

1. Rules Public Notice

Documents:

[2-24-2020 RULES MEETING.PDF](#)

2. Contracts 2-24-20

Documents:

[E-18-20 NCWEB.PDF](#)



## **PUBLIC NOTICE**

**PLEASE TAKE NOTICE THAT**

**THE NASSAU COUNTY LEGISLATURE**

**WILL HOLD A MEETING OF THE**

**RULES COMMITTEE**

**ON**

**MONDAY, FEBRUARY 24, 2020 AT 7:00 P.M.**

**IN**

**THE PETER J. SCHMITT MEMORIAL LEGISLATIVE CHAMBER  
THEODORE ROOSEVELT EXECUTIVE AND LEGISLATIVE BUILDING  
1550 FRANKLIN AVENUE, MINEOLA, NEW YORK 11501**

**MICHAEL C. PULITZER**

**Clerk of the Legislature**

**Nassau County, New York**

**DATED: February 14, 2020**

**Mineola, NY**

As per the Nassau County Fire Marshall's Office, the Peter J. Schmitt Memorial Legislative Chamber has a maximum occupancy of 251 people and the outer chamber which will stream has a maximum occupancy of 72 people. Passes will be distributed on a first come first served basis beginning one half hour prior to meeting and attendees will be given an opportunity to sign in to address the Legislature for a maximum of three minutes. The Nassau County Legislature is committed to making its public meetings accessible to individuals with disabilities and every reasonable accommodation will be made so that they can participate. Please contact the Office of the Clerk of the Legislature at 571-4252, or the Nassau County Office for the Physically Challenged at 227-7101 or TDD Telephone No. 227-8989 if any assistance is needed. Every Legislative meeting is streamed live on <http://www.nassaucountyny.gov/agencies/Legis/index.html>.



E-18-20

**NIFS ID:CLSS20000004 Department: Social Services**

**Capital:**

SERVICE: Preventive

Contract ID #:CQSS13000025

NIFS Entry Date:

Term: from 01-JAN-20 to 31-DEC-20

Amendment
Time Extension:
Addl. Funds:
Blanket Resolution:
RES#

1) Mandated Program:	Y
2) Comptroller Approval Form Attached:	Y
3) CSEA Agmt. § 32 Compliance Attached:	Y
4) Vendor Ownership & Mgmt. Disclosure Attached:	N
5) Insurance Required	Y

<b>Vendor Info:</b>	
Name: <b>Family and Childrens Association</b>	Vendor ID#: [REDACTED]
Address: 100 E. Old country Rd. Mineola, NY 11501	Contact Person: [REDACTED]
	Phone: [REDACTED]

<b>Department:</b>
Contact Name: Michael Kanowitz
Address: 60 Charles Lindbergh Blvd
Phone: 516 227-7452

RECEIVED  
NASSAU COUNTY  
CLERK OF THE ELECTIONS  
2020 JAN 21 P 3:33

## Routing Slip

Department	NIFS Entry: X	12-DEC-19 -- MKANOWITZ
Department	NIFS Approval: X	12-DEC-19 -- MKANOWITZ
DPW	Capital Fund Approved:	
OMB	NIFA Approval: X	13-DEC-19 -- IQURESHI
OMB	NIFS Approval: X	13-DEC-19 -- ISDIGHI
County Atty.	Insurance Verification: X	12-DEC-19 -- AAMATO
County Atty.	Approval to Form: X	13-DEC-19 -- MMISRA
CPO	Approval: X	18-DEC-19 -- KOHAGENCE

<b>DCEC</b>	<b>Approval: X</b>	<b>19-DEC-19 -- JCHIARA</b>
<b>Dep. CE</b>	<b>Approval: X</b>	<b>19-DEC-19 -- KROSE-LOUDER</b>
<b>Leg. Affairs</b>	<b>Approval/Review: X</b>	<b>28-JAN-20 -- JSCHANTZ</b>
<b>Legislature</b>	<b>Approval:</b>	
<b>Comptroller</b>	<b>Deputy:</b>	
<b>NIFA</b>	<b>NIFA Approval:</b>	

## Contract Summary

<b>Purpose:</b> Family Support (homemaker): teaches parenting skill to families where youth are at-risk of foster care placement. Needs assessment, goals, support & advocacy. Teaches parenting skills, household management (homemaking) (To amend contract to renew for a one year term for Family Support/Homemaker.)
<b>Method of Procurement:</b> An RFP was issued. Five proposals were received and evaluated and the contract was awarded to Family and Children's Association. The original contract commenced 9/1/13.
<b>Procurement History:</b> We have been using this vendor for many years.
<b>Description of General Provisions:</b> The contractor will provide a comprehensive training program to ensure the development of independent living skills in children who are either in foster care or are discharged from foster car, up to age twenty-one. This will include educational and vocational services, housing services, basic facts on money management, nutritional hints, community based services and support groups. The original term was 9/1/13 through 12/31/19. This amendment extends the contract through 12/31/20.
<b>Impact on Funding / Price Analysis:</b> Federal 45 % State 20 % County 35% Max amount under the original contract term was \$7,478,844. This amendment increases the max amount by \$423,792.
<b>Change in Contract from Prior Procurement:</b> Not applicable.
<b>Recommendation:</b> (approve as submitted) Approve as submitted.

## Advisement Information

BUDGET CODES		FUNDING SOURCE	AMOUNT	LINE	INDEX/OBJECT CODE	AMOUNT
Fund:	GEN					
Control:	76	Revenue		10	SSGEN7600/TT714	\$ 423,792.00
Resp:	7600	Contract:				\$ 0.00
Object:	TT714	County	\$ 148,327.20			\$ 0.00
Transaction:	CQ	Federal	\$ 190,706.40			\$ 0.00
Project #:		State	\$ 84,758.40			\$ 0.00
Detail:		Capital	\$ 0.00			\$ 0.00
		Other	\$ 0.00			\$ 0.00
		<b>TOTAL</b>	<b>\$ 423,792.00</b>		<b>TOTAL</b>	<b>\$ 423,792.00</b>
RENEWAL						
% Increase						
% Decrease						



RULES RESOLUTION NO. – 2020

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

WHEREAS, the County has negotiated an amendment to a personal services agreement with FCA to provide preventive services, a copy of which is on file with the Clerk of the Legislature; now, therefore, be it

RESOLVED, that the Rules Committee of the Nassau County Legislature authorize the County Executive to execute said amendment to the agreement with FCA.

# NIFA Nassau County Interim Finance Authority

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

1. Vendor: Family and Childrens Association

2. Dollar amount requiring NIFA approval: \$423792

Amount to be encumbered: \$423792

This is a Amendment

If new contract - \$ amount should be full amount of contract

If advisement – NIFA only needs to review if it is increasing funds above the amount previously approved by NIFA

If amendment - \$ amount should be full amount of amendment only

3. Contract Term: 01/01/2020 to 12/31/2020

Has work or services on this contract commenced? N \_\_\_\_

If yes, please explain:

4. Funding Source:

X General Fund (GEN)

Grant Fund (GRT)

Capital Improvement Fund (CAP)

Other

Federal % 45

State % 20

County % 35

Is the cash available for the full amount of the contract?

Y

If not, will it require a future borrowing?

N

Has the County Legislature approved the borrowing?

N/A

Has NIFA approved the borrowing for this contract?

N/A

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

Family Support (homemaker): teaches parenting skill to families where youth are at-risk of foster care placement. Needs assessment, goals, support & advocacy. Teaches parenting skills, household management (&#x2F;homemaking&#x2F;) (To amend contract to renew for a one year term for Family Support&#x2F;Homemaker.)

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

Nassau County Attorney as to form

Nassau County Committee and/or Legislature

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

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

Contract ID	Date	Amount
CQSS13000025	01-JAN-13	417,529.00

Contract ID	Date	Amount
CQSS18000003	01-JAN-18	298,181.00
CQSS18000003	01-JAN-18	6,791.00

## AUTHORIZATION

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

IQURESHI  
**Authenticated User**

13-DEC-19  
**Date**

## COMPTROLLER'S OFFICE

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

Regarding funding, please check the correct response:

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

If this is a capital project:

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

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

**Authenticated User**

**Date**

## NIFA

Amount being approved by NIFA:

Payment is not guaranteed for any work commenced prior to this approval.

**Authenticated User**

**Date**

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

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

**NIFA reserves the right to request additional information as needed.**

# Certificate of No Change Form



All fields must be filled.

A materially false statement willfully or fraudulently made in connection with this certification, and/or the failure to conduct appropriate due diligence in verifying the information that is the subject of this certification, may result in rendering the submitting entity non-responsible for the purpose of contract award.

A materially false statement willfully or fraudulently made in connection with this certification may subject the person making the false statement to criminal charges.

I, Jeffrey L. Reynolds state that I have read and understand all the items contained in the disclosure documents listed below and certify that as of this date, these items have not changed. I further certify that, to the best of my knowledge, information and belief, those answers are full, complete, and accurate; and that, to the best of my knowledge, information, and belief, those answers continue to be full, complete, and accurate.

In addition, I further certify on behalf of the submitting vendor that the information contained in the principal questionnaire(s) have not changed and have been verified and continue, to the best of my knowledge, to be full, complete and accurate.

I understand that Nassau County will rely on the information supplied in this certification as additional inducement to enter into a contract with the submitting entity.

## Vendor Disclosures

*This refers to the vendor integrity and disclosure forms submitted for the vendor doing business with the County.*

Name of Submitting Entity: Family and Children's Association (FCA)

Vendor's Address: 100 East Old Country Road Mineola NY US 11501

Vendor's EIN or TIN: 11-3422018

Forms Submitted:

Political Campaign Contribution Disclosure Form:

No Political Campaign Contribution Disclosure Forms have been selected.

Lobbyist Registration and Disclosure Form:

No Lobbyist Registration and Disclosure Forms have been selected.

Business History Form certified:

No Business History Forms have been selected.

Consultant's, Contractor's, and Vendor's Disclosure Form:

No Consultant's, Contractor's, and Vendor's Disclosure Forms have been selected.

## Principal Questionnaire(s)

This refers to the most recent principal questionnaire submissions.

Principal Name	Date Certified
Lisa Burch [LBURCH@FAMILYANDCHILDRENS.ORG]	10/31/2019 01:45:33 PM
Drew Crowley [DREWSCROWLEY@GMAIL.COM]	09/19/2019 11:39:42 AM
Robert Schwerdel [RGSKAYAK@GMAIL.COM]	09/18/2019 04:40:07 PM
Judy Sanford Guise [JSGUISE@AOL.COM]	09/24/2019 11:28:08 AM
Mary Ann Vassallo [MVASSALLO@FCALI.ORG]	10/31/2019 12:47:30 PM
Jeffrey L. Reynolds [JREYNOLDS@FCALI.ORG]	10/24/2019 11:44:36 AM

I, Jeffrey L. Reynolds hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I further certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity

### CERTIFICATION

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

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

Name

President/CEO

Title

Family and Children's Association (FCA)

Name of Submitting Entity

01/06/2020 04:23:48 PM

Date

Jack Schnirman  
Comptroller



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

## COMPTROLLER APPROVAL FORM FOR PERSONAL, PROFESSIONAL OR HUMAN SERVICES CONTRACTS

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

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

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

FEDERAL TAX ID #: 113422018

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

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

**II. ☐ The contractor was selected pursuant to a Request for Proposals.**

The Contract was entered into after a written request for proposals was issued on \_\_\_\_\_ [date]. Potential proposers were made aware of the availability of the RFP by advertisement in \_\_\_\_\_ [newspaper], posting on industry websites, via email to interested parties and by publication on the County procurement website. Proposals were due on \_\_\_\_\_ [date]. \_\_\_\_\_ [state #] proposals were received and evaluated. The

evaluation committee consisted of: \_\_\_\_\_

\_\_\_\_\_ (list # of persons on committee and their respective departments). The proposals were scored and ranked. As a result of the scoring and ranking, the highest-ranking proposer was selected.

**III. ☒ This is a renewal, extension or amendment of an existing contract.**

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

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

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

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

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

- ☐ A. There are only one or two providers of the services sought or less than three providers submitted proposals. The memorandum describes how the contractor was determined to be the sole source provider of the personal service needed or explains why only two proposals could be obtained. If two proposals were obtained, the memorandum explains that the contract was awarded to the lowest cost proposer, or why the selected proposer offered the higher quality proposal, the proposer's unique and special experience, skill, or expertise, or its availability to perform in the most immediate and timely manner.
- ☐ B. The memorandum explains that the contractor's selection was dictated by the terms of a federal or New York State grant, by legislation or by a court order. (Copies of the relevant documents are attached).
- ☐ C. Pursuant to General Municipal Law Section 104, the department is purchasing the services required through a New York State Office of General Services contract no. \_\_\_\_\_, and the attached memorandum explains how the purchase is within the scope of the terms of that contract.



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

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

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

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


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

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

**IX. ☒ Department MWBE responsibilities.** To ensure compliance with MWBE requirements as outlined in Exhibit "EE", Department will require vendor to submit list of sub-contractor requirements prior to submission of the first claim voucher, for services under this contract being submitted to the Comptroller.

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

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

  
\_\_\_\_\_  
Department Head Signature  
12/11/19  
\_\_\_\_\_  
Date

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



COUNTY OF NASSAU

POLITICAL CAMPAIGN CONTRIBUTION DISCLOSURE FORM

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

YES ☒ NO ☐ If yes, to what campaign committee?

Jack Schnirman, Nassau County Comptroller (October, 2017) (Contribution by Lisa Burch, Chief Operating Officer)  
Josh Lafazan, Legislator (District 18) (June, 2019) (Contribution by Dr. Jeffrey L. Reynolds, President/CEO)

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

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

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

Electronically signed and certified at the date and time indicated by:

Jeffrey L. Reynolds, Ph.D., CEAP, SAP [LGIAMETTA@FAMILYANDCHILDRENS.ORG]

Dated: 10/24/2019 02:53:55 PM

Vendor: Family and Children's Association (FCA)

Title: President/CEO

## PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

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

1. Principal Name: Jeffrey L. Reynolds  
Date of birth: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province/Terr.: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_  
Business Address: 100 East Old Country Road  
City: Mineola State/Province/Terr.: NY Zip/Postal: 11501 Country: US  
Telephone: (516) 746-0350  
Other present address(es): \_\_\_\_\_  
City: \_\_\_\_\_ State/Province/Terr.: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
List of other addresses and telephone numbers attached \_\_\_\_\_

2. Positions held in submitting business and starting date of each (check all applicable)

President	<u>07/01/2014</u>	Treasurer	_____
Chairman of Board	_____	Shareholder	_____
Chief Exec. Officer	<u>07/01/2014</u>	Secretary	_____
Chief Financial Officer	_____	Partner	_____
Vice President	_____		_____
(Other)	_____		_____

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

\_\_\_\_\_

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

\_\_\_\_\_

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?  
YES ☒ NO ☐ If Yes, provide details.

