) day Notice of Cancellation (Form 420601)

### B. Commercial General Liability Insurance

1. **Minimum limit:**  
\$500,000\* per occurrence for coverage A and B with a  
\$1,000,000 policy aggregate
2. The Policy shall contain or be endorsed as follows:
  - a. Blanket liability is not included in ATCIC policy because of Tort  
Limits/governmental entity.
  - b. Independent Contractor Coverage
3. The Policy shall also include the following endorsements in favor of Travis County
4.
  - a. Waiver of Subrogation (Form CG 2404)
  - b. Thirty (30) day Notice of Cancellation (Form CG 0205)
  - c. Travis County named as additional insured (Form CG 2010)

**\* Supplement Insurance Requirement** If child care, or housing arrangements for clients is provided, the required limits shall be:

\$ 1,000,000 per occurrence with a  
\$ 2,000,000 policy aggregate

C. Business Automobile Liability Insurance†

1. If any form of transportation for clients is provided, coverage for all owned, non-owned, and hired vehicles shall be maintained with a combined single limit of \$300,000\* per occurrence
2. Policy shall also include the following endorsements in favor of Travis County
  - a. Waiver of Subrogation (Form TE 2046A)
  - b. Thirty (30) day Notice of Cancellation (Form TE 0202A)
  - c. Travis County named as additional insured (Form TE 9901B)

† Alternative Insurance Requirement

If NO transportation services of any type is provided, and use of a motor vehicle is strictly limited to travel to and from work or work sites, evidence of Personal Auto Policy coverage with limits of \$ 100,000/\$300,000/\$50,000 may be provided in lieu of Business Automobile Liability Insurance

D. Professional Liability/E & O Insurance

1. Coverage shall be provided with a minimum limit of \$1,000,000 per claim /\$3,000,000 aggregate to cover injury in the care of Contractor or Subcontractor and to cover negligent acts, sexual harassment, errors, or omissions arising out of Professional Services under this Contract. NOTE: The policy is not child/adult/specific-policy is all inclusive.
2. If coverage is written on a claims made policy, the retroactive date shall be prior to the date this Contract is signed and/or effective, whichever comes first. Coverage shall include a three (3) year extended reporting period from the date this Contract expires or is terminated. Certificate of Insurance shall clarify coverage is claims made and shall contain both the retroactive date of coverage and the extended reporting dates. NOTE: As long as Center is with TCRMF this requirement stays in effect and there is no extended dates included on the verification of insurance. Tail insurance is dated.
3. Subcontractor(s) who are not covered under Contractor's professional liability insurance shall provide Contractor with current certificates of insurance annually on the renewal date of their insurance policy.

E. Blanket Crime Policy Insurance

1. If an advance against Contract Funds is requested or received in an amount greater than \$5,000, a Blanket Crime Policy shall be required with limits of the Contract Funds allocated in the Contract or the amount of scheduled advances.
2. If coverage is written on a claims made policy, the retroactive date shall be prior to the date services begin under this Contract or the effective date of this Contract, whichever comes first. Coverage shall include a three- (3) year extended reporting period from the date this Contract expires or is terminated. Certificate of Insurance shall clarify coverage is claims made and shall contain both the retroactive date of coverage and the extended reporting period date.

**ATTACHMENT D**  
**ETHICS AFFIDAVIT**

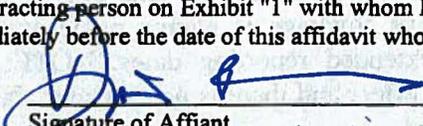
STATE OF TEXAS  
COUNTY OF TRAVIS

ETHICS AFFIDAVIT

Date: May 28, 2013  
Name of Affiant: David Evans  
Title of Affiant: CEO  
Business Name of Proponent: ATCMHMR dba ATCIC  
County of Proponent: Travis

Affiant on oath swears that the following statements are true:

1. Affiant is authorized by Proponent to make this affidavit for Proponent.
2. Affiant is fully aware of the facts stated in this affidavit.
3. Affiant can read the English language.
4. Proponent has received the list of key contracting persons associated with this solicitation which is attached to this affidavit as Exhibit "1".
5. Affiant has personally read Exhibit "1" to this Affidavit.
6. Affiant has no knowledge of any key contracting person on Exhibit "1" with whom Proponent is doing business or has done business during the 365 day period immediately before the date of this affidavit whose name is not disclosed in the solicitation.

  
Signature of Affiant

PO Box 3548, Austin, TX 78764  
Address

SUBSCRIBED AND SWORN TO before me by David Evans on May 28, 2013.