Principal at both Precision Marketing Solutions, Inc. (privately held marketing company); Causation, LLC (privately held consulting company).

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?

YES ☐ NO ☒ If Yes, provide details.

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

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

a. Been debarred by any government agency from entering into contracts with that agency?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?

YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

- a. Is there any felony charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- b. Is there any misdemeanor charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- c. Is there any administrative charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? Y  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- f. In the past 5 years, have you been found in violation of any administrative or statutory charges?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

11. In addition to the information provided, in the past 5 years has any business or organization listed in response

to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

I, Jeffrey L. Reynolds, PH.D, CEAP, SAP, hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Jeffrey L. Reynolds, PH.D, CEAP, SAP, hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

**CERTIFICATION**

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

Family and Children's Association (FCA)

Name of submitting business

Electronically signed and certified at the date and time indicated by:

Jeffrey L. Reynolds [JREYNOLDS@FCALI.ORG]

President/CEO

Title

10/24/2019 11:44:36 AM

Date

## PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

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

1. Principal Name: Judy Sanford Guise  
Date of birth: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Address: c/o 26 Countisbury Avenue  
City: No Valley Stream State: NY Zip Code: 11580  
Telephone: (516) 782-3498  
Other present address(es): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
List of other addresses and telephone numbers attached \_\_\_\_\_
2. Positions held in submitting business and starting date of each (check all applicable)  

President	_____	Treasurer	_____
Chairman of Board	_____	Shareholder	_____
Chief Exec. Officer	_____	Secretary	<u>01/01/2010</u>
Chief Financial Officer	_____	Partner	_____
Vice President	_____		
(Other)	_____		
3. Do you have an equity interest in the business submitting the questionnaire?  
YES ☐ NO ☒ If Yes, provide details.  
\_\_\_\_\_
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?  
YES ☐ NO ☒ If Yes, provide details.  
\_\_\_\_\_
5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?  
YES ☐ NO ☒ If Yes, provide details.  
\_\_\_\_\_
6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?  
YES ☐ NO ☒ If Yes, provide details.  
\_\_\_\_\_

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



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

a. Been debarred by any government agency from entering into contracts with that agency?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?

YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? Y  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

11. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?  
YES ☒ NO ☐ If yes, provide an explanation of the circumstances and corrective action taken.  

The tax amounts withheld from regular IRA withdrawals and property tax deductions, plus medical deductions offsets any liability from social security income. For 2018 payment was submitted along with extension form.

I, Judy Sanford Gulse, hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Judy Sanford Gulse, hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

**CERTIFICATION**

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

Family and Children's Association

Name of submitting business

Electronically signed and certified at the date and time indicated by:  
Judy Sanford Gulse [JSGUISE@AOL.COM]

Secretary

Title

09/24/2019 11:28:08 AM

Date

## PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

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

1. Principal Name: Drew Crowley  
Date of birth: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Address: 58 South Service Road State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
City: Melville State: NY Zip Code: 11747  
Telephone: (516) 535-2992  
Other present address(es): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
List of other addresses and telephone numbers attached \_\_\_\_\_

2. Positions held in submitting business and starting date of each (check all applicable)

President	_____	Treasurer	_____
Chairman of Board	<u>01/01/2012</u>	Shareholder	_____
Chief Exec. Officer	_____	Secretary	_____
Chief Financial Officer	_____	Partner	_____
Vice President	_____		_____
(Other)	_____		_____

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

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

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?  
YES ☐ NO ☒ If Yes, provide details.  
\_\_\_\_\_

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

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

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

a. Been debarred by any government agency from entering into contracts with that agency?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?

YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

11. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

I, Drew Crowley, hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Drew Crowley, hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

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Family and Children's Association

Name of submitting business

Electronically signed and certified at the date and time indicated by:

Drew Crowley [DREWSCROWLEY@GMAIL.COM]

Chairman of Board

Title

09/19/2019 11:39:42 AM

Date

## PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

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

1. Principal Name: Robert Schwerdel  
Date of birth: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Address: 890 Ruch Lane PO Box 1088  
City: Southold State: NY Zip Code: 11971  
Telephone: (516) 662-6958  
Other present address(es): \_\_\_\_\_  
City: \_\_\_\_\_ State: NY Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
List of other addresses and telephone numbers attached \_\_\_\_\_

2. Positions held in submitting business and starting date of each (check all applicable)

President	_____	Treasurer	<u>01/01/2011</u>
Chairman of Board	_____	Shareholder	_____
Chief Exec. Officer	_____	Secretary	_____
Chief Financial Officer	_____	Partner	_____
Vice President	_____		_____
(Other)	_____		_____

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

\_\_\_\_\_

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

\_\_\_\_\_

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?  
YES ☐ NO ☒ If Yes, provide details.

\_\_\_\_\_

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

\_\_\_\_\_

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



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

a. Been debarred by any government agency from entering into contracts with that agency?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?

YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

a. Is there any felony charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Is there any misdemeanor charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Is there any administrative charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? Y  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

f. In the past 5 years, have you been found in violation of any administrative or statutory charges?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

11. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

I, Robert Schwerdel, hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Robert Schwerdel, hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

**CERTIFICATION**

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Family and Children's Association

Name of submitting business

Electronically signed and certified at the date and time indicated by:  
Robert Schwerdel [RGSKAYAK@GMAIL.COM]

Treasurer

Title

09/18/2019 04:40:07 PM

Date

## PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

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

1. Principal Name: Lisa Burch  
Date of birth: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province/Terr.: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_  
Business Address: 100 East Old Country Rd.  
City: Mineola State/Province/Terr.: NY Zip/Postal: 11501 Country: US  
Telephone: (516) 746-0350  
Other present address(es): \_\_\_\_\_  
City: \_\_\_\_\_ State/Province/Terr.: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
List of other addresses and telephone numbers attached \_\_\_\_\_

2. Positions held in submitting business and starting date of each (check all applicable)

President	_____	Treasurer	_____
Chairman of Board	_____	Shareholder	_____
Chief Exec. Officer	_____	Secretary	_____
Chief Financial Officer	_____	Partner	_____
Vice President	<u>05/26/2015</u>		
(Other)			

Type	Description	Start Date
Other	VP Chief Operating Officer	05/26/2015

3. Do you have an equity interest in the business submitting the questionnaire?

YES ☐ NO ☒ If Yes, provide details.

\_\_\_\_\_

4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire?

YES ☐ NO ☒ If Yes, provide details.

\_\_\_\_\_

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?

YES ☒ NO ☐ If Yes, provide details.

7/1/16-6/30/17 President, Temple Am Echad

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

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

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

- a. Been debarred by any government agency from entering into contracts with that agency?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?  
YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

- a. Is there any felony charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- b. Is there any misdemeanor charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- c. Is there any administrative charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? Y  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- f. In the past 5 years, have you been found in violation of any administrative or statutory charges?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

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

11. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

I, Lisa Burch, hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Lisa Burch, hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

**CERTIFICATION**

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

Family and Children's Association  
Name of submitting business

Electronically signed and certified at the date and time indicated by:  
Lisa Burch [LBURCH@FAMILYANDCHILDRENS.ORG]

VP Chief Operating Officer  
Title

10/31/2019 01:45:33 PM  
Date



## PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership interest in the proposer. Answers typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

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

1. Principal Name: mary ann vassallo  
Date of birth: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province/Terr.: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_  
Business Address: 100 east old country rd  
City: mineola State/Province/Terr.: NY Zip/Postal: 11501 Country: US  
Telephone: (516) 746-0350  
Other present address(es): \_\_\_\_\_  
City: mineola State/Province/Terr.: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_  
Telephone: (516) 746-0350  
List of other addresses and telephone numbers attached \_\_\_\_\_

2. Positions held in submitting business and starting date of each (check all applicable)

President	_____	Treasurer	_____
Chairman of Board	_____	Shareholder	_____
Chief Exec. Officer	_____	Secretary	_____
Chief Financial Officer	<u>02/03/2003</u>	Partner	_____
Vice President	_____		_____
(Other)	_____		_____

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

\_\_\_\_\_

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

\_\_\_\_\_

5. Within the past 3 years, have you been a principal owner or officer of any business or notfor-profit organization other than the one submitting the questionnaire?  
YES ☒ NO ☐ If Yes, provide details.

Hands Across Long Island (HALI), treasurer. Not for profit organization located in Central Islip, Suffolk County, New York. Resigned from this position December 2018.

6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer?

YES ☒ NO ☐ If Yes, provide details.

HALI is a local not for profit organization that is funded by NYS OMH, US HUD, and other governmental agencies funding mental health/housing organizations. I have been a trustee since the 1980s. I will be resigning from the board of trustees as of 12/31/2018.

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

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

a. Been debarred by any government agency from entering into contracts with that agency?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated?

YES ☐ NO ☒ If 'Yes', provide details for each such instance. (Provide a detailed response to all questions check "Yes". If you need more space, photocopy the appropriate page and attached it to the questionnaire.)

9.

- a. Is there any felony charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- b. Is there any misdemeanor charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- c. Is there any administrative charge pending against you?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- d. In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? Y  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- e. In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

- f. In the past 5 years, have you been found in violation of any administrative or statutory charges?  
YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

10. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

11. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

12. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

13. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges?

YES ☐ NO ☒ If yes, provide an explanation of the circumstances and corrective action taken.

I, Mary Ann Vassallo, hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

I, Mary Ann Vassallo, hereby certify that I have read and understand all the items contained in this form; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this form; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this form as additional inducement to enter into a contract with the submitting business entity.

**CERTIFICATION**

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Family and Children's Association

Name of submitting business

Electronically signed and certified at the date and time indicated by:

Mary Ann Vassallo [MVASSALLO@FCALI.ORG]

CFO

Title

10/31/2019 12:47:30 PM

Date

### Business History Form

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

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

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

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

Date: 11/13/2019

- 1) Proposer's Legal Name: Family and Children's Association
- 2) Address of Place of Business: 100 East Old Country Road  
City: Mineola State: NY Zip Code: 11501
- 3) Mailing Address (if different): Same as Above  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (516) 746-0350  
Does the business own or rent its facilities? Both If other, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Dun and Bradstreet number: 068058114
- 5) Federal I.D. Number: 11-3422018
- 6) The proposer is a: Other (Describe) 501 (3)C
- 7) Does this business share office space, staff, or equipment expenses with any other business?  
YES ☒ NO ☐ If yes, please provide details:  
Business leases office space in Corporate Headquarters.
- 8) Does this business control one or more other businesses?  
YES ☐ NO ☒ If yes, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_
- 9) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business?  
YES ☐ NO ☒ If yes, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_
- 10) Has the proposer ever had a bond or surety cancelled or forfeited, or a contract with Nassau County or any

other government entity terminated?

YES ☐ NO ☒ If yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture: or details regarding the termination (if a contract).

- 11) Has the proposer, during the past seven years, been declared bankrupt?

YES ☐ NO ☒ If yes, state date, court jurisdiction, amount of liabilities and amount of assets

- 12) In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any owner and/or officer of any affiliated business been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency, where such investigation was related to activities performed at, for, or on behalf of an affiliated business.

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

- 13) In the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any owner and/or officer of an affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business.

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

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

a) Any felony charge pending?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

b) Any misdemeanor charge pending?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business?

YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor?  
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions?  
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

15) In the past (5) years, has this business or any of its owners or officers, or any other affiliated business had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held?  
YES ☐ NO ☒ If yes, provide details for each such investigation, an explanation of the circumstances and corrective action taken.

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

17 Conflict of Interest:

a) Please disclose any conflicts of interest as outlined below. NOTE: If no conflicts exist, please expressly state "No conflict exists."

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

As of the best of my knowledge, NO CONFLICT EXISTS.

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

As to the best of my knowledge, NO CONFLICT EXISTS.

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

As to the best of my knowledge, NO CONFLICT EXISTS.

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



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

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

2 File(s) Uploaded

Have you previously uploaded the below information under in the Document Vault?

YES ☐ NO ☒

Is the proposer an individual?

YES ☐ NO ☒ Should the proposer be other than an individual, the Proposal MUST include:

- i) Date of formation;

01/15/1998

- ii) Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner. If none, explain.

*No individuals with a financial interest in the company have been attached..*

- iii) Name, address and position of all officers and directors of the company. If none, explain.

*No officers and directors from this company have been attached.*

2 File(s) Uploaded

- iv) State of incorporation (if applicable);

NY

- v) The number of employees in the firm;

340

- vi) Annual revenue of firm;

20000000

- vii) Summary of relevant accomplishments

See Attachment -

1 File(s) Uploaded

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

- B. Indicate number of years in business.

21

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

Please refer to attachment at the end of this form.

1 File(s) Uploaded

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

Company Nassau County Department of Social Services  
Contact Person Michael Kanowitz, Administrative Assistant- Quality Management Research & Planning Unit  
Address 60 Charles Lindbergh Blvd., Suite 160  
City Uniondale State NY  
Telephone (516) 227-7452  
Fax # (516) 227-8363  
E-Mail Address Michael.Kanowitz@hhsnassaucountyny.us

Company NY Office of Temporary and Disability Assistance  
Contact Person Karen Pierino, Program Manager, Bureau of Housing  
Address 40 N. Pearl Street, Suite 10B  
City Albany State NY  
Telephone (518) 473-8968  
Fax #  
E-Mail Address karen.pierino@otda.ny.gov

Company NY State Division of Criminal Justice Services  
Contact Person Maura Gagan  
Address 80 South Swan Street  
City Albany State NY  
Telephone (518) 485-9922  
Fax #  
E-Mail Address maura.gagan@dcjs.ny.gov

I, Jeffrey L. Reynolds , hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

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

#### **CERTIFICATION**

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Name of submitting business: Family and Children's Association (FCA)

Electronically signed and certified at the date and time indicated by:  
Jeffrey L. Reynolds, Ph.D., CEAP, SAP [JREYNOLDS@FCALI.ORG]

President/CEO

Title

01/06/2020 04:22:52 PM

Date

**JEFFREY L. REYNOLDS, PH.D., CEAP, SAP**

**E-Mail: DrJeffreyReynolds@gmail.com**

### **Dynamic and Committed Non-Profit Executive**

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

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

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

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

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

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

### **Core competencies**

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

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

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

### **Education**

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

Stony Brook University, Stony Brook, NY

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

**Master of Public Administration in Health Administration (1997)**  
College of Management, School of Public Service

Long Island University, Brookville, NY

**Bachelor of Arts in Psychology (1988)**  
Dowling College, Oakdale, NY

## Professional Experience

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

March 2009 - Present      *Executive Director*

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

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

**BlasHELP, Inc.**

Hauppauge, NY

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

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

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

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

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

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

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

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

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

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

**2007 - 2009**

*Public Affairs Consultant*

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

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

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

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

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

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

**1997 - 2007**

*Vice President for Public Affairs*

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

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

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

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

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

1988 - 1989      *Social Work Advocate*

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

#### **Community Activities**

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

- 1994 - Present Vice Chair, New York State AIDS Advisory Council**  
 Appointed in April 1994, reappointed March 1995, 2009, 2011 by NYS Senate Majority Leader
- Chair, Subcommittees on the NYS Budget
  - Co-chair, Subcommittee on Criminal Defendant HIV Testing
  - Co-chair, Subcommittee on NYS Newborn HIV Testing Regulations
  - Co-chair, Ad Hoc Subcommittee on HIV/AIDS and Welfare Reform
  - Member, Subcommittee on Harm Reduction
  - Member, Subcommittee on HIV/AIDS Surveillance/Partner Notification
  - Member, NYS Evaluation Committee, Expanded Syringe Access Program (ESAP)
- 2010 - 2012 Chair, Suffolk County Heroin/Opiate Advisory Panel (Appointment)**  
**2009 - 2012 Board Member, Long Island Recovery Association**  
**2007 - 2012 Assistant Clinical Professor, Stony Brook University**  
**2007 - 2012 Consultant/Conference Presenter, MCKing Consulting for SAMHSA**  
**1997 - 2005 Member, Huntington Town Anti-Bias Task Force**  
**1993 - 1995 Member, Suffolk County Anti-Bias Summit**  
**1992 - 1995 Member, NYS AIDS Housing Advisory Committee**  
**1992 - 1996 Board Member, New Yorkers for Accessible Health Coverage**  
**1992 - 1997 Board Member, Policy Advisory Committee, MS Ryan White Network**  
**1991 - 1995 Board Member, LI Coalition for a National Health Plan**  
**1987 - 1997 Board Member, Suffolk Chapter, New York Civil Liberties Union**  
**Board Chair, 1992-1996**  
**1990 - 1995 Member, Catholic Charities Coalition for People with Disabilities**  
**1992 - 1994 Board Member, New York AIDS Coalition (NYAC)**  
**1991 - 1994 Member, Steering Committee, Center for Prejudice Reduction**

#### **Honors and Awards**

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

#### **Major Presentations**

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



### **Publications**

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

### **Interviews**

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

### **Additional Credentials/Certifications**

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

# **BOARD OF TRUSTEES AND FAMILY AND CHILDREN'S ASSOCIATION OFFICERS**

Title	First Name	Last Name	State		Officer Title
Mr.	Drew	Crowley	NY		Board of Trustees, Chairman
Ms.	Judy Sanford	Guise	NY		Board of Trustees, Secretary
Mr.	Robert	Schwartzel	NY		Board of Trustees, Treasurer
Mr.	Jeffrey	Reynolds	NY		FCA President/CEO
Ms.	Mary Ann	Vassallo	NY		FCA VP & Chief Financial Officer
Mrs.	Lisa	Burch	NY		FCA VP & Chief Operating Officer



# 2018

## ANNUAL REPORT



Here for Long Island. Here for You.

#### Our Mission

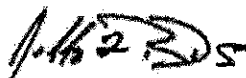
FCA's mission is to protect and strengthen Long Island's most vulnerable children, families, seniors, and communities.

FCA believes in the potential of Long Island - a place where no child, senior, family or community is left to struggle alone with barriers to health care, education, employment or economic prosperity. Long Island continues to be one of the greatest places in the world to live and raise a family for many. FCA exists to ensure that be the case for all.

#### A LETTER FROM OUR CEO & BOARD OF DIRECTORS

FCA believes in the promise of Long Island - a place where no child, teen, senior citizen, family or community is left to struggle alone with barriers to health care, education, employment or economic security. Long Island remains a great place to live, work and raise a family; FCA works hard to ensure that be the case for all. While our organization's name and logo have evolved since our inception 135 years ago, the exemplary love, care and support we provide remains the same, as we carry out our mission to protect and strengthen Long Island's most vulnerable children, seniors, families, and communities.

We are especially proud that FCA constantly evolves, innovates and grows stronger with each passing year. You'll see that in 2018, we took on our region's most emergent challenges: the heroin/opioid crisis; gang-related violence; and significant growth in our region's senior population. Over the course of the next year we'll re-double those efforts, working harder and smarter than ever before, changing lives in ways some never believed possible and keeping a promise that dates back to 1884.



**Dr. Jeffrey Reynolds**  
President/CEO



**Drew Crowley**  
Board Chair



## OUR REACH



○ Administrative Offices

○ Addiction Prevention, Treatment & Recovery

○ Family Education & Support

○ Mental Health & Wellness

○ Senior & Adult Services

○ Residential Care



In 2018, with the addition of seven new programs, FCA helped more than 30,000 Long Islanders – an increase of 20 percent over the previous year.

## NEW PROGRAMS ADDED IN 2018

### Community Credible Messengers Initiative

Provides at-risk youth, ages 14-18 years old, who have been in detention or placement and discharged home to their communities with career readiness assessments, planning, vocational training and internships enabling them to acquire the skills they need to successfully re-enter the community and avoid gang life.

### Family First

A sliding scale psychotherapy practice focused on helping families, couples and individuals strategize towards a more connected, resilient and stable family life.

### Smart Observant Seniors

Provides outreach, education and supportive counseling to prevent and remediate the negative impact of financial fraud, scams and elder abuse including financial exploitation.

### Step Up 2 Opportunity

This NYS Department of Labor-supported initiative allows us to help young people from at-risk communities acquire skills/abilities they need to find and maintain competitive employment.

### Open Access

A bi-county initiative, Open Access LI addresses the needs of individuals seeking help with substance use disorder by offering extended hours for treatment support throughout crisis response, screening, brief intervention and referrals to extended treatment. FCA's Open Access center is co-located within our Hicksville Family Treatment & Recovery Center, providing a continuum of services and care.

### SHERPA Program

A collaborative initiative that brings peer and family advocates on-site into local hospitals to meet with individuals who have entered through the Emergency Room as a result of substance use. Our trained advocates engage with individuals on a peer level, helping them navigate available resources, treatment and support services.

### Hempstead Ladders to Success

Through tutoring, test preparation and college readiness support services, Hempstead Ladders to Success prepares Hempstead high school students to attain the placement test scores they need to avoid remedial classes and immediately access credit-bearing classes at Nassau Community College.



## CELEBRATING 154 YEARS OF HELPING PEOPLE THROUGH ADDICTION

For 154 years, FCA has provided help and hope to our neighbors in need. In 2018, after identifying emerging concerns in the region, we responded with new programs designed specifically to improve the social health of our communities. Together with the help of dedicated supporters, we are making Long Island a better place to live, work and raise a family.

### THRIVE Everywhere

**THRIVE Everywhere** will be launched to expand services beyond our brick-and-mortar buildings in Hauppauge and Westbury. It will bring all of THRIVE's recovery support resources to people living on Long Island, wherever they may be. THRIVE Everywhere will represent a vibrant, interconnected system of individuals, families and professionals who support people in recovery.

## On the Winding Path to Recovery, FCA Provides Continuing Care

The first time Jody used heroin, she just wanted to fit in, be liked, have friends. She was only 12 years old. That heroin high made everything around her better. She felt seen and heard in a way she had never felt before. She kept using and soon she was hooked.

Life at home went from light to dark. When confronted by her mom and stepfather, she vowed to stop using drugs, but her body craved heroin. The hopes and dreams her parents had for their girl seemed to fly out the window. By the age of 17, Jody had been in and out of seven different treatment programs.

The day she overdosed and landed in the ER, her parents had no idea where to turn. They had come to her rescue so many times. What Jody's mom later realized is that she was creating, time and time again, soft landings for her daughter. After all, no one wants to believe their child is an addict. That particular day in the ER, an advocate from FCA's SHERPA program – someone who understood personally the challenges of substance use disorder – offered assistance. The family was connected to resources, including the THRIVE Recovery Center.

At THRIVE, Jody learned about Peer Recovery Coaching. She decided it couldn't hurt to talk to a peer. When she met her peer – a young woman who had struggled with a substance use disorder and knew what it was like to struggle with recovery – Jody felt accepted for the first time in years. There were no judgments. Her peer understood the power of that first high, along with the destruction it caused. She could relate to how Jody felt lost, confused and ashamed for all the trouble she had caused at home. With peer support, Jody began working toward a goal of continuous sobriety.

**FCA's Open Access Program** – operated through our Hicksville Family Treatment and Recovery Center offers a continuum of service to all families throughout Long Island. In 2019, we will be open 24 hours, seven days a week, so that young people like Jody, and all Long Islanders, can receive help anytime, day or night.



*"Jody felt accepted for the first time in years. There were no judgments. Her peer understood the power of that first high, along with the destruction it caused. She could relate to how Jody felt lost, confused and ashamed for all the trouble she had caused at home."*



## CHILDREN'S MENTAL HEALTH

### Every Step of the Way, FCA Provides Unwavering Support to Parents and Children

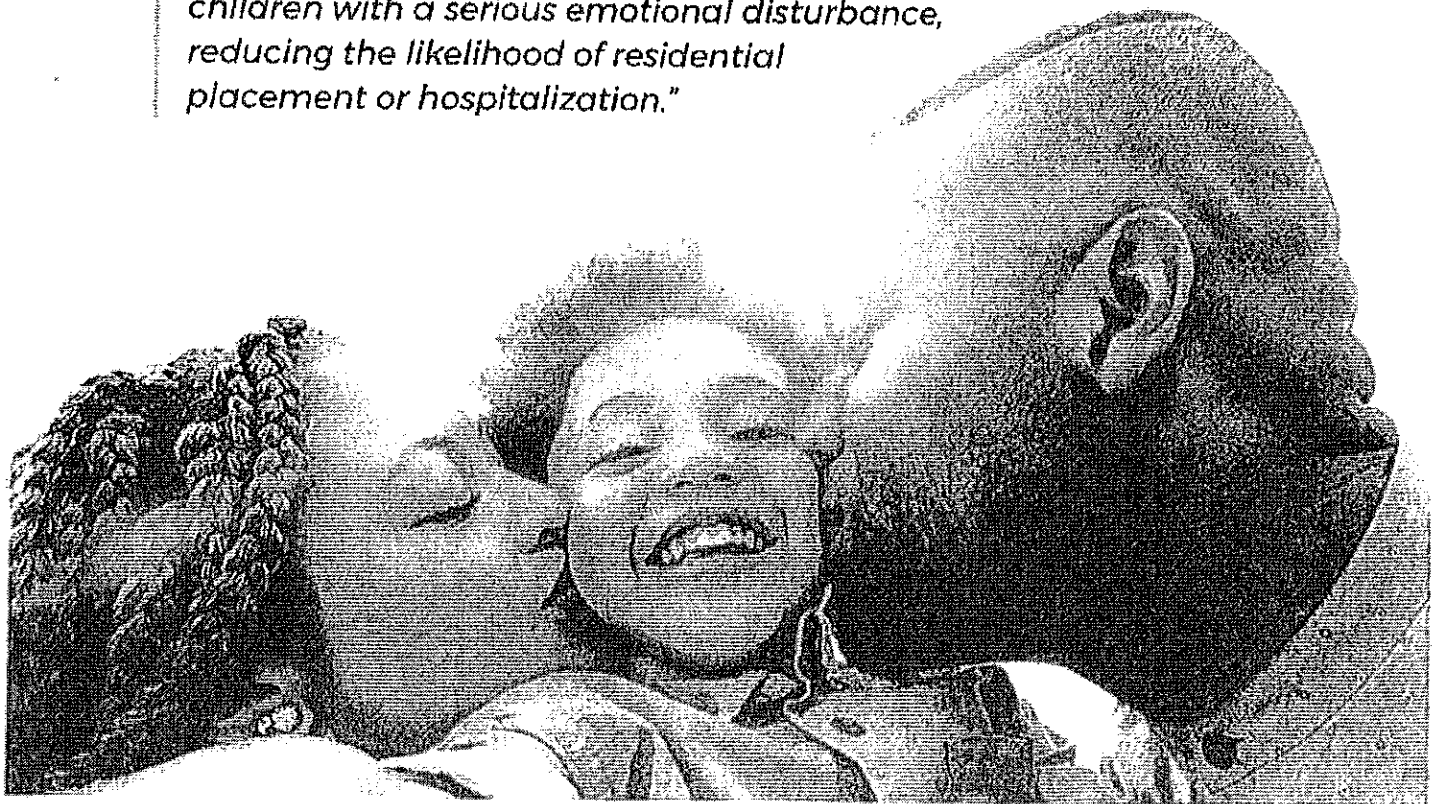
#### Family Center

As parents know, raising children can be stressful, even with abundant support. Parents of children with developmental and mental health challenges deal with strain of a different magnitude. Overwhelmed, they may feel cut off from support and empathy.

Through our Family Center in Nassau or Suffolk, parents find a world of unwavering support, with programs designed to bolster resiliency. Like an interlocking puzzle, we connect families and children to services that meet the needs of each situation.

In the following story, our myriad programs provided the necessary links to help a grandfather get support for his granddaughter. From Family Center to Children's Care Coordination to Residential Care, our staff members provided the utmost in care for Karennia. When she came to Lakeview House – a community residence program that provides a therapeutic environment for adolescents with serious emotional disturbances – it helped her change her life.

*"Children's Home & Community-Based Services (HCBS) conducted 5,281 face-to-face visits with families of children with a serious emotional disturbance, reducing the likelihood of residential placement or hospitalization."*





### **Here is Karennia's story:**

When Karennia was born, her mother was unable to care for her, so her maternal grandfather stepped in and raised her. Much as he tried to provide a stable home environment, it was challenging to raise Karennia on his own. As she grew older, she began leaving home unannounced. Concerned for her safety, her grandfather reached out to FCA's Family Center for help.

A Family Peer Advocate offered Karennia's grandfather guidance, assuring him that everyone wanted the best for her. After a diagnostic evaluation, it was determined that Karennia would benefit from residential placement.