Sharon Taylor

Notary Public, State of Texas



Typed or printed name of notary

My commission expires: 4/12/2015

**EXHIBIT 1**  
**LIST OF KEY CONTRACTING PERSONS**  
**April 18, 2013**

**CURRENT**

<b>Position Held</b>	<b>Name of Individual Holding Office/Position</b>	<b>Name of Business Individual is Associated</b>
County Judge .....	Samuel T. Biscoe	
County Judge (Spouse) .....	Donalyn Thompson-Biscoe	
Executive Assistant .....	Cheryl Brown	
Executive Assistant .....	Melissa Velasquez	
Executive Assistant .....	Josie Z. Zavala	
Executive Assistant .....	Vacant	
Commissioner, Precinct 1 .....	Ron Davis	
Commissioner, Precinct 1 (Spouse) .....	Annie Davis	Seton Hospital
Executive Assistant .....	Deone Wilhite	
Executive Assistant .....	Felicitas Chavez	
Commissioner, Precinct 2 .....	Sarah Eckhardt	
Commissioner, Precinct 2 (Spouse) .....	Kurt Sauer	Daffer McDaniel, LLP
Executive Assistant .....	Loretta Farb	
Executive Assistant .....	Joe Hon	
Executive Assistant .....	Peter Einhorn	
Commissioner, Precinct 3 .....	Gerald Daugherty*	
Commissioner, Precinct 3 (Spouse) .....	Charlyln Daugherty	Consultant
Executive Assistant .....	Bob Moore*	
Executive Assistant .....	Martin Zamzow*	
Executive Assistant .....	Barbara Smith*	
Commissioner, Precinct 4 .....	Margaret Gomez	
Executive Assistant .....	Edith Moreida	
Executive Assistant .....	Norma Guerra	
County Treasurer .....	Dolores Ortega-Carter	
County Auditor .....	Nicki Riley*	
County Executive, Administrative .....	Vacant	
County Executive, Planning & Budget .....	Leslie Browder*	
County Executive, Emergency Services .....	Danny Hobby	
County Executive, Health/Human Services .....	Sherri E. Fleming	
County Executive, TNR .....	Steven M. Manilla, P.E.	
County Executive, Justice & Public Safety .....	Roger Jefferies	
Director, Facilities Management .....	Roger El Khoury, M.S., P.E.	
Interim Chief Information Officer .....	Tanya Acevedo	
Interim Chief Information Officer .....	Rod Brown	
Interim Chief Information Officer .....	Walter Lagrone	
Director, Records Mgmt & Communications .....	Steven Broberg	
Travis County Attorney .....	David Escamilla	
First Assistant County Attorney .....	Steve Capelle	
Executive Assistant, County Attorney .....	James Collins	
Director, Land Use Division .....	Tom Nuckols	
Attorney, Land Use Division .....	Julie Joe	
Attorney, Land Use Division .....	Christopher Gilmore	
Director, Transactions Division .....	John Hille	
Attorney, Transactions Division .....	Daniel Bradford	
Attorney, Transactions Division .....	Elizabeth Winn	
Attorney, Transactions Division .....	Mary Etta Gerhardt	
Attorney, Transactions Division .....	Barbara Wilson	
Attorney, Transactions Division .....	Jim Connolly	
Attorney, Transactions Division .....	Tenley Aldredge	
Director, Health Services Division .....	Beth Devery	
Attorney, Health Services Division .....	Prema Gregerson	
Purchasing Agent .....	Cyd Grimes, C.P.M., CPPO	
Assistant Purchasing Agent .....	Marvin Brice, CPPB	
Assistant Purchasing Agent .....	Bonnie Floyd, CPPO, CPPB, CTPM	

Purchasing Agent Assistant IV .....CW Bruner, CTP  
 Purchasing Agent Assistant IV .....Lee Perry  
 Purchasing Agent Assistant IV .....Jason Walker  
 Purchasing Agent Assistant IV .....Richard Villareal  
 Purchasing Agent Assistant IV .....Patrick Strittmatter  
 Purchasing Agent Assistant IV .....Lori Clyde, CPPO, CPPB  
 Purchasing Agent Assistant IV .....Scott Wilson, CPPB  
 Purchasing Agent Assistant IV .....Jorge Talavera, CPPO, CPPB  
 Purchasing Agent Assistant IV .....Loren Breland, CPPB  
 Purchasing Agent Assistant IV .....John E. Pena, CTPM  
 Purchasing Agent Assistant IV .....Rosalinda Garcia  
 Purchasing Agent Assistant IV .....Angel Gomez\*  
 Purchasing Agent Assistant III .....Shannon Pleasant, CTPM  
 Purchasing Agent Assistant III .....David Walch  
 Purchasing Agent Assistant III .....Michael Long, CPPB  
 Purchasing Agent Assistant III .....Nancy Barchus, CPPB  
 Purchasing Agent Assistant III .....Jesse Herrera, CTP, CTPM, CTCM  
 Purchasing Agent Assistant III .....Sydney Ceder\*  
 Purchasing Agent Assistant III .....Vacant  
 Purchasing Agent Assistant II.....Vacant  
 Purchasing Agent Assistant II.....L. Wade Laursen\*  
 Purchasing Agent Assistant II.....Sam Francis\*  
 HUB Coordinator.....Sylvia Lopez  
 HUB Specialist .....Betty Chapa  
 HUB Specialist .....Jerome Guerrero  
 Purchasing Business Analyst .....Scott Worthington  
 Purchasing Business Analyst .....Jennifer Francis

**FORMER EMPLOYEES**

<u>Position Held</u>	<u>Name of Individual Holding Office/Position</u>	<u>Date of Expiration</u>
Executive Assistant.....	Lori Duarte.....	06/15/13
Chief Information Officer .	Joe Harlow .....	07/31/13
County Auditor .	Susan Spataro, CPA .....	08/31/13
Purchasing Agent Assistant IV .....	George R. Monnat, C.P.M., A.P.P. .	09/26/13
Executive Assistant.....	Cheryl Aker.....	10/05/13
Purchasing Agent Assistant II.....	Jayne Rybak, CTP.....	12/14/13
Commissioner, Precinct 3 .	Karen Huber.....	01/01/14
Executive Assistant.....	Garry Brown .....	01/01/14
Executive Assistant.....	Julie Wheeler.....	01/01/14
Executive Assistant.....	Jacob Cottingham.....	01/01/14

\* - Identifies employees who have been in that position less than a year.