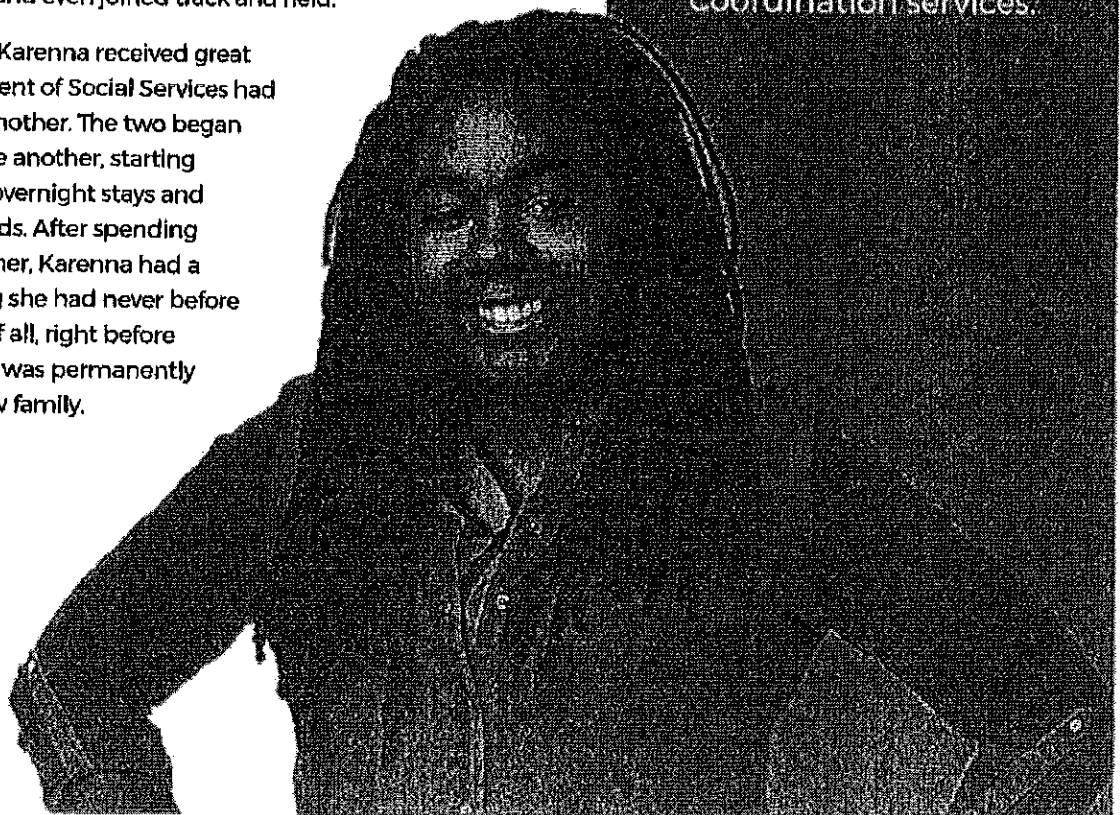
When our Care Coordination team stepped in, they heard Karennia loud and clear. She had a deep yearning for family. In her own words, she told us she wanted to be "a normal teenager."

In the summer of 2018, Karennia came to Lakeview House. There she began meeting people and adjusting to house rules and a structure. Not that it was easy. She was overwhelmed by feelings of anxiety and uncertainty. As Karennia's independent living skills developed, she became more confident and self-reliant. Soon she was taking public transportation on her own. She found a job, opened a bank account and saved money. Karennia began excelling at school and even joined track and field.

In December 2018, Karennia received great news: The Department of Social Services had found her a foster mother. The two began getting to know one another, starting with day passes to overnight stays and then entire weekends. After spending Thanksgiving together, Karennia had a feeling of belonging she had never before experienced. Best of all, right before Christmas, Karennia was permanently placed with her new family.

In 2018, Family Center began using **Family Peer Advocates at Lakeview House**. Because these advocates have personal experience raising a child with behavioral and/or emotional difficulties they are able to offer unique empathy and support to parents, who long for nurturing and support from others who understand their situation.

**"I finally have a place to call home,"** said Karennia, who continues to be a part of FCA's Care Coordination services.



# FAMILY EDUCATION AND SUPPORT

## Compassion Is the Cornerstone of Project Independence

### Project Independence - Nassau/Suffolk

The numbers are stark reminders of reality.

Of young people who age out of the foster care system without proper support, how many will become homeless? One in five. Within two years of leaving foster care, how many will become involved in the justice system? One in four. Of those who age out, how many will not finish high school? 40%. Of all the homeless people in the United States, how many were formerly in foster care? More than 30%.

Another concerning statistic: Almost half of all children in the child welfare system live in foster homes with non-relatives.

One thing we know for certain: Early support – while families are forming relationships – is especially key to curbing disruptions in placement.

FCA's Project Independence provides compassionate care to young people who are in or have been discharged from foster care. We currently work with 153 individuals between the ages of 14 and 21, guiding them in taking steps toward a brighter future. Our goal is to help them live productively and independently in the community, when they are no longer eligible for foster care.



**Here's a remarkable fact:**

In 2018, our youth had a 91% benchmark of working towards goals of secondary education or vocational planning.

*FCA's Afterschool Learning Center held 157 workshops in 2018. Over the year, more than 1,000 youth participated.*



## When Acting Out Is a Cry for Help, We Respond

### Detention Diversion

Every year across this country, two million children and young adults formally come into contact with the law. What many fail to understand is that nearly 70% of these young people have at least one diagnosable mental health condition. Between 20 and 25% have serious emotional issues.

For them, the juvenile justice system will forever be carved into the bedrock of their lives - unless someone intervenes.

At FCA, we believe in the power of early intervention. Through our Detention Diversion program, we work with youth ages 7-16 who enter Nassau County's juvenile justice system. While each person has committed an act of delinquency, each has a different story and unique perspective. We strive to guide each individual toward a better path, helping divert young people from further penetration into the juvenile justice system..

By steering individuals and families in the direction of services to help with mental health issues, substance abuse and educational advocacy, we aim to prevent a permanent stain on a hopeful future.

## A College Scholarship Turns a Fragile Dream into Opportunity

### Scholarship Highlights

For many at-risk youth, college seems like an impossible dream. Yet, the pursuit of higher education can open doors to extraordinary achievement. For more than three decades, the FCA Scholarship Fund has been the gateway to advanced learning. Our scholarship winners enter college, ready to achieve what they once considered impossible



### PLU RISKY TO GET

FCA provided Detention Diversion services to 106 youth and their families. 91% of these youth avoided subsequent criminal justice system involvement.

# 100K



In 2018, FCA helped 53 Students on the path to academic success by matching them with donors who provided a total of \$100,000 in scholarship funds.

"I received my FCA scholarship during my freshman year, and I am completely grateful. I was able to buy the books that were necessary for my classes, and it gave my family and me a great sense of relief. I am forever grateful to FCA."

**Stephanie,**  
**Scholarship Recipient,**  
**SUNY Buffalo**

## RESIDENTIAL CARE

### For Runaway and Homeless Youth, Our Care Is Continuous

Parks, railroad stations, vacant lots. These are places teens who run away from home tend to congregate. Many become homeless, living in tent cities, after fleeing violent situations at home. In survival mode, some fall victim to exploitation and trafficking, exchanging sex for money, food, drugs or shelter. Others turn to gangs for a sense of belonging and safety.

In a first step toward hope, the individual on the run talks to a friendly 20-something peer, from **FCA's Street Outreach** team. They learn about **Nassau Haven, FCA's Emergency Youth Shelter**. When they enter the doors, they see this is no regular shelter.

Nassau Haven is akin to a home environment - but there's structure and there are rules. Kids have to get up and go to school every day. They have regular meals together, play board games, talk out their feelings. And there are counselors and case managers and peer navigators there, day and night.

The story of each young person is unique. They range from 10 to 22 in age. Some were kicked out of the house after disclosing their sexual orientation. Many experienced unrelenting physical abuse, violence and poverty. Some arrive with only the clothes on their back. Others lug garbage bags filled with their possessions, saying they are never going home again.

*FCA's goal is to understand the needs and reunite families, if possible, and secure long-term safe housing.*

When an individual leaves Nassau Haven, the care doesn't stop. As one counselor said about After Care, "Once our kid, always our kid." Counselors follow up and keep checking to see how the kids are doing. FCA is never far away.

For ages 16 to 23, when there's no way to return home, there's **Walkabout Transitional Home for Young Men and Women**.

Walkabout focuses both on the practical side - job interviews, resumes, creating a budget -and on the future. There are part-time jobs to juggle with homework. There's a plan to save money. There's homework and maybe college applications. There's talk of the future. Perhaps there are applications for college. And when a person is ready to leave, our peers stay in touch, prepared to coach them through life's challenges. Most graduates from Walkabout will return for many visits - after all, Walkabout may be the family they never had, and it's always good to have a place to call home.



### 591 Youths Helped

The risk for runaway, homeless, foster care youth runs high - these young people are more likely than their peers to drop out of school, misuse drugs and alcohol, become victims of sex trafficking and experience extreme hardships as adults. In 2018, we helped **591** of these vulnerable young people prepare for independent living.



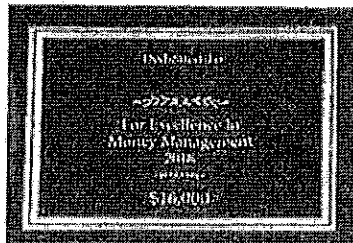
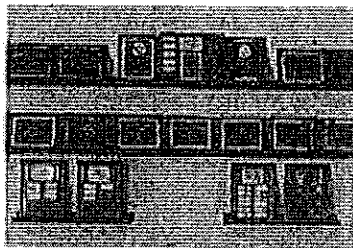
## **Gina Finds the Courage to Leave Home, Then Blossoms Into a Young Adult**

The only child of a single parent, Gina was struggling at home in the face of physical and emotional abuse. When her mother was arrested, Gina found the courage to leave. She sought emergency shelter at Nassau Haven. From there, she entered the Walkabout Transitional Home for Young Men and Women program.

A senior in high school, classified as special education, no one had ever talked with Gina about future goals. College wasn't even on her radar. Yet, our counselors saw her potential. During Gina's two-year stay at Walkabout, she embraced every new opportunity.

Exceeding her wildest dreams, she finished high school and received a full tuition-paid scholarship to Mercy College. It happened with help from Walkabout's career counselor . . . and lots of persistence. There were many firsts along the way: Getting a job at McDonald's, saving \$16,000 and taking her first subway ride to New York City to attend her first college class.

Today, Gina is in her second year of college. She rents an apartment in Queens and continues to work and save her money. The Walkabout counselors and residents always look forward her visits. Gina wouldn't have it any other way. her, Walkabout is family.



In 2018, we housed 137 youth and provided outreach and after care to 279 young people.

"Living at Walkabout I learned how to live independently so that I could have a successful future. I worked a part-time job while finishing high school and was able to maintain my place on the honor roll. It allowed me the opportunity to work on becoming responsible and get into college."

### ***Walkabout Participant***

"I truly believe that if this young lady never came to Walkabout and was unable to escape the abuse she was experiencing at home - her life would have taken a very, very bad turn. Because of Walkabout she was shown the right direction to take and she followed that path to success. We are all so proud of her at Walkabout. she is one of our shining stars."

**Andrea Kerr,**  
**Program**  
**Coordinator,**  
**Walkabout for**  
**Young Men and**  
**Women**

# SENIOR & ADULT SERVICES

## When Seniors Suffer, FCA Steps in to Remedy the Situation

### Financial Exploitation Assistance

They live alone. They rely on others for care. Their once-thriving social relationships may have dwindled as friends have passed away and family members visit less often. The most vulnerable are in their 80s. In a frightful turn of events, these seniors become easy targets for financial exploitation and elder abuse. On Long Island, it is estimated that 80,000 seniors have become such victims.

#### **The consequences can be devastating**

Our Senior & Adult Services Team visits clients in their own homes, responding to the specific needs and preferences of each person. Whether a senior wants financial assistance, guidance or advocacy to help resolve debt, mortgage or tax crises, our seasoned case managers offer confidential case management services with utmost care and respect.

#### **When Vera called FCA for help, she had no idea the level of fraud that was happening under her own roof**

Vera, 85, feared that she was running out of money. She began envisioning the day when she wouldn't be able to pay her living expenses. She was frantic for help and didn't know whom to trust.

When FCA entered the picture, our case manager helped Vera understand FCA's genuine commitment to helping seniors. Then, our team of financial counselors took a careful assessment of Vera's financial situation. Just as it had taken years for Vera to become tangled in a web of fraud, it took a concerted effort over many months for FCA's team to solve a level of fraud that was threatening to drain Vera of her savings.

Our financial experts uncovered a minefield of deception. Vera's estranged daughter had stolen her mother's credit card, resulting in \$5,000 in fraudulent charges. FCA was able to get the charges reversed. There was a Veteran's benefit compensation that Vera wasn't receiving. FCA sorted it out. Furthermore, Vera had written checks in the amount of \$800 to a health care aide which had been fraudulently changed to \$8,000. Step-by-step, our Senior & Adult Services Team got to the root of each situation and restored Vera's finances.

Today, Vera uses our Bill Payer Services for help managing her bills and also welcomes the fellowship provided through our Friendly Visitors program. When Vera opens the door to her home, she now radiates the confidence and ease of a senior who has her finances in order.



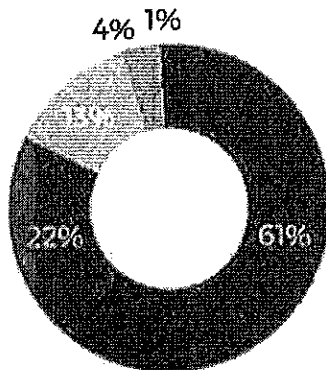
### **794 Seniors Helped**

Senior Financial Services provided 794 seniors with financial assistance, guidance and advocacy to help resolve debt, mortgage and tax crises.

*FCA's Senior Financial Program has reached 2,838 people through outreach. Of clients who received FCA financial counseling, 99% reported feeling less stress related to their finances and 99% reported an improvement in their overall financial needs.*

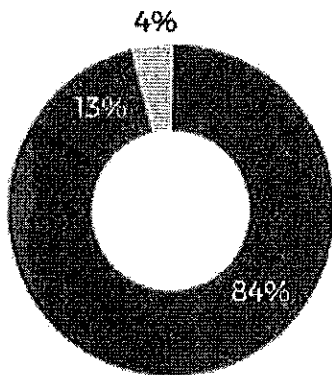


# 2018 FINANCIAL REPORT



## INCOME

● Government	\$11,661,113.00
● Medicaid/Medicare	\$4,208,677.00
● Contributions	\$2,429,157.00
● Program Fees	\$633,581.00
● Other	\$59,906.00
<b>Grand Total</b>	<b>\$18,992,434.00</b>



## EXPENSES

● Program Services	\$15,953,497.00
● Management and General	\$2,392,954.00
● Fundraising Services	\$695,042.00
<b>Total Expenses</b>	<b>\$19,041,493.00</b>





# 2019 BOARD OF TRUSTEES & FCA ADMINISTRATION



## FCA ADMINISTRATION

**Jeffrey L. Reynolds, Ph.D, CEAP, SAP** - President/Chief Executive Officer  
**Lisa Burch, MPH, VP & Chief Operating Officer**  
**Nancy Cohan, MA, LMFT, VP, Grants & Program Development**  
**Don Holden, VP & Chief Development Officer**  
**Angela Montemarano, VP & Chief Human Resources Officer**  
**Mary Ann Vassallo, VP & Chief Financial Officer**  
**Jaymie Kahn-Rapp, MPA, MEd, LMHC, CRC, AVP, Addiction Prevention, Treatment and Recovery Services**  
**Christine Miller, LMSW, Assistant Vice President, Mental Health & Wellness**  
**Lisa Stern, LCSW-R, Assistant Vice President, Senior & Adult Services**  
**Donna Telchner, LCSW, Assistant Vice President, Preventive Services**



## BOARD OF TRUSTEES

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**H. Richard Grafer, Vice Chairman, Pathway Investments**  
**Robert C. Schwerdel, Treasurer**  
**Judy Sanford Guise, Secretary, Nonprofit Management Consultant**

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**William Baum, LICADD, Essex Manufacturing, Inc.**  
**Adam Blank**  
**Michael Brennan, LICADD**  
**Peter Bogan, President, LKM Corp**  
**Daniel E. Brown, President, TRS Associates Inc.**  
**Jeffery R. Capazzi, LICADD, President, The Jobin Organization**  
**Richard Cavallaro**  
**Rosanne Cavallaro, Community Advocate**  
**John A. Cerrato, DMD, Garden City Dental**  
**Joni Howe, Healthplex, Inc.**  
**April Intrabartola, Director, Eastman Cooke Construction**  
**Dorothy Jacobs, Community Advocate**  
**Angela M. Jaggar, Community Advocate**  
**Gerard Jones, President, National Organization of Industrial Trade Unions**  
**Bernard P. Kennedy, Bonk, Schoeneck & King PLLC; Secretary, General Counsel, King Kullen**  
**Josh Lafazan, Nassau County Legislator**  
**Hope Lapsley, Community Advocate**  
**David Landau**  
**Donna Lewis, Esq., Attorney, Legal Aid Society**  
**Michael Monahan, Partner, CohnReznick LLP**  
**Joseph Patellaro, Managing Director, SS&C Private Equity Services**  
**Patricia Pryor Bonica, President, Pryor Personnel Agency**  
**Delores Smalls, Professor & Coordinator, Education Counseling Center, Nassau Community College**  
**Charles M. Strain, Esq., Partner, Farrell Fritz, P.C.**  
**Rita Thakkar**  
**Arakel Torosian, Goldman Sachs Group, Inc.**  
**Scott Treiber, Principal, Treiber Family Foundation**  
**Wayne H. Wink, Jr., Town Clerk, Town of North Hempstead**

# HONOR ROLL

## \$100,000 to \$500,000

Mr. George D. O'Neill  
RXR Fund II

## \$50,000 to \$99,999

Fay J. Lindner Foundation  
Long Island Community Foundation  
Newsday  
PSEG Foundation  
William Stamps Parish Fund

## \$10,000 to \$49,000

ABM Industries  
Adikes Family Foundation  
Alpern Family Foundation Inc.  
Anthem Blue Cross Blue Shield  
Bank of America Charitable Foundation, Inc.  
Anne Ciriaco Family Trust  
Farrell Fritz, P.C.  
First Nationwide Title Agency  
Gerry-Corbett Foundation  
Anonymous Donor  
Goldman Sachs Group, Inc.  
Mr. & Mrs. H. Richard Grafer  
Henry Schein, Inc.  
International Union of Journeymen and Allied Trades  
Angela and Scott Jaggar Foundation  
Angela M. Jaggar, PhD  
King Kullen Grocery Co., Inc.  
Knapp Swezey Foundation Inc.  
Mr. Robert Lemle  
Mightycause Charitable Foundation  
(formerly Razoo)  
Mulligan Security Corp.  
Mutual of America Life Insurance Company  
Nassau Events Center (Brooklyn Sports)  
Network Outsource  
Mr. Joe Patellaro  
Peter Ruhry Keys to Hope Foundation  
Phase 3 Interiors LLC  
Mr. Michael Rodriguez  
Mr. Rosenblum  
Sandy River Charitable Foundation  
The Scotts Company LLC  
Rich Cavallaro/SKANSKA USA Civil  
Mr. & Mrs. Charles M. Strain  
TJX Foundation  
Mr. & Mrs. Scott R. Treiber  
Triangle Building Products  
United Way of Long Island  
Mr. Ken Wessel

## \$5,000 to \$9,999

Advantage Title Agency, Inc.  
Ahmuty, Demers & McManus, Esqs.  
Ammon Labs  
Arthur J. Gallagher & Co.  
Baker Tilly LLP  
BNY Mellon Wealth Management  
Mr. Peter J. Bogan  
Building & Construction Trades Council  
Carr Business Systems  
Dr. John Cerrato  
CohnReznick LLP  
Mrs. Faith Corcoran  
Healthplex, Inc.  
Hudson Painting Associates  
James J. Colt Foundation  
Judith C. White Foundation, Inc.  
Mr. & Mrs. Bernie Kennedy  
Knockout Pest Control Inc.  
Mr. & Mrs. David Landau  
Mrs. Hope Lapsley  
Manhasset Community Fund  
Mr. James McKenna  
Mr. Michael Monahan  
Morey Family Foundation, Inc.  
PJ Mechanical Corp.  
Mr. & Mrs. Michael Prounis  
PSEG Long Island LLC  
Mr. & Mrs. Richard Ronzetti  
Mr. Robert Schwerdel  
Signature Bank  
SS&C Private Equity Services  
TrueTox Laboratories, LLC



**THANK YOU  
TO OUR  
GENEROUS  
SUPPORTERS!**



# HONOR ROLL (CONTINUED)



## \$1,000 to \$4,999

Mr. David Abrams  
Adelphi University  
Al & Peggy DeMatteis Family Foundation  
Mr. James Anziano  
Mr. Barnes, Iaccarino & Shepherd LLP  
Ms. Maureen Bergmann  
BNY Mellon Community Partnership  
Mr. Robert Schwerdel  
Bond, Schoeneck & King  
Mr. & Mrs. Michael Brennan  
Mr. & Mrs. Gerald Brielmaier  
Mrs. Lisa Burch  
CA Technologies Inc.  
Mr. Thomas Calabrese  
Mr. & Mrs. Gerald Calder  
Central National Gottesman Inc.  
Chernoff Diamond & Co. LLC  
Ms. Nancy Cohan  
Community Church of East Williston  
Mr. & Mrs. Drew S. Crowley  
D Concept 400 Realty Co. LLC  
Dahab Associates, Inc.  
Ms. Betty Day  
Mr. Robert Demmett  
DiFazio Electric  
Dime Savings Bank  
Mr. William Edwards  
Elena Melius Foundation, Inc.  
Enterprise Association Steamfitters L.U. 638  
Mr. and Mrs. Leonard and Susan Feinstein  
Mr. and Mrs. Andrew & Jane Feldstein  
Mr. & Mrs. Joseph Ferrara  
Five Star Electric Corporation  
Mr. & Mrs. George W. Frank Jr.  
Freedom Doors LLC  
General Contractors Association of New York, Inc.  
Gould, Kobrick & Schlapp  
Mrs. Fran Harnett  
Mr. & Mrs. Paul & Katherine Harnick  
Mr. & Mrs. Thomas Harrington  
Hofstra University  
Mr. & Mrs. Don Holden  
Mrs. Theodora Hooton  
Mr. & Mrs. Louis L. Hoynes, Jr.  
Mr. Yaniv Iunger  
Ms. Dorothy Jacobs  
Mr. Jason Katz  
LDI Color Toolbox  
Mrs. Dorothy B. Kennedy  
Kiwanis Club North Shore Foundation  
Koehler & Isaacs  
Mr. John Koufakis  
Mr. & Mrs. Jeff Kovner  
KPMG LLP  
Kreisberg & Maitland  
LICADD  
Mr. Mitti Liebersohn  
Luz Electric Construction  
Mr. Neil MacDonald  
Mr. John Maher  
Maine Community Foundation  
Marketing Works  
Marks Paneth LLP  
Ms. Jennifer Marsh  
Mr. Michael Maturo  
Maxim Foundation  
Metallic Lathers & Reinforcing Iron Workers Local 46

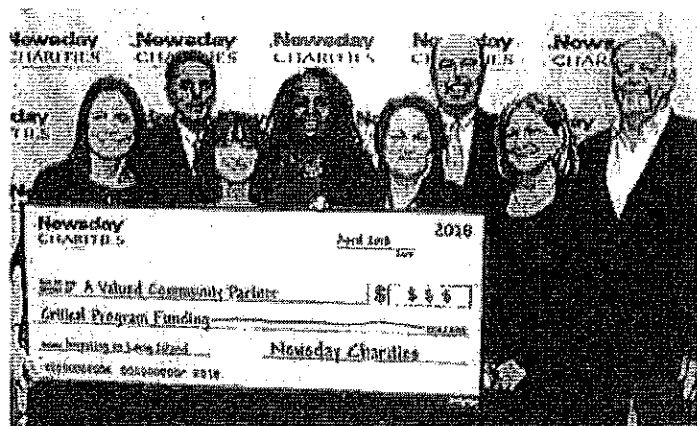
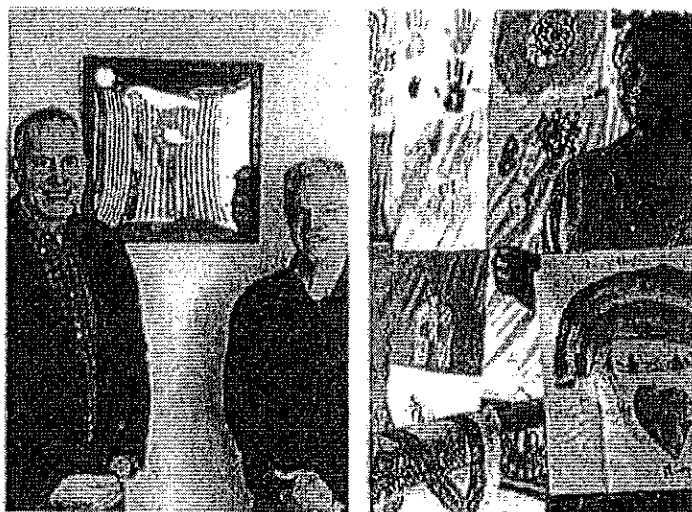
Michael Sena Memorial Fund Inc.  
Mozzone Lumber Co Inc.  
Nataro Grupp & Associates-Architects  
Network for Good  
Northwell Health  
One Service Comm. Building Maintenance  
P.C. Richard & Son  
Palmer Walker Foundation  
Ms. Kathryn Payne  
Protlivi  
Ms. Patricia Pryor-Bonica  
PWC PricewaterhouseCoopers LLP  
Mr. & Mrs. Debby and Scott Rechler  
Ms. Evelyn Rechler  
Dr. Jeffrey Reynolds  
Risk Management International, Ltd.  
Stephen Rizzo Group  
Ms. Robin Ross  
Mr. Michael Schlavo  
Seaford Center, Inc.  
Mr. & Mrs. Robert S. Sinko II  
Mr. Leonard Stein  
Mr. and Mrs. Paul & Lisa Stern  
Sun Auto Group of Wantagh  
Ten Eleven Group, Inc.  
Ms. Rita Thakkar  
The Law Office of Siler & Ingber, LLP  
Ms. Debora Thivierge  
Mr. William Thornton  
Mr. & Mrs. John H. Treiber  
TRS Associates, Inc.  
Mr. George Tsunis  
United Air Conditioning Corp.  
Upgrade Services  
Ms. Mary Ann Vassallo  
Verizon Foundation  
W.B. Mason Co., Inc.  
Ms. Kathleen Wallace  
Mr. Murray Warschauer  
WB WOOD  
WSJS Architects, LLP



## \$500 to \$999

A&C Pest Management  
Mr. & Mrs. Donald Abrams  
Mr. Jim Amend  
Ms. Pauline Andrews  
Arrow Transfer & Storage Inc.  
Mr. & Mrs. Richard Bayer  
Blank Family Charitable Fund  
Ms. Mary Breen  
Mr. Robert Brennan  
Mr. Richard Buckman  
Ms. Heather Butts  
Mr. Mounir Chelico  
Mrs. Jane H. Choate  
Dr. Hyun Chung  
Mr. & Mrs. Bob & Ginny Corkhill  
Covert Avenue Elementary School  
Ms. Patricia Craig, Esq.  
Mrs. Mary Ann Crowley  
Ms. Renee Dalola  
Datis HR Cloud, Inc.  
Dr. & Mrs. Robert Decker  
Dr. & Mrs. Richard Dina  
Ms. Barbara Donahue  
Elara Brands LLC  
Elite Investigations

Event Power  
 Families in Support of Treatment (FIST)  
 Family Fuel & Heating Service  
 Mr. & Mrs. Martin Feinberg  
 Mr. Chris Freddo  
 Ms. Stacy Fritz  
 Gemma Auto Service Corp.  
 Mr. and Mrs. Timothy & Elise Cold  
 Mr. Mel Goldman  
 Mr. Daniel Griesmeyer  
 Ms. Rebecca Sanin, Health & Welfare Council of LI  
 Mr. and Mrs. Emily & Mark Hochberg  
 Mr. & Mrs. Gerald Hustick  
 Mr. Phillip Incorvia  
 Interstate Companies  
 Ms. April Intrabartola  
 Mr. Gerard Jones  
 Kelson Capital LLC  
 Kenneth Peters Center for Recovery  
 Ms. Francis Keppel  
 Laborers International Union of North America Local  
 No. 1298  
 Mr. Joshua Lafazan  
 Long Island FQHC, Inc.  
 Long Island Recovery Association (LIRA)  
 David Megenis  
 Maria Miller Place UFSD Secretarial & Clerical Unit  
 Mr. Marc Miner  
 N.O.I.T.U.  
 Nawrocki Smith  
 New England Carpenters Labor Management  
 Mrs. Marisa Paladino  
 Mr. Michael Panaro  
 Par Plumbing Co., Inc.  
 Mr. Brian Pepper  
 Plumbers Local Union No. 200  
 Ms. Claudia Ragni  
 Ms. Christine Santangelo  
 Mr. Peter Schapero  
 Sentinel Innovation  
 Ms. Alexandra Singerman  
 Ms. Delores Smalls  
 Sorvillo Family Charitable Fund at Schwab Charitable  
 Thomas' Hope Foundation  
 Mr. Arakel Torosian  
 Triple Crown Sports Memorabilia  
 Ms. Karyn Tripmacher  
 Mrs. Jane Tucker  
 United Public Service Employees Union  
 Wilmington Trust  
 Mr. James Zima









★  
 THANK YOU  
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100 E. Old Country Road  
Mineola, NY 11501

-  FamilyAndChildrensAssociation
-  @fca\_daily
-  @fca\_daily
-  @FCA\_Daily
-  family-and-children's-association
-  +FamilyAndChildrens



(ATTACHMENT FOR POINT C FROM PAGE 4)

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

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

I, Jeffrey L. Reynolds, hereby acknowledge that a materially false statement willfully or fraudulently made in connection with this form may result in rendering the submitting business entity and/or any affiliated entities non-responsible, and, in addition, may subject me to criminal charges.