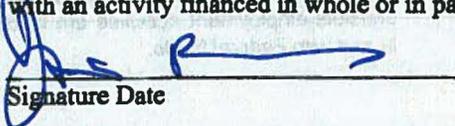
OMB APPROVAL NO. 1121-0140  
EXPIRES 06/30/2009



### STANDARD ASSURANCES

The Applicant hereby assures and certifies compliance with all applicable Federal statutes, regulations, policies, guidelines, and requirements, including OMB Circulars A-21, A-87, A-102, A-110, A-122, A-133; Ex. Order 12372 (intergovernmental review of federal programs); and 28 C.F.R. pts. 66 or 70 (administrative requirements for grants and cooperative agreements). The applicant also specifically assures and certifies that:

1. It has the legal authority to apply for federal assistance and the institutional, managerial, and financial capability (including funds sufficient to pay any required non-federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.
2. It will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. It will give the awarding agency or the General Accounting Office, through any authorized representative, access to and the right to examine all paper or electronic records related to the financial assistance.
4. It will comply with all lawful requirements imposed by the awarding agency, specifically including any applicable regulations, such as 28 C.F.R. pts. 18, 22, 23, 30, 35, 38, 42, 61, and 63, and the award term in 2 C.F.R. § 175.15(b).
5. It will assist the awarding agency (if necessary) in assuring compliance with section 106 of the National Historic Preservation Act of 1966 (16 U.S.C. § 470), Ex. Order 11593 (identification and protection of historic properties), the Archeological and Historical Preservation Act of 1974 (16 U.S.C. § 469 a-1 et seq.), and the National Environmental Policy Act of 1969 (42 U.S.C. § 4321).
6. It will comply (and will require any subgrantees or contractors to comply) with any applicable statutorily-imposed nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d); the Victims of Crime Act (42 U.S.C. §10604(e)); The Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b)); the Civil Rights Act of 1964 (42 U.S.C. § 2000d); the Rehabilitation Act of 1973 (29 U.S.C. § 794); the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34); the Education Amendments of 1972 (20 U.S.C. §§1681, 1683, 1685-86); and the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-07); see Ex. Order 13279 (equal protection of the laws for faith-based and community organizations).
7. If a governmental entity--
  - a) it will comply with the requirements of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (42 U.S.C. § 4601 et seq.), which govern the treatment of persons displaced as a result of federal and federally-assisted programs; and
  - b) it will comply with requirements of 5 U.S.C. §§ 1501-08 and §§7324-28, which limit certain political activities of State or local government employees whose principal employment is in connection with an activity financed in whole or in part by federal assistance.

  
Signature Date

5.28.2013  
Date

**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

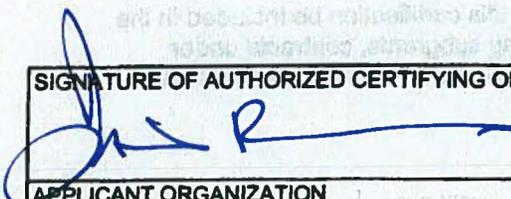
**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (Identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE CEO
APPLICANT ORGANIZATION ATCMHMR dba ATCIC	DATE SUBMITTED January 14, 2013 May 28, 2013



**2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS  
(DIRECT RECIPIENT)**

As required by Executive Order 12549, Debarment and Suspension, and Implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510

**A. The applicant certifies that it and its principals:**

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

**B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.**

**3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620

**A. The applicant certifies that it will or will continue to provide a drug-free workplace by:**

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to:

Department of Justice  
Office of Justice Programs  
ATTN: Control Desk  
810 Seventh Street, N.W.,  
Washington, D.C. 20531

Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

1717 W. 10th Austin, Tx. (Travis) 78703

Check  if there are workplaces on file that are not identified here.

Section 67, 630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 4061/7.

Check  if the State has elected to complete OJP Form 4061/7.

---

**DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67; Sections 67.615 and 67.620

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

Department of Justice  
Office of Justice Programs  
ATTN: Control Desk  
810 Seventh Street, N.W.,  
Washington, D.C. 20531

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

1. Grantee Name and Address:

Austin TRAVIS County Integral CARE  
1430 Collier St.  
Austin, Tx. 78704

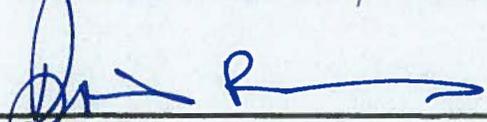
2. Application Number and/or Project Name:

N/A

3. Grantee IRS/Vendor Number N/A

4. Type/Print Name and Title of Authorized Representative

David Evans, Chief Executive Officer

 5/28/2013

5. Signature

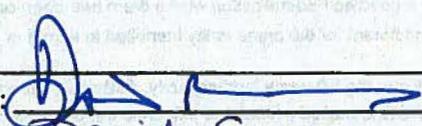
6. Date

**DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB  
 0348-0048

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____ if known:			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>		
<b>6. Federal Department/Agency:</b>			<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$ _____		
<b>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</b>			<b>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):</b>		
<b>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>			Signature:  Print Name: <u>DAVID EVANS</u> Title: <u>CEO</u> Telephone No.: <u>512-440-4031</u> Date: <u>5-28-2013</u>		
<b>Federal Use Only:</b>				Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

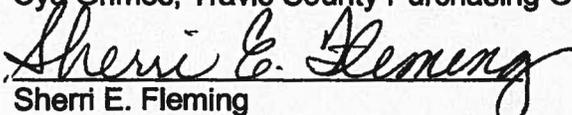


**TRAVIS COUNTY HEALTH and HUMAN SERVICES  
and VETERANS SERVICE  
502 E. Highland Mall Blvd.  
P. O. Box 1748  
Austin, Texas 78767**

**Sherri E. Fleming  
County Executive  
for TCHHSVS  
(512) 854-4100  
Fax (512) 279-1608**

**DATE:** September 18, 2012

**TO:** Cyd Grimes, Travis County Purchasing Office

**FROM:**   
Sherri E. Fleming  
County Executive for Travis County Health and Human Services  
and Veterans Service

**SUBJECT:** Contract renewals and modifications

**Proposed Motions:**

- 1) Consider and take appropriate action to approve certain TCHHSVS contract renewals whose drafting will not be completed prior to the start date of the renewal; and
- 2) Consider and take appropriate action to approve certain TCHHSVS contract modifications whose drafting will not be completed prior to the start date of the modification.

**Summary and Staff Recommendations:**

Drafting of the following TCHHSVS contract renewals and modifications will not be completed prior to their start dates due to a work backlog:

- 1) Encompass Medical Management, Inc. (Renewal)  
Contract Number: 4400000683  
Contract Period: 9/30/12 – 9/29/13  
Contract Amount: Read paragraph below.  
Grant Number: 800079  
I/O Number: 100148

Account Number: 511890

Funded through the Parenting in Recovery (PIR) grant, this contract provides data management, monitoring and processing services as well as training for the PIR project. FY'12 is the fifth and final year of the initial PIR grant. TCHHSVS has applied for a one-year no-cost extension to use an estimated \$120,483 in unspent grant funds from FY'12 in FY'13 as well as a two-year extension providing an additional \$500,000 each year in FY'13 and FY'14. The grantor should respond by 9/28/12. The budget for the new Encompass contract will be either \$10,000 or \$85,000 depending on whether TCHHSVS receives the one-year no-cost extension or the two-year extension. If neither request is approved then TCHHSVS will not execute this contract.

**2) Foundation Communities (Renewal)**

Contract Number: 4400000694  
 Contract Period: 9/30/12 – 9/29/13  
 Contract Amount: \$15,144  
 Grant Number: 800079  
 I/O Number: 100148  
 Account Number: 511441

Also funded through the Parenting in Recovery (PIR) grant, this contract provides case management for PIR clients. This contract is in a similar situation to the one for Encompass. However, it will only be funded if the two-year extension is approved by the grantor. If the two-year grant extension is not approved then TCHHSVS will not execute this contract.

**3) ATCIC SAMSO (Renewal)**

Contract Number: 4400000372  
 Contract Period: 10/1/12 – 9/30/13  
 Contract Amount: Read paragraphs below.  
 Grant Number: 800079  
 I/O Number: 100148  
 Cost Center: 1580540001  
 Account Number: 511124

Travis County, the City of Austin and Austin Travis County Integral Care (ATCIC) have a three-way interlocal agreement for the provision of substance abuse treatment services. Under the agreement, ATCIC manages a network which provides comprehensive clinical assessment, intervention services, residential treatment, day treatment, detoxification, and outpatient and continuing care services. Clients are linked or referred to case management and other support services as part of the treatment process.

Travis County is providing \$611,799 from the General Fund for the new contract. The City of Austin is in the process of determining its funding level. The Parenting in Recovery (PIR) grant could also provide funding depending on whether or not

TCHHSVS receives the one-year no-cost extension or the two-year extension it has applied for from the grantor. The grantor should respond by 9/28/12. The one-year no-cost extension will provide \$8,224 in PIR funds and the two-year extension will provide \$106,100. If neither request is approved then the contract will not include any PIR funds.

**4) ATCIC System of Care (Renewal)**

Contract Number: 4400000374  
Contract Period: 10/1/12 – 9/30/13  
Contract Amount: Read paragraphs below.  
Grant Number (Milburn Trust): 800080  
I/O Number: 100147  
Grant Number (The Children's Continuum): 800190  
I/O Number: 100081  
Grant Number (Parenting in Recovery): 800079  
I/O Number: 100148  
Cost Center: 1580190001  
Account Number: 511300

Travis County Health and Human Services and Veterans Service (TCHHSVS) uses a contract with Austin Travis County Integral Care (ATCIC) to fund a variety of programs, known as the System of Care, for children and their families experiencing mental and behavioral challenges. ATCIC acts as the managed services organization, overseeing the services provided by a network of vendors. The contract also serves clients enrolled in the grant funded Parenting in Recovery (PIR) project and The Children's Continuum (TCC).

The FY'13 contract has money from three confirmed sources:  
\$515,000 in General Fund money;  
\$36,523 from the Milburn Trust; and  
\$49,863 from The Children's Continuum grant.

The contract could also have PIR grant money depending on whether or not TCHHSVS receives the one-year no-cost extension or the two-year extension it has applied for from the grantor. The grantor should respond by 9/28/12. The no-cost extension will provide \$102,259 in PIR funds and the two-year extension will provide \$126,000. If neither request is approved then the contract will not include any PIR funds.

**5) Court Appointed Special Advocates (CASA) (Renewal)**

Contract Number: 4400000996  
Contract Period: 10/1/12 – 9/30/13  
Contract Amount: \$11,930  
Grant Number: 800190  
I/O Number: 100081  
Account Number: 518120

Funded through The Children's Continuum (TCC) grant, this contract provides 25% of the funding for a Child Advocate position to work as court-appointed guardian ad litem for children whose parents are involved with the Travis County Family Drug Treatment Court. The grant funds for this contract are in place.

**6) ATCIC Child Therapist and Supervisor (Renewal)**

Contract Number: 4400001018  
 Contract Period: 10/1/12 – 9/30/13  
 Contract Amount: \$65,845  
 Grant Number: 800190  
 I/O Number: 100081  
 Account Number: 518120

Funded through The Children's Continuum grant, this contract funds 100% of a Child Therapist position and 5% of a supervisor's position at ATCIC. The therapist works with children whose parents are involved with the Travis County Family Drug Treatment Court. The grant funds for this contract are in place.

**7) Austin Community College Teacher TRAC (Renewal)**

Contract Number: 4400000367  
 Contract Period: 10/1/12 – 9/30/13  
 Contract Amount: \$56,758  
 Cost Center: 1580540001  
 Account Number: 511440

Provides funds for tuition and books for childcare teachers and childcare center directors to take college level child development courses at ACC in pursuit of a Child Development Associate credential or an Associate Degree in Child Development. The contract also provides for small cash bonuses for those teachers and directors who complete their coursework with a grade of C or better. ACC staff provides life coaching and support to teachers and directors who enroll to increase the odds of success. Qualifications needed to enroll in the program are as follows: teachers and directors must live in Travis County, must be working a minimum of 30 hours per week in a state licensed or regulated childcare facility, must complete their coursework with a grade of C or better, and commit to remain at their current childcare center for at least one year after completing their coursework.