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

#### **CERTIFICATION**

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

Name of submitting business: Family and Children's Association (FCA)

Electronically signed and certified at the date and time indicated by:

Jeffrey L. Reynolds, Ph.D., CEAP, SAP [LGIAMETTA@FAMILYANDCHILDRENS.ORG]

President/CEO

Title

11/13/2019 12:39:54 PM

Date



COUNTY OF NASSAU  
CONSULTANT'S, CONTRACTOR'S AND VENDOR'S DISCLOSURE FORM

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

Address: 100 East Old Country Road

City: Mineola State: NY Zip Code: 11501

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

3. Type of Business: Other (specify) Charitable Organization

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

2 File(s) uploaded

*No principals have been attached to this form.*

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

If none, explain.

None - This is a Charitable Organization. We do not have Shareholders, Members, or Partners.

*No shareholders, members, or partners have been attached to this form.*

6. List all affiliated and related companies and their relationship to the firm entered on line 1. above (if none, enter "None"). Attach a separate disclosure form for each affiliated or subsidiary company that may take part in the performance of this contract. Such disclosure shall be updated to include affiliated or subsidiary companies not previously disclosed that participate in the performance of the contract.

None

7. List all lobbyists whose services were utilized at any stage in this matter (i.e., pre-bid, bid, post-bid, etc.). If none, enter "None." The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

Are there lobbyists involved in this matter?

YES ☐ NO ☒

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

None

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

None

BOARD OF TRUSTEES AND FAMILY AND CHILDREN'S ASSOCIATION OFFICERS				
Title	First Name	Last Name	State	Officer Title
Mr.	Drew	Crowley	NY	Board of Trustees, Chairman
Ms.	Judy Sanford	Guise	NY	Board of Trustees, Secretary
Mr.	Robert	Schwerdel	NY	Board of Trustees, Treasurer
Mr.	Jeffrey	Reynolds	NY	FCA President/CEO
Ms.	Mary Ann	Vassallo	NY	FCA VP & Chief Financial Officer
Mrs.	Lisa	Burch	NY	FCA VP & Chief Operating Officer

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

None

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

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

Electronically signed and certified at the date and time indicated by:  
Jeffrey L. Reynolds [LGIAMETTA@FAMILYANDCHILDRENS.ORG]

Dated: 09/26/2019 12:55:19 PM

Title: President/CEO

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

## AMENDMENT NO. VII

This AMENDMENT, dated as of January 1, 2020 (together with the exhibit hereto, this "Amendment"), between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting for and on behalf of the County Department of Social Services, having its principal office at 60 Charles Lindbergh Blvd., Uniondale, New York 11553 (the "Department"), and (ii) Family and Children's Association, a not-for-profit corporation of the State of New York having its principal office at 100 East Old Country Road, Mineola, New York 11501 (the "Contractor").

### WITNESSETH:

WHEREAS, pursuant to County contract number COS\$13000025 between the County and the Contractor, executed on behalf of the County on February 25, 2014, as amended by the amendment executed on behalf of the County on June 4, 2015, as amended by the amendment executed on behalf of the County on May 4, 2016, as amended by the Amendment executed on behalf of the County on December 15, 2016 as amended by the amendment executed on behalf of the County on April 28, 2017 as amended by the amendment executed on behalf of the County on February 16, 2018 as amended by the amendment executed on behalf of the County on March 22, 2019 (the "Original Agreement"), the Contractor provides mandated Preventive services to children under the Family Support (Homemaker) program, which services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services");

WHEREAS, the term of the Original Agreement is from September 1, 2013 through December 31, 2019 (the "Original Term");

WHEREAS; the Maximum Amount that the County agreed to reimburse the Contractor for Services under the Original Agreement was Seven Million Four Hundred Seventy- Eight Thousand Eight Hundred Forty-Four Dollars and 00/100 (\$7,478,844.00) (the "Maximum Amount"); and

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

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

1. Renewal Term. The Original Agreement shall be renewed and thereby extended for one (1) year solely as to the services to be provided under the Family Support (Homemaker) program, so that the termination date of the Original Agreement, as amended by this Amendment shall be December 31, 2020.

2. Maximum Amount. (a) The Maximum Amount in the Original Agreement shall be increased by Four Hundred Twenty-Three Thousand Seven Hundred Ninety-Two Dollars and

00/100 (\$423,792.00), payable for Services rendered during the renewal term, so that the Maximum Amount that the County shall pay to the Contractor as full consideration for all Services provided under the Amended Agreement shall be Seven Million Nine Hundred Two Thousand Six Hundred Thirty-Six Dollars and 00/100 (\$7,902,636.00) (the "Amended Maximum Amount"). (i) The maximum amount of Four Hundred Twenty- Three Thousand Seven Hundred Ninety- Two Dollars and 00/100 (\$423,792.00) during the renewal term shall be paid in accordance with the line item budget attached hereto as Appendix B1 (the "Amended Budget") subject to an advance of funds ("Advance"), as hereinafter described.

(ii) An Advance of One Hundred Five Thousand Nine Hundred Forty- Eight Dollars and 00/100 (\$105,948.00), consisting of Twenty Five Percent (25%) of the Line Item Budget Amount, shall be payable upon execution of this Agreement by the County. The remainder of the Maximum Amount during the renewal term shall be paid monthly in arrears and on a reimbursement basis in accordance with this Amended Agreement, the respective amended budgets and subject to compliance with the provisions of this Section. Under no circumstances shall a claim be accepted if submitted on an accrual basis.

(iii) The Contractor shall deduct the Advance in equal installments from the claims submitted for payment during the last four (4) months of the term of this Amended Agreement. If the amount of any said claims is less than the amount of the Advance to be deducted from said claim, the Contractor shall submit with its claim a check payable to the County for the difference between the claim and the amount of the Advance to be recovered from said claim.

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

4. Compliance with Law. Section 6. Compliance with Law is amended to add Section 6. (k) which shall read as follows:

6.(k) Vendor Code of Ethics. By executing this Agreement, the Contractor hereby certifies and covenants that:

- (i) The Contractor has been provided a copy of the Nassau County Vendor Code of Ethics issued on June 5, 2019, as may be amended from time to time (the "Vendor Code of Ethics"), and will comply with all of its provisions;
- (ii) All of the Contractor's Participating Employees, as such term is defined in the Vendor Code of Ethics (the "Participating Employees"), have been provided a copy of the Vendor Code of Ethics prior to their participation in the underlying procurement;
- (iii) All Participating Employees have completed the acknowledgment required by the Vendor Code of Ethics;
- (iv) The Contractor will retain all of the signed Participating Employee

- acknowledgements for the period it is required to retain other records pertinent to performance under this Agreement;
- (v) The Contractor will continue to distribute the Vendor Code of Ethics, obtain signed Participating Employee acknowledgments as new Participating Employees are added or changed during the term of this Agreement, and retain such signed acknowledgments for the period the Contractor is required to retain other records pertinent to performance under this Agreement; and
  - (vi) The Contractor has obtained the certifications required by the Vendor Code of Ethics from any subcontractors or other lower tier participants who have participated in procurements for work performed under this Agreement.

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

The Remainder of this Page Intentionally Left Blank .

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

FAMILY AND CHILDREN'S ASSOCIATION

By: 

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

Title: President/CEO

Date: 10/31/2019

NASSAU COUNTY

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: County Executive

☐ Deputy County Executive

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

PLEASE EXECUTE IN BLUE INK

147838



COUNTY OF NASSAU )

to Section 205 of the County Government Law of Nassau County.

NOTARY PUBLIC

COUNTY OF NASSAU )

authority of the board of directors of said corporation.

NOTARY PUBLIC

Mary A. C. J.

Commission Expires April 2, 2023

**AMENDED APPENDIX B1 LINE ITEM BUDGET: Family Support****Nassau County Human Services****Universal Budget Form****Contract #** CQSS13000025**Contract Name:** Family and Children's Association**Program Name:** Family Support /Homemaker (1/1/20-12/31/20)**Budget Summary**

Line #	Expense type	Total \$
1a	Salary	\$255,727
1b	Fringe	\$72,779
1 Total	Personnel (Salary plus Fringe)	\$328,506
2	Consultant(s)	\$0
3	Travel / Per Diem / Transportation	\$6,000
4	Equipment	\$1,045
5	Supplies	\$1,758
6	Contractual Services	\$10,505
7a	Rent	\$0
7b	Utilities	\$12,955
8	Department Specific Costs	\$0
9	Other Costs	\$10,978
10	Administrative Overhead	\$52,045
	Gross Expenditures (Lines 1 – 10)	\$423,792
11	Revenue, Income, Agency Contribution, Matches	\$0
	Net Budget Total (Lines 1 – 10 minus line 11)	\$423,792
	Agency Contribution	\$0
	Net Contract Total (Net Budget Total minus Agency Contribution)	\$423,792

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

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

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 28 CFR Part 67, Section 87.510, Participants' responsibilities. The regulations were published as Part VII of the May 28, 1988 *Federal Register* (pages 10100-10211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

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

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

Jeffrey L. Reynolds - President/CEO

9/26/19

Name and Title of Authorized Representative

Signature



9/26/19  
Date

Family and Children's Association

Name of Organization

100 East Old Country Road, Mineola New York 11501

Address of Organization

#### Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposes," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of reports in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.



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

### Contractor Evaluation Form

Contract Number: .....

Contract Name: FAMILY & CHILDREN'S ASSOCIATION

Service Provided: HOMEMAKER / FAMILY SUPPORT

Evaluation Period: From: January 1, 2019 To: October 31, 2019

Evaluator's Name, Title, Phone #: THERESA MCGUINNESS, Director, 227-8269

Date: 9/26/19 .....

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

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

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

Do you recommend the contractor for future contracts? ☒ Yes ☐ No

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

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COUNTY OF NASSAU

Inter-Departmental Memo

To: Budget Office

From: Michael A. Kanowitz  
Quality Management, Research and Planning  
Department of Social Services

Date: ~~October 2~~, 2019

Subject: FAMILY and CHILDREN'S ASSOCIATION  
FAMILY SUPPORT/HOMEMAKER SERVICES 2020 (RENEWAL)

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

Attached please find a letter to Glen Tuifel, Assistant to the President of Nassau Local 830 CSEA, sent on 10/29, 2019, notifying him of the above fact. Further attached is a letter from Richard Dopkin, Vice President of CSEA Local 830 dated 11/8, 2019. The response letter of DSS dated 11/8, 2019 is also attached. A copy of the letters was forwarded to the Nassau County Office of Labor Relations for the appropriate action.

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

Att.  
10099



LAURA CURRAN  
NASSAU COUNTY EXECUTIVE



NANCY NUNZIATA, LMSW  
COMMISSIONER

NASSAU COUNTY  
DEPARTMENT OF SOCIAL SERVICES  
60 CHARLES LINDBERGH BLVD  
UNIONDALE, NEW YORK 11553-3686  
Phone:                      Fax:  
Web: <http://www.nassaucountyny.gov/>

October 29, 2019

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

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

Re. – Contract: Family and Children's Association  
Family Support/Homemaker Services 2020 (Renewal)

Dear Mr. Tuifel:

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

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

Sincerely,

A handwritten signature in black ink that reads "Michael A. Kanowitz". The signature is written in a cursive style.

Michael A. Kanowitz  
Quality Management, Research and Planning

cc: Christopher Nicolino-Office of Labor Relations  
Jerry Laricchuita, President Local 830 CSEA  
Ron Gurrieri, Executive Vice President Local 830 CSEA  
Jason Perkowsky and John Aloisi, Grievance Chair Local 830 CSEA

ENCLOSURES

13792

148113

# The Civil Service Employees Association, Inc.

Local 1000, American Federation of State, County and Municipal Employees, Afl-CIO



**NASSAU LOCAL 830**

November 8, 2019

**Jerry Laricchiuta**  
**PRESIDENT**

**Ron Gurreri**  
**Exec. Vice President**

**Scott Mulholland**  
**Vice Pres.**

**Lynne Kramer**  
**Vice Pres.**

**Robert Arciello**  
**Vice Pres.**

**Ana O'Gorman**  
**Vice Pres.**

**Richard Dopkin**  
**Vice Pres.**

**Glen Tufel**  
**Vice Pres.**

**Kelvin Lewis**  
**Vice Pres.**

**Yvette Gaynor**  
**Vice Pres.**

**John Aloisio**  
**Vice Pres.**

**Aurora Solfo**  
**Vice Pres.**

**Robert Harris**  
**Vice Pres.**

**Nancy Ianson**  
**Secretary**

**Susan Chodkowski**  
**Treasurer**

Michael Kanowitz, Quality Management, R&P  
Nassau County Dept. of Social Services  
60 Charles Lindbergh Blvd.  
Uniondale, N.Y. 11553-3686

**Re: Family & Children's Association-Family Support/Homemaker Services (2020 Renewal)**

Dear Michael Kanowitz:

Please allow this letter to serve as a response to the Nassau County correspondence received on Nov. 1, 2019 regarding the above mentioned assignment of CSEA Unit work to persons not in the CSEA Unit.

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

Notwithstanding the lack of sufficient detail provided by the County regarding said proposed subcontract and pursuant to Section 32-3(h) of the C.B.A., CSEA proposes as an "alternative to satisfy the County's needs", that current or anticipated County employees (who are or would be CSEA bargaining unit members), perform the duties requested in the proposed subcontract. Pursuant to Section 32-3, the County is required to provide notice to CSEA of its needs and in order to propose alternatives we need the following information: Proposed vendor; cost analysis for CSEA members to perform said duties for contracted service, anticipated start date and specific good faith efforts made to avoid the unnecessary assignment of CSEA unit work to said subcontractor.

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


Our contention, as always, is that this our work and we refuse to accept a lack of staffing as a reason for subcontracting.

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

Please immediately advise as to your availability.

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

Very Truly Yours,

  
Richard Dopkin  
Vice President  
CSEA Local 830

Cc: Jerry Laricchiuta, President, CSEA Local 830  
Jason Perkowsky, Unit President  
Chris Nicolino, Office of Labor Relations  
File



LAURA CURRAN  
NASSAU COUNTY EXECUTIVE



NANCY NUNZIATA, LMSW  
COMMISSIONER

NASSAU COUNTY  
DEPARTMENT OF SOCIAL SERVICES  
60 CHARLES LINDBERGH BLVD  
UNIONDALE, NEW YORK 11553-3686  
Phone:              Fax:  
Web: <http://www.nassaucountyny.gov/>

November 8, 2019

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

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


Re. – Contract: Family & Children's Association  
Family Support/Homemaker Services 2020 (Renewal)

Dear Mr. Tuifel:

DSS is in receipt of your correspondence dated November 8, 2019, concerning the Department's notification of its intent to enter into the above referred to contractual services, pursuant to section 32 of the Collective Bargaining Agreement. In your correspondence, you indicate your willingness to meet with DSS for further discussion.