**8) Travis County ESD #4 – Firefighter Academy (Renewal)**

Contract Number: 4400000349  
 Contract Period: 10/1/12 – 9/30/13  
 Contract Amount: \$96,000  
 Cost Center: 1580540001  
 Account Number: 511440

This contract addresses both public safety and workforce development needs in Travis County. Cadets receive training that prepares them to take the state firefighter

certification test. They also receive training that allows them to become a certified Emergency Medical Technician (EMT). The program is designed to put young minority adults on a career path and increase the supply of qualified firefighters and EMT personnel in rural parts of Travis County.

**9) Workforce Solutions Childcare Local Match Contribution**

Contract Number: 4400000819  
 Contract Period: 10/1/12 – 9/30/13  
 Contract Amount: \$223,741  
 Cost Center: 1580540001  
 Account Number: 511441

As the local agent for the Texas Workforce Commission, Workforce Solutions distributes state and federal child care funding for low-income working families in Travis County. Workforce Solutions utilizes local contributions to draw down additional federal funds for child care. Under the proposed contribution agreement, Travis County will transfer \$223,741 of General Fund money earmarked for child care to Workforce Solutions so the organization can leverage an additional \$1,105,978 in federal child care funds to produce a total of \$1,329,719 to provide child care for low-income families in Travis County.

**10)ATCIC CAN Coordinator (Policy Forum Modification)**

Contract Number: 4400000347  
 Modification Period: 9/1/12 - 10/31/12  
 Modification Amount: \$2,900  
 Cost Center: 1580540001  
 Account Number: 511440  
 Shopping Cart Number: 1000009842

With the goal of addressing growing inequities in the Austin/Travis County community, CAN will be convening a full-day forum to educate over 200 participants on current and future economic, political, community engagement, and demographic trends that will impact our community in future years, and learn about and identify cross-cutting, collaborative strategies and associated barriers that need to be overcome to move the community in the right trajectory and towards greater equity and opportunity for all people.

**11) Austin ISD After Collaborative After School Program (Modification)**

Contract Number: 4400000354  
 Contract Period: 10/1/11 - 12/31/12  
 Contract Amount: \$706,000  
 Cost Center: 1580270001  
 Account Number: 511441

Administrative correction to the amendment approved by the court on 4/17/12.

12) Planned Parenthood of Austin Family Planning, Inc. (Modification)

Contract Number: 4400000747  
Contract Period: 1/1/12 – 12/31/12  
Contract Amount: \$29,601  
Cost Center: 1580540001  
Account Number: 511441

Organization changed its name to Planned Parenthood of Greater Texas Family Planning and Preventive Health Services.

13) Public Health Interlocal

Contract Number: 4400000389  
Contract Period: 10/1/12 – 09/30/2013  
Contract Amount: \$ 2,825,297

City and County have historically operated to collaboratively provide public health and human services throughout Travis County and the City of Austin. Travis County has contracted with the City of Austin for the provision of Public Health Services for many years. The Interlocal Agreement was reviewed by City and County staff to improve the efficiency and benefits for both parties. The portion to fund the animal services was removed from the Public Health Interlocal and is now presented as a separate interlocal agreement between the city and county.

14) Animal Services Public Health Interlocal Agreement

Contract Number: New Contract  
Contract Period: 10/1/12 – 09/30/2013  
Contract Amount: \$ 888,883

Travis County has contracted with the City of Austin for the provision of Public Health Services for many years. The current Interlocal agreement was reviewed by City and County staff to improve the efficiency and benefits for both parties. The portion to fund the animal services was removed from the Public Health Interlocal and is now presented as a separate interlocal agreement between the city and county.

TCHHSVS staff recommends approving these renewals and modifications.

**Budgetary and Fiscal Impact:**

This information is included with each contract listed above. Some of these contracts have Shopping Cart numbers at this point and some do not.

**Issues and Opportunities:**

All of the services provided by these contracts need to be continued while the renewals or modifications are drafted. Those contracts funded solely by grant money will not be executed if the grants are not renewed.

**Background:**

TCHHSVS is working with the Travis County Attorney's Office to get these renewals and modifications drafted as soon as possible.

**Cc:** Mary Gerhardt, Assistant County Attorney  
Leslie Browder, Executive Manager, Planning and Budget Office  
Diana Ramirez, Analyst, Planning and Budget Office  
Cyd Grimes, C.P.M., Travis County Purchasing Agent  
Shannon Pleasant, Assistant Purchasing Agent, Travis County Purchasing Office

**Health and Human Services and Veterans Services Social Service Contracts  
Attachment A**

CONTRACT NO.	DESCRIPTION	PERIOD	FUNDING ACCOUNT NO.
440000683	Encompass Medical Management, Inc. (Renewal)	9/30/12 – 9/29/13	Grant Number: 800079 I/O Number: 100148 Account Number: 511890
440000694	Foundation Communities (Renewal)	9/30/12 – 9/29/13	Grant Number: 800079 I/O Number: 100148 Account Number: 51141
440000372	Austin Travis County Integral Care - SAMSO (Renewal)	10/1/12 – 9/30/13	Grant Number: 800079 I/O Number: 100148 Cost Center: 1580540001 Account Number: 511124
440000374	Austin Travis County Integral Care - System of Care (Renewal)	10/1/12 – 9/30/13	Grant Number (Milburn Trust): 800080 I/O Number: 100147 Grant Number (The Children's Continuum): 800190 I/O Number: 100081 Grant Number (Parenting in Recovery): 800079 I/O Number: 100148 Cost Center: 1580190001 Account Number: 511300
440000996	Court Appointed Special Advocates (CASA) (Renewal)	10/1/12 – 9/30/13	Grant Number: 800190 I/O Number: 100081 Account Number: 518120
440001018	ATCIC Child Therapist and Supervisor (Renewal)	10/1/12 – 9/30/13	Grant Number: 800190 I/O Number: 100081 Account Number: 518120
440000367	Austin Community College Teacher TRAC (Renewal)	10/1/12 – 9/30/13	Cost Center: 1580540001 Account Number: 511440
440000349	Travis County ESD #4 – Firefighter Academy (Renewal)	10/1/12 – 9/30/13	Cost Center: 1580540001 Account Number: 511440
440000819	Workforce Solutions Childcare Local Match Contribution	10/1/12 – 9/30/13	Cost Center: 1580540001 Account Number: 511441
440000347	ATCIC CAN Coordinator (Policy Forum Modification)	9/1/12 - 10/31/12	Cost Center: 1580540001 Account Number: 511440 Shopping Cart Number: 1000009842
440000354	Austin ISD After Collaborative After School Program (Modification)	10/1/11 - 12/31/12	Cost Center: 1580270001 Account Number: 511441
440000747	Planned Parenthood of Austin Family Planning, Inc. (Modification)	1/1/12 – 12/31/12	Cost Center: 1580540001 Account Number: 511441
440000389	City of Austin Public Health Interlocal	10/1/12 - 9/30/13	To be determined later by HHS & VS
New Contract to be determined	City of Austin Animal Services Public Health Interlocal Agreement	10/1/12 - 9/30/13	To be determined later by HHS & VS



# Travis County Commissioners Court Agenda Request

**Meeting Date:** September 25, 2012

**Prepared By/Phone Number:** Shannon Pleasant, CTPM 854-1181 /  
Marvin Brice, CPPB 854-9765

**Elected/Appointed Official/Dept. Head:** Cyd Grimes, C.P.M., CPPO

**Commissioners Court Sponsor:** Judge Biscoe

**Agenda Language:** Consider and Take Appropriate Action on Request to Renew List Of Certain Health and Human Services and Veterans Services Social Service Contracts which Expire September 30, 2012.

Travis County Health and Human Services and Veteran Services Department has requested the Purchasing Office to place on the Court's Agenda the attached list of Social Services Contracts which will expire September 30, 2012. HHS & VS is currently working with the County Attorney's office on finalizing the Statement of Work and funding of these contracts; and as such they were not ready for presentation to the Court at the time of this agenda preparation. Once the contracts are finalized, and funding secured, they will be presented to the Court for signature. However, in order to prevent contract expiration, the attached list (Attachment A) is being presented for Court approval.

**REQUESTED ACTION:**

APPROVE (4) DISAPPROVE ( )

Samuel T. Biscoe

Samuel T. Biscoe, County Judge

9-25-12

Date

➤ Contract-Related Information: See Attachment A

ID #7168

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials must be submitted as a pdf to Cheryl Aker in the County Judge's office, [Cheryl.Aker@co.travis.tx.us](mailto:Cheryl.Aker@co.travis.tx.us) by Tuesdays at 5:00 p.m. for the next week's meeting.

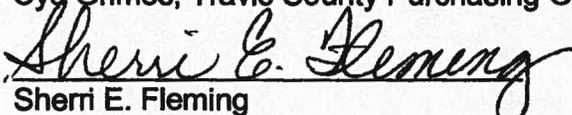


**TRAVIS COUNTY HEALTH and HUMAN SERVICES  
and VETERANS SERVICE  
502 E. Highland Mall Blvd.  
P. O. Box 1748  
Austin, Texas 78767**

**Sherri E. Fleming  
County Executive  
for TCHHSVS  
(512) 854-4100  
Fax (512) 279-1608**

**DATE:** September 18, 2012

**TO:** Cyd Grimes, Travis County Purchasing Office

**FROM:**   
Sherri E. Fleming  
County Executive for Travis County Health and Human Services  
and Veterans Service

**SUBJECT:** Contract renewals and modifications

**Proposed Motions:**

- 1) Consider and take appropriate action to approve certain TCHHSVS contract renewals whose drafting will not be completed prior to the start date of the renewal; and
- 2) Consider and take appropriate action to approve certain TCHHSVS contract modifications whose drafting will not be completed prior to the start date of the modification.

**Summary and Staff Recommendations:**

Drafting of the following TCHHSVS contract renewals and modifications will not be completed prior to their start dates due to a work backlog:

- 1) Encompass Medical Management, Inc. (Renewal)  
Contract Number: 4400000683  
Contract Period: 9/30/12 – 9/29/13  
Contract Amount: Read paragraph below.  
Grant Number: 800079  
I/O Number: 100148

Account Number: 511890

Funded through the Parenting in Recovery (PIR) grant, this contract provides data management, monitoring and processing services as well as training for the PIR project. FY'12 is the fifth and final year of the initial PIR grant. TCHHSVS has applied for a one-year no-cost extension to use an estimated \$120,483 in unspent grant funds from FY'12 in FY'13 as well as a two-year extension providing an additional \$500,000 each year in FY'13 and FY'14. The grantor should respond by 9/28/12. The budget for the new Encompass contract will be either \$10,000 or \$85,000 depending on whether TCHHSVS receives the one-year no-cost extension or the two-year extension. If neither request is approved then TCHHSVS will not execute this contract.

**2) Foundation Communities (Renewal)**

Contract Number: 4400000694  
 Contract Period: 9/30/12 – 9/29/13  
 Contract Amount: \$15,144  
 Grant Number: 800079  
 I/O Number: 100148  
 Account Number: 511441

Also funded through the Parenting in Recovery (PIR) grant, this contract provides case management for PIR clients. This contract is in a similar situation to the one for Encompass. However, it will only be funded if the two-year extension is approved by the grantor. If the two-year grant extension is not approved then TCHHSVS will not execute this contract.