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

Sincerely,

  
Michael A. Kanowitz  
Quality Management, Research and Planning

cc: Christopher Nicolino-Office of Labor Relations  
Jerry Laricchuita, President Local 830 CSEA  
Jason Perkowsky, Unit President

ENCLOSURES  
13792  
148327

Contract ID#: COSS13000025Department: Social Services**E-255-13****Contract Details**

SERVICE Combined Preventive Services

NIFS ID #: COSS13000025NIFS Entry Date: 06/28/13Term: from 09/01/13 to 12/31/14

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

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

**Agency Information**

Vendor	
Name <u>Family &amp; Children's Association</u> <u>501c3</u>	Vendor ID# <u>113422018</u>
Address <u>100 E. Old Country Rd</u> <u>Mineola, NY 11501</u>	Contact Person <u>Phil Mickulas</u> Email: <u>pmickulas@familyandchildrens.org</u> Phone <u>516 746-0350</u> Fax: <u>516 294-0198</u>

County Department
Department Contact <u>Virginia Webb</u>
Address <u>60 Charles Lindberg Blvd</u>
Phone <u>516 227-7452</u>

**Routing Slip**

DATE Rec'd	DEPARTMENT	Internal Verification	DATE App'd & Fwd.	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) NIFS Appvl (Dept. Head)	<u>10/23/13</u>	<u>[Signature]</u>	
	OMB	NIFS Approval	<u>11/1/13</u>	<u>[Signature]</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
<u>11/14/13</u>	County Attorney	CA RE & Insurance Verification	<u>11/14/13</u>	<u>[Signature]</u>	
<u>11/14/13</u>	County Attorney	CA Approval as to form	<u>11/14/13</u>	<u>[Signature]</u>	
	Legislative Affairs	Fw'd Original Contract to CA	<u>11/26/13</u>	<u>[Signature]</u>	
	Rules <input type="checkbox"/> / Leg. <input type="checkbox"/>				
	County Attorney	NIFS Approval	<u>12/23/2013</u>	<u>[Signature]</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Comptroller	NIFS Approval <u>2.9.14</u>	<u>1/31/14</u>	<u>[Signature]</u>	
	County Executive	Notarization Filed with Clerk of the Leg.	<u>1/2/14</u>	<u>[Signature]</u>	

**Contract Summary**

PR5254 (8/04)



## Contract Summary

<b>Description:</b> Combined Preventive Services (PINS, Preventive & Independent Living)
<b>Purpose:</b> <i>Appendix A1</i> - We are mandated to provide preventive services for children. Contract shall manage the PINS Diversion Program (PDP) to divert cases from becoming PINS cases, requiring court intervention. <i>Appendix A2</i> - Contractor will provide mandated case planning and intensive Preventive Services referred by the Department to prevent foster care placement or assist in early discharge from care. <i>Appendix A3</i> - We are mandated to provide these services. Contractor will provide a program for children in foster care with Independent Living Skills as required by New York State Office of Children & Family Services Utilization Review Regulations. (A RFP was issued- new contract to start 9/1/13)
<b>Method of Procurement:</b> Human Services contract with a not for profit agency. Contractor received a satisfactory evaluation. (DSS issued an RFP for these services in 2013, FCA was awarded the contract)
<b>Procurement History:</b> We have been using this vendor for many years.
<b>Description of General Provisions:</b> <i>Appendix A1</i> - The Contractor shall provide an on-going, strength based, family-centered assessment of all children & families referred to the PDP to determine their needs & present problems. The PDP social workers shall provide intensive, in-home intervention, conflict resolution, and family mediation, short term voluntary respite, and referrals to county and community based agencies for such services, including but not limited to intensive case management for the child, supportive case management for those parents that would qualify, and mental health counseling. <i>Appendix A2</i> - The contractor will provide case planning services coordinating casework, counseling, and support services for families at risk. They will also provide extensive case management services to the target population, including needs assessment, plan development, casework contacts, case documentations, counseling and service coordination. <i>Family Tree</i> <i>Appendix A3</i> - The contractor will provide a comprehensive training program to ensure the development of independent living skills in children, who are either in foster care or are discharged from foster care, up to the age of twenty-one. This will include educational & vocational services, housing services, basic facts on money management, nutritional hints, community based services and support groups. <i>Family Support (Housing)</i>
<b>Impact on Funding / Price Analysis:</b> 2013 - 09/01/13 - 12/31/13 amount encumbered \$714,874 2014 - 01/01/14 - 12/31/14 amount to be encumbered once 2014 budget is in NIFS \$2,122,872 <b>TOTAL VALUE OF CONTRACT</b> \$2,837,746
<b>Change in Contract from Prior Procurement:</b> No Change
<b>Recommendation:</b> (approve as submitted)

## Advisement Information

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

RENEWAL	
% Increase	
% Decrease	

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

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

Document Prepared By: \_\_\_\_\_

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

NIFS Certification	Comptroller Certification	County Executive Approval
I certify that this document was accepted into NIFS.	I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged.	Name: <i>[Signature]</i>
Name: <i>[Signature]</i>	Name: <i>[Signature]</i>	Date: <i>12/2/13</i>
Date: <i>1/31/14</i>	Date: <i>1/31/14</i>	(For Office Use Only)
		E #:

PR5254 (8/04)

E-255-13

RULES RESOLUTION NO. <sup>379</sup> 2013

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

Passed by the Rules Committee  
Nassau County Legislature  
By Voice Vote on 12/19/13  
VOTING:  
ayes 7 nays 0 abstained 0 recused 0  
Legislators present: 7

WHEREAS, the County has negotiated a personal services agreement  
with Family & Children's Association that will provide combined  
preventative services, a copy of which is on file with the Clerk of the  
Legislature; now, therefore, be it

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

RULES RESOLUTION NO. – 2013

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

WHEREAS, the County has negotiated a personal services agreement  
with Family & Children's Association that will provide combined  
preventative services, a copy of which is on file with the Clerk of the  
Legislature; now, therefore, be it

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

THIS AGREEMENT, dated as of October 10, 2013 (together with the schedules, appendices, attachments and exhibits, if any, this "Agreement"), between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting for and on behalf of the County Department of Social Services, having its principal office at 60 Charles Lindbergh Boulevard, Uniondale, New York 11553 (the "Department"), and (ii) Family & Children's Association, a New York State not-for-profit corporation, having its principal office at 100 E. Old Country Road, Mineola, New York 11501 (the "Contractor").

WITNESSETH:

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

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

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

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

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

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

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

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

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

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

g) Reporting

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

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

- i. total number of case referrals received during the month, each case shall be identified by case name, case number, case type, and date of referral;
- ii. total number of assessments completed by Contractor for the month; and
- iii. other statistical information requested by the Department which is relevant to the program's status and success.

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

- 1) level of parent's ability to develop homemaking and parenting skills;
- 2) prognosis on home making and parenting skill development; and
- 3) timeline for when child will be able to return home and/or timeline for when parent(s) can provide a safe living environment.

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

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

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

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



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

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

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

The following areas will serve as indicators:

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

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

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

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

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

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

(ii) An advance of One Hundred Seventy Seven Thousand Two Hundred Two and 33/100 Dollars (\$177,202.33) ("Year 2013 Advance") from the Year 2013 Encumbrance shall be payable upon execution of this Agreement by the County, subject to any voucher requirements set forth under this Agreement. The remainder of the Year 2013 Encumbrance shall be paid monthly in arrears and on a reimbursement basis in accordance with this Agreement, respective budgets and subject to compliance with the provisions of this Section. Under no circumstances shall a claim be accepted if submitted on an accrual basis.

(iii) An advance of Five Hundred Thirty One Thousand Six Hundred Seven and 00/100 Dollars (\$531,607.00) ("Year 2014 Advance") from the Year 2014 Encumbrance shall be payable upon full approval of the Year 2014 Encumbrance, subject to any voucher requirements set forth under this Agreement. The remainder of the Year 2014 Encumbrance shall be paid monthly in arrears and on a reimbursement basis in accordance with this Agreement, respective budgets and subject to compliance with the provisions of this Section. Under no circumstances shall a claim be accepted if submitted on an accrual basis.

(iv) The Contractor shall deduct the Year 2013 Advance and Year 2014 Advance in equal installments from the claims submitted for payment during the last four (4) months of the respective years of each advance. If the amount of any said claims is less than the amount of the advance to be deducted from said claim, the Contractor shall submit with its claim a check payable to the County for the difference between the claim and the amount of the advance to be recovered from said claim.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

11. Subcontracting.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

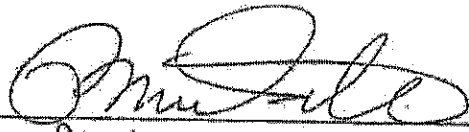
22. Entire Agreement. This Agreement represents the full and entire understanding and agreement between the parties with regard to the subject matter hereof and supercedes all prior agreements (whether written or oral) of the parties relating to the subject matter of this Agreement.

[Remainder of Page Intentionally Left Blank.]

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

FAMILY & CHILDREN'S ASSOCIATION

By:



Name: Philip M. Nickulas

Title: President & CEO

Date: Oct 16, 2017

NASSAU COUNTY

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: County Executive

☐ Deputy County Executive

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

PLEASE EXECUTE IN BLUE INK

112298



STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the 16<sup>th</sup> day of October in the year 2013 before me personally came Philip M. Nikolay to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is the President + CEO of Family & Children's Assn the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.

NOTARY PUBLIC

Mary A. Chiz

MARY A. CHIZ  
Notary Public, State of New York  
No. 61046168883  
Qualified in Nassau County  
Commission Expires April 2, 2015

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

NOTARY PUBLIC

## APPENDIX A1 HOMEMAKER

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

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

(ii) Provide training for the Family Support Workers.

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

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

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

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

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

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

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

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

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

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

(iii) Attendance at training as required.

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

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

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

(iii) To prepare required reports.

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

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

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

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

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

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

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

(j) The Contractor agrees that the Department may utilize any standard monitoring, auditing, assessment, and evaluation procedures currently in use or instituted by the Department during the term of this Agreement to insure that the terms, covenants, and conditions of this Agreement are being carried out. Monitoring shall include, but not limited to, the following:

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

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

(iii) Cooperation with the evaluation team.

## APPENDIX A2 FAMILY TIES

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

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

- (i) Project Director
- (ii) Casework Supervisors
- (iii) Caseworkers
- (iv) Case Aides
- (v) Clerk Typists

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

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

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

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

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

(v) Casework Contacts are defined as:

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

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

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

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

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

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



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

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

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

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

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

(xi) Family shall be defined solely for the purpose of this Agreement as the child who is at risk of foster care, his parents, or legal guardians, or other caretakers and siblings. Family may include a woman who is pregnant as specified in 18 NYCRR Section 430.9(c)(5). Family may also include a child who does not live with his parents and needs services to prevent return to foster care.

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

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

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

(xv) Housekeeper/Chore Services as defined in the Consolidated Services Plan of the New York State Office of Children & Family Services prepared pursuant to Section 34-a of the Social Services Law.

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

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

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

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

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

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

- (a) Family assessment
- (b) Development of an appropriate case plan
- (c) Psychological counseling
- (d) Networking with other providers to offer clients educational counseling; vocational training; employment counseling; medical care and treatment; speech therapy or legal services
- (e) Inter-Contractor coordination where joint planning occurs
- (f) Evaluating outcome of service provisions
- (g) Documentation of service
- (h) Provision of required casework contacts and outreach when indicated
- (i) The required core services of Day Care, Homemaker, Specialized Homemaking Services, and twenty-four (24) hour Emergency Services currently available from Nassau County Department of Social Services will be utilized and will be coordinated by the case planner.
- (j) Clinical Services will be on a referral basis to the local mental health clinics and/or Contractor's own mental health clinic. One (1) day of clinical consultation may be made available to the program staff for review and planning on identified cases.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) community awareness of our program

(b) service to other community systems

(c) to enhance and develop our own resource pool

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

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

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

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

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

include:

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

(c) Crisis Intervention

(d) Hispanic and Black Family Life Styles

(e) Public Assistance entitlements

(f) Psycho-social Assessments

(g) Psycho-pathology

(h) Systems approach to service delivery

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

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

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

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

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

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

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

(iv) Reporting.

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

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

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

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

**(E) Job Description**

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

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



- (c) maintaining program statistics
- (d) preparation of reports
- (e) liaison between program and Contractor administration
- (f) coordination of program with other Contractor departments and activities
- (g) represents program at relevant community and professional organizations
- (h) oversees and works with Supervisor in the areas of client services:
- (i) program planning, personnel practices, and staff training
- (j) case supervision, case management, supervision and training of caseworkers, case aides, and students
- (k) case coordination with other Departments and Agencies
- (l) assist in community relations
- (m) offer input in program planning, responsible for interpretation and implementation of policies and procedures
- (n) ensure compliance with accountability (i.e., monthly administrative progress report, UCR, submission, etc.)
- (o) other duties as necessary to implement Program's goals

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

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

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

- (a) provide casework services to families and individuals
- (b) counseling, advocacy, referral, and information
- (c) conduct intake of cases
- (d) development and implementation of service plans
- (e) make home and collateral visits
- (f) maintain contact with other service providers
- (g) responsible for case recording, report, forms, and correspondence, and other duties needed to implement the Service Plan.