**3) ATCIC SAMSO (Renewal)**

Contract Number: 4400000372  
 Contract Period: 10/1/12 – 9/30/13  
 Contract Amount: Read paragraphs below.  
 Grant Number: 800079  
 I/O Number: 100148  
 Cost Center: 1580540001  
 Account Number: 511124

Travis County, the City of Austin and Austin Travis County Integral Care (ATCIC) have a three-way interlocal agreement for the provision of substance abuse treatment services. Under the agreement, ATCIC manages a network which provides comprehensive clinical assessment, intervention services, residential treatment, day treatment, detoxification, and outpatient and continuing care services. Clients are linked or referred to case management and other support services as part of the treatment process.

Travis County is providing \$611,799 from the General Fund for the new contract. The City of Austin is in the process of determining its funding level. The Parenting in Recovery (PIR) grant could also provide funding depending on whether or not

TCHHSVS receives the one-year no-cost extension or the two-year extension it has applied for from the grantor. The grantor should respond by 9/28/12. The one-year no-cost extension will provide \$8,224 in PIR funds and the two-year extension will provide \$106,100. If neither request is approved then the contract will not include any PIR funds.

**4) ATCIC System of Care (Renewal)**

Contract Number: 4400000374  
 Contract Period: 10/1/12 – 9/30/13  
 Contract Amount: Read paragraphs below.  
 Grant Number (Milburn Trust): 800080  
 I/O Number: 100147  
 Grant Number (The Children's Continuum): 800190  
 I/O Number: 100081  
 Grant Number (Parenting in Recovery): 800079  
 I/O Number: 100148  
 Cost Center: 1580190001  
 Account Number: 511300

Travis County Health and Human Services and Veterans Service (TCHHSVS) uses a contract with Austin Travis County Integral Care (ATCIC) to fund a variety of programs, known as the System of Care, for children and their families experiencing mental and behavioral challenges. ATCIC acts as the managed services organization, overseeing the services provided by a network of vendors. The contract also serves clients enrolled in the grant funded Parenting in Recovery (PIR) project and The Children's Continuum (TCC).

The FY'13 contract has money from three confirmed sources:  
 \$515,000 in General Fund money;  
 \$36,523 from the Milburn Trust; and  
 \$49,863 from The Children's Continuum grant.

The contract could also have PIR grant money depending on whether or not TCHHSVS receives the one-year no-cost extension or the two-year extension it has applied for from the grantor. The grantor should respond by 9/28/12. The no-cost extension will provide \$102,259 in PIR funds and the two-year extension will provide \$126,000. If neither request is approved then the contract will not include any PIR funds.

**5) Court Appointed Special Advocates (CASA) (Renewal)**

Contract Number: 4400000996  
 Contract Period: 10/1/12 – 9/30/13  
 Contract Amount: \$11,930  
 Grant Number: 800190  
 I/O Number: 100081  
 Account Number: 518120

Funded through The Children's Continuum (TCC) grant, this contract provides 25% of the funding for a Child Advocate position to work as court-appointed guardian ad litem for children whose parents are involved with the Travis County Family Drug Treatment Court. The grant funds for this contract are in place.

**6) ATCIC Child Therapist and Supervisor (Renewal)**

Contract Number: 4400001018  
 Contract Period: 10/1/12 – 9/30/13  
 Contract Amount: \$65,845  
 Grant Number: 800190  
 I/O Number: 100081  
 Account Number: 518120

Funded through The Children's Continuum grant, this contract funds 100% of a Child Therapist position and 5% of a supervisor's position at ATCIC. The therapist works with children whose parents are involved with the Travis County Family Drug Treatment Court. The grant funds for this contract are in place.

**7) Austin Community College Teacher TRAC (Renewal)**

Contract Number: 4400000367  
 Contract Period: 10/1/12 – 9/30/13  
 Contract Amount: \$56,758  
 Cost Center: 1580540001  
 Account Number: 511440

Provides funds for tuition and books for childcare teachers and childcare center directors to take college level child development courses at ACC in pursuit of a Child Development Associate credential or an Associate Degree in Child Development. The contract also provides for small cash bonuses for those teachers and directors who complete their coursework with a grade of C or better. ACC staff provides life coaching and support to teachers and directors who enroll to increase the odds of success. Qualifications needed to enroll in the program are as follows: teachers and directors must live in Travis County, must be working a minimum of 30 hours per week in a state licensed or regulated childcare facility, must complete their coursework with a grade of C or better, and commit to remain at their current childcare center for at least one year after completing their coursework.

**8) Travis County ESD #4 – Firefighter Academy (Renewal)**

Contract Number: 4400000349  
 Contract Period: 10/1/12 – 9/30/13  
 Contract Amount: \$96,000  
 Cost Center: 1580540001  
 Account Number: 511440

This contract addresses both public safety and workforce development needs in Travis County. Cadets receive training that prepares them to take the state firefighter

certification test. They also receive training that allows them to become a certified Emergency Medical Technician (EMT). The program is designed to put young minority adults on a career path and increase the supply of qualified firefighters and EMT personnel in rural parts of Travis County.

**9) Workforce Solutions Childcare Local Match Contribution**

Contract Number: 4400000819  
 Contract Period: 10/1/12 – 9/30/13  
 Contract Amount: \$223,741  
 Cost Center: 1580540001  
 Account Number: 511441

As the local agent for the Texas Workforce Commission, Workforce Solutions distributes state and federal child care funding for low-income working families in Travis County. Workforce Solutions utilizes local contributions to draw down additional federal funds for child care. Under the proposed contribution agreement, Travis County will transfer \$223,741 of General Fund money earmarked for child care to Workforce Solutions so the organization can leverage an additional \$1,105,978 in federal child care funds to produce a total of \$1,329,719 to provide child care for low-income families in Travis County.

**10)ATCIC CAN Coordinator (Policy Forum Modification)**

Contract Number: 4400000347  
 Modification Period: 9/1/12 - 10/31/12  
 Modification Amount: \$2,900  
 Cost Center: 1580540001  
 Account Number: 511440  
 Shopping Cart Number: 1000009842

With the goal of addressing growing inequities in the Austin/Travis County community, CAN will be convening a full-day forum to educate over 200 participants on current and future economic, political, community engagement, and demographic trends that will impact our community in future years, and learn about and identify cross-cutting, collaborative strategies and associated barriers that need to be overcome to move the community in the right trajectory and towards greater equity and opportunity for all people.

**11) Austin ISD After Collaborative After School Program (Modification)**

Contract Number: 4400000354  
 Contract Period: 10/1/11 - 12/31/12  
 Contract Amount: \$706,000  
 Cost Center: 1580270001  
 Account Number: 511441

Administrative correction to the amendment approved by the court on 4/17/12.

12) Planned Parenthood of Austin Family Planning, Inc. (Modification)

Contract Number: 4400000747  
Contract Period: 1/1/12 – 12/31/12  
Contract Amount: \$29,601  
Cost Center: 1580540001  
Account Number: 511441

Organization changed its name to Planned Parenthood of Greater Texas Family Planning and Preventive Health Services.

13) Public Health Interlocal

Contract Number: 4400000389  
Contract Period: 10/1/12 – 09/30/2013  
Contract Amount: \$ 2,825,297

City and County have historically operated to collaboratively provide public health and human services throughout Travis County and the City of Austin. Travis County has contracted with the City of Austin for the provision of Public Health Services for many years. The Interlocal Agreement was reviewed by City and County staff to improve the efficiency and benefits for both parties. The portion to fund the animal services was removed from the Public Health Interlocal and is now presented as a separate interlocal agreement between the city and county.

14) Animal Services Public Health Interlocal Agreement

Contract Number: New Contract  
Contract Period: 10/1/12 – 09/30/2013  
Contract Amount: \$ 888,883

Travis County has contracted with the City of Austin for the provision of Public Health Services for many years. The current Interlocal agreement was reviewed by City and County staff to improve the efficiency and benefits for both parties. The portion to fund the animal services was removed from the Public Health Interlocal and is now presented as a separate interlocal agreement between the city and county.

TCHHSVS staff recommends approving these renewals and modifications.

**Budgetary and Fiscal Impact:**

This information is included with each contract listed above. Some of these contracts have Shopping Cart numbers at this point and some do not.

**Issues and Opportunities:**

All of the services provided by these contracts need to be continued while the renewals or modifications are drafted. Those contracts funded solely by grant money will not be executed if the grants are not renewed.

**Background:**

TCHHSVS is working with the Travis County Attorney's Office to get these renewals and modifications drafted as soon as possible.

**Cc:** Mary Gerhardt, Assistant County Attorney  
Leslie Browder, Executive Manager, Planning and Budget Office  
Diana Ramirez, Analyst, Planning and Budget Office  
Cyd Grimes, C.P.M., Travis County Purchasing Agent  
Shannon Pleasant, Assistant Purchasing Agent, Travis County Purchasing Office

**Health and Human Services and Veterans Services Social Service Contracts  
Attachment A**

CONTRACT NO.	DESCRIPTION	PERIOD	FUNDING ACCOUNT NO.
440000683	Encompass Medical Management, Inc. (Renewal)	9/30/12 – 9/29/13	Grant Number: 800079 I/O Number: 100148 Account Number: 511890
440000694	Foundation Communities (Renewal)	9/30/12 – 9/29/13	Grant Number: 800079 I/O Number: 100148 Account Number: 51141
440000372	Austin Travis County Integral Care - SAMSO (Renewal)	10/1/12 – 9/30/13	Grant Number: 800079 I/O Number: 100148 Cost Center: 1580540001 Account Number: 511124
440000374	Austin Travis County Integral Care - System of Care (Renewal)	10/1/12 – 9/30/13	Grant Number (Milburn Trust): 800080 I/O Number: 100147 Grant Number (The Children's Continuum): 800190 I/O Number: 100081 Grant Number (Parenting in Recovery): 800079 I/O Number: 100148 Cost Center: 1580190001 Account Number: 511300
440000996	Court Appointed Special Advocates (CASA) (Renewal)	10/1/12 – 9/30/13	Grant Number: 800190 I/O Number: 100081 Account Number: 518120
440001018	ATCIC Child Therapist and Supervisor (Renewal)	10/1/12 – 9/30/13	Grant Number: 800190 I/O Number: 100081 Account Number: 518120
440000367	Austin Community College Teacher TRAC (Renewal)	10/1/12 – 9/30/13	Cost Center: 1580540001 Account Number: 511440
440000349	Travis County ESD #4 – Firefighter Academy (Renewal)	10/1/12 – 9/30/13	Cost Center: 1580540001 Account Number: 511440
440000819	Workforce Solutions Childcare Local Match Contribution	10/1/12 – 9/30/13	Cost Center: 1580540001 Account Number: 511441
440000347	ATCIC CAN Coordinator (Policy Forum Modification)	9/1/12 - 10/31/12	Cost Center: 1580540001 Account Number: 511440 Shopping Cart Number: 1000009842
440000354	Austin ISD After Collaborative After School Program (Modification)	10/1/11 - 12/31/12	Cost Center: 1580270001 Account Number: 511441
440000747	Planned Parenthood of Austin Family Planning, Inc. (Modification)	1/1/12 – 12/31/12	Cost Center: 1580540001 Account Number: 511441
440000389	City of Austin Public Health Interlocal	10/1/12 - 9/30/13	To be determined later by HHS & VS
New Contract to be determined	City of Austin Animal Services Public Health Interlocal Agreement	10/1/12 - 9/30/13	To be determined later by HHS & VS