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

(a) provide casework services to families and individuals

(b) conduct intakes

(c) counseling, advocacy, referral and information

(d) development and implementation of service plans

(e) make home and collateral visits

(f) maintain contact with other service providers

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

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

(a) maintain card files on clientele

(b) general typing of all reports and correspondence

(c) file materials in case files

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

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

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

#### **(F) The Right Start for Babies- Visit Project**

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

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

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

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

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

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

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

#### **Infant Mental Health Assessment**

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

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

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

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

### **Infant Mental Health Treatment**

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

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

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

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

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

**Project Staff:**

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

**Service Fee:**

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

A completed assessment consists of the following tasks:

Initial Intake Assessment - completed in 2 appointments

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

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

Home Visits – 2 sessions

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

School/ Day Care Visit- (2 hours)

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

Collateral Contacts /Information Gathering (3 hours)

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

Report Writing (6.5 hours)

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

#### Appendix A3

<b>I. POSITION INFORMATION:</b>
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Position Title: Program Supervisor Category: EXEMPT

Programs: FAMILY SUPPORT

\_\_\_\_\_ Hrs/Week:



## **II. GENERAL DESCRIPTION:**

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

## **III. ESSENTIAL DUTIES AND RESPONSIBILITIES:**

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

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

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

**Reports to:** Director

**Supervises:** All Family Support Workers and Administrative Assistant

**MINIMUM QUALIFICATIONS - EDUCATION AND EXPERIENCE**

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

**Education:**  
MSW or related Human Services Degree

**Certificates or Licenses:** Non-essential, CSW preferred

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

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

**Driving:** Valid Driver's License

**Computer Skills:** Basic computer literacy

**Math Skills:** Basic computation skills

**Reasoning Ability:** Superior

**Language Skills:** Superior Communication Skills; English

**Physical Skills:** Non-Essential

**Other:**

**VII. EMPLOYEE SIGNATURE**

Print name:	
Signature:	Date:

Prepared by :

Date Prepared:

Original: Employee Personnel File

cc: Employee

### **I. POSITION INFORMATION:**

Position Title: Case Worker Category: Exempt

Program: Family Ties Hrs/Week: 35

### **II. GENERAL DESCRIPTION:**

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

### **III. ESSENTIAL DUTIES AND RESPONSIBILITIES:**

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

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

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

#### **IV. SUPERVISION**

**Reports to:** Program Supervisor(s)

**Supervises:** Interns

#### **V. MINIMUM QUALIFICATIONS - EDUCATION AND EXPERIENCE**

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

**Education:** Case Worker: MSW/MA

**Certificates or Licenses:** Non-essential

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

#### **VI. MINIMUM QUALIFICATIONS - OTHER**

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

Ability and willingness to transport client in own car

**Computer Skills:** Must be proficient in Microsoft Word

**Math Skills:** Basic computation skills

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

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

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

Other: Excellent organizational skills and the ability to multi task

Occasional flextime and on call beeper rotation

A commitment to help families struggling with personal hardships

<b>VII. EMPLOYEE SIGNATURE</b>	
Print name:	
Signature:	Date:

Prepared by: D. Teichner Date Prepared: October 2007

Original: Employee Personnel File

cc: Employee

<b>I. POSITION INFORMATION:</b>
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Position Title: Assistant Director \_\_\_\_\_ Category: Exempt

Programs: Family Ties \_\_\_\_\_ Hrs/Week: 35

<b>II. GENERAL DESCRIPTION:</b>
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To assist the Program Director in administration and management of staff and program resources. To ensure the effective delivery of services to

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

### **III. ESSENTIAL DUTIES AND RESPONSIBILITIES:**

#### **A. General Administration**

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

- Maintain monthly program activity board

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

#### **B. Program Development**

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

#### **C. Inter-agency Relations**

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

**D. Direct Service**

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

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

**Reports to:**

Program Director

**Supervises:**

*Program Coordinators, Intake Specialist and Case planners*

**MINIMUM QUALIFICATIONS – EDUCATION AND EXPERIENCE**

**Education:** MSW or related Human Service Degree

**Certificates or Licenses :** LCSW preferred

**Experience:** At least 4 years supervisory experience

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

**Driving:** Valid Drivers License

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

**Math Skills:** Basic computation skills

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



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

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

Other:

<b>VII. EMPLOYEE SIGNATURE</b>	
Print name:	
Signature:	Date:

Prepared by Terry Wood

Date Prepared: 3/07

Original: Employee Personnel File

cc: Employee

**I. POSITION INFORMATION:**

Position Title: Case Planner Category: Exempt

Program: Family Ties Hrs/Week: 35

## **II. GENERAL DESCRIPTION:**

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

## **III. ESSENTIAL DUTIES AND RESPONSIBILITIES:**

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

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

## **IV. SUPERVISION**

Reports to: Program Supervisor(s)

## **V. MINIMUM QUALIFICATIONS - EDUCATION AND EXPERIENCE**

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

Education: Case Aide: BSW/BA

Certificates or Licenses: Non-essential

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

**VI. MINIMUM QUALIFICATIONS - OTHER**

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

Ability and willingness to transport client in own car

Computer Skills: Must be proficient in Microsoft Word

Math Skills: Basic computation skills

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

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

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

Other: Excellent organizational skills and the ability to multi task

Occasional flextime and on call beeper rotation

A commitment to help families struggling with personal hardships

**VII. EMPLOYEE SIGNATURE**

Print name:

Signature:

Date:

Prepared by: D. Teichner Date Prepared: October 2007

Original: Employee Personnel File

cc: Employee

**I. POSITION INFORMATION:**

Position Title: Family Ties Program Coordinator

Category: EXEMPT

Programs: FAMILY TIES

Hrs/Week: 35

**II. GENERAL DESCRIPTION:**

Supervision of the Family Ties case planners to ensure the effective delivery of services to families and their children as defined by agency policies and procedures

**III. ESSENTIAL DUTIES AND RESPONSIBILITIES:**

The following are the essential duties of the Family Ties supervised. Other duties may be assigned.

11. Weekly supervision of case planners to:

- a. Assure that workers are in compliance with all state and county regulations and agency policy.
- b. Address service provision to families, including issues that may impede progress, clinical and concrete needs.
- c. Provide tools for workers success to enhance their work.
- d. Assure that all state and reimbursements forms are submitted on time

12. Maintain competency within the New York State CONNECTIONS electronic case record. Coach and effectively teach staff proper data entry.

13. Coordinate, schedule, and represent agency at transfer conferences (Family Connections, PINS Diversion), removals/voluntary placements, housing subsidies, case of the week conferences.

14. Cultivate links and relationships with new resources and facilitate the referral process.

15. Prepare and update FASP calendar
16. Assist Program Manager and Director in developing new protocols and training staff in their use.
17. Prepare incoming and outgoing DSS courier material.
18. Must be knowledgeable of mandating responsibility role and appropriate follow through with SCR reporting regulations.
19. Participate in FCA committees of interest; be an active participant in the Peer Review Committee.
20. Support professional growth and development of supervisees, monitor training needs and process training forms.
21. Complete performance evaluations in accordance with agency policy.
22. Conduct random case record review to assure that records are in compliance with agency standards.
23. Attend required LDSS provider meetings
24. Carry small case load as needed
25. Rotate 24/7 emergency cell phone with Program Director and Program Coordinator.
26. Assess emergency referrals at LDSS or at clients home.

<b>VI. SUPERVISION: (Administration as required for position)</b>
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Reports to: Director/Family Ties Coordinator

Supervises: Case planners

<b>MINIMUM QUALIFICATIONS – EDUCATION AND EXPERIENCE</b>
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In order to successfully perform the essential duties and responsibilities of this position, the requirements listed below (in Section V and VI) are representative of the knowledge, skills and training necessary.

Education:  
MSW or related Human Services Degree

**Certificates or Licenses:** Non-essential, LCSW preferred

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

**Experience:** VI *MINIMUM QUALIFICATIONS - OTHER*

**Driving:** Valid Driver's License

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

**Math Skills:** Basic computation skills

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

**Language Skills:** Superior Communication Skills; English, Spanish helpful

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

**Other:** Excellent organizational skills and ability to multi-task.

<b>VII. EMPLOYEE SIGNATURE</b>	
Print name:	
Signature:	Date:

Prepared by Terry Wood

Date Prepared: June 07

Original: Employee Personnel File

cc: Employee

### **I. POSITION INFORMATION:**

Position Title: Office Manger/CONNECTIONS Administrator Category: \_\_\_\_\_

**EXEMPT**

Program: FAMILY TIES/SUPPORT/CAMP/CONNECTIONS Status: \_\_\_\_\_

### **II. GENERAL DESCRIPTION:**

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

### **III. ESSENTIAL DUTIES AND RESPONSIBILITIES:**

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

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

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

#### **IV. SUPERVISION**

**Reports to:** Prevention Team Director

**Supervises:** Two or more clerical support staff

#### **V. MINIMUM QUALIFICATIONS – EDUCATION AND EXPERIENCE**

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

**Education:** High School Diploma. Demonstrated computer literacy

**Certificates or Licenses:** Non-essential

**Experience:** 3-5 years

#### **VI. MINIMUM QUALIFICATIONS – OTHER**

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

**Driving:** Valid driver's license

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

**Math Skills:** Basic computation skills

**Reasoning Ability:** Above Average

**Communication and Interpersonal Skills:** Good communication skills

**Physical Skills:** stamina

**Other:** N/A

#### **VII. EMPLOYEE SIGNATURE**



Print name:	
Signature:	Date:

Prepared by: Terry Wood Date Prepared: \_\_\_\_\_

Original: Employee Personnel File

cc: Employee

### **I. POSITION INFORMATION:**

Position Title: Family Support Worker Category: Non-Exempt

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

### **II. GENERAL DESCRIPTION:**

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

### **III. ESSENTIAL DUTIES AND RESPONSIBILITIES:**

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

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

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

#### **IV. SUPERVISION**

**Reports to: Supervising Social Worker**

#### **V. MINIMUM QUALIFICATIONS - EDUCATION AND EXPERIENCE**

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

**Education: Case Aide: High School diploma or equivalent**

**Certificates or Licenses: Family Development Credentials**

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

## **VI. MINIMUM QUALIFICATIONS - OTHER**

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

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

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

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

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

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

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

## **VII. EMPLOYEE SIGNATURE**

**Print name:**

**Signature:**

**Date:**



### JOB DESCRIPTION: COMMUNITY SERVICE WORKER

#### JOB SUMMARY:

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

#### RESPONSIBILITIES & DUTIES:

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

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

**REQUIREMENTS: (Knowledge, skills and abilities):**

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

**EDUCATIONAL/EXPERIENCE REQUIREMENTS:**

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

**APPENDIX B1 LINE ITEM BUDGET: Homemaker**



Nassau County Human Services

Universal Budget Form

Contract # \_\_\_\_\_ 0

Contract Name: Family and Children's Association

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

Select Line To  
Work On Here

Budget Summary

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

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



**Nassau County Human Services**

**Universal Budget Form**

**Contract #** \_\_\_\_\_ **0**

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

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

**Select Line To  
Work On Here**

**Budget Summary**

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



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

**APPENDIX B2 LINE ITEM BUDGET: Family Ties**



*Nassau County Human Services*

*Universal Budget Form*

Contract # \_\_\_\_\_ 0

Contract Name: Family and Children's Association

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

**Budget Summary**

Select Line To  
Work On Here

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

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

APPENDIX B2 LINE ITEM BUDGET: Family Ties



Nassau County Human Services

Universal Budget Form

Contract # 0

Contract Name: Family and Children's Association

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

**Budget Summary**

Select Line To  
Work On Here

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

11

Agency  
Contribution

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

Appendix EE

**Equal Employment Opportunities for Minorities and Women**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

- b. Proof of having provided reasonable time for M/WBE Subcontractors to respond to bid opportunities according to industry norms and standards. A chart outlining the schedule/time frame used to obtain bids from M/WBEs is suggested to be included with the Best Effort Documentation
- c. Proof or affidavit of follow-up of telephone calls with potential M/WBE subcontractors encouraging their participation. Telephone logs indicating such action can be included with the Best Effort Documentation
- d. Proof or affidavit that M/WBE Subcontractors were allowed to review bid specifications, blue prints and all other bid/RFP related items at no charge to the M/WBEs, other than reasonable documentation costs incurred by the County Contractor that are passed onto the M/WBE.
- e. Proof or affidavit that sufficient time prior to making award was allowed for M/WBEs to participate effectively, to the extent practicable given the timeframe of the County Contract.
- f. Proof or affidavit that negotiations were held in good faith with interested M/WBEs, and that M/WBEs were not rejected as unqualified or unacceptable without sound business reasons based on (1) a thorough investigation of M/WBE qualifications and capabilities reviewed against industry custom and standards and (2) cost of performance. The basis for rejecting any M/WBE deemed unqualified by the County Contractor shall be included in the Best Effort Documentation
- g. If an M/WBE is rejected based on cost, the County Contractor must submit a list of all sub-bidders for each item of work solicited and their bid prices for the work.

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

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

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

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

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

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



Appendix L

Certificate of Compliance

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

1. The chief executive officer of the Contractor is:

Philip M. Nicholas

(Name)

100 East Old Country Road

(Address)

516 746-0350

(Telephone Number)

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

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

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

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

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

10/16/13

Dated



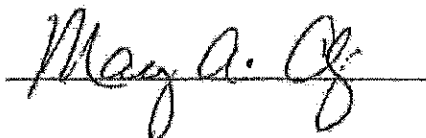
Signature of Chief Executive Officer

Philip M. Mickulas

Name of Chief Executive Officer

Sworn to before me this

16<sup>th</sup> day of October, 2013.



MARY A. CHIZ  
Notary Public, State of New York  
No. 01016183683  
Qualified in Nassau County  
Commission Expires April 2, 2015

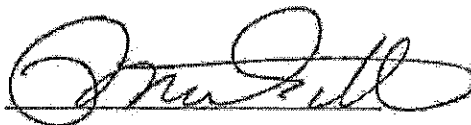
Notary Public

RESOLUTION TO THE CORPORATE MINUTES

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

RESOLVED: That Philip Mickulas CEO  
Corporate Title

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



Officer

Sworn to before me this 16<sup>th</sup>

day of October, 2013

Mary A. Chiz  
Notary Public

MARY A. CHIZ  
Notary Public, State of New York  
No. 01CH0183663  
Qualified in Nassau County  
Commission Expires April 2, 2015



Contract ID#: COSS13000025Department: Social Services

## Contract Details

SERVICE Combined Preventive Services

NIFS ID #: CLSS15000028NIFS Entry Date: 03/02 /15 Term: from 01/01/15 to 12/31/15

New Renewal <input type="checkbox"/>	1) Mandated Program:	Yes X	No <input type="checkbox"/>
Amendment <input checked="" type="checkbox"/>	2) Comptroller Approval Form Attached:	Yes X	No <input type="checkbox"/>
Time Extension <input type="checkbox"/>	3) CSEA Agmt. § 32 Compliance Attached:	Yes X	No <input type="checkbox"/>
Addl. Funds <input type="checkbox"/>	4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes	No <input checked="" type="checkbox"/>
Blanket Resolution RES# <input type="checkbox"/>	5) Insurance Required	Yes X	No <input type="checkbox"/>

## Agency Information

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

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

## Routing Slip

DATE Rec'd.	DEPARTMENT	Internal Verification	DATE App'd & Fw'd.	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) NIFS Appvl (Dept. Head)	<input type="checkbox"/>	3/4/15	
	OMB	NIFS Approval	<input type="checkbox"/>	3/11	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
3/16/15	County Attorney	CA RE & Insurance Verification	<input checked="" type="checkbox"/>	3/17/15	
3/18/15	County Attorney	CA Approval as to form	<input checked="" type="checkbox"/>	3/18/15	
	Legislative Affairs	Fw'd Original Contract to CA	<input type="checkbox"/>		
	Rules <input type="checkbox"/> / Leg. <input type="checkbox"/>		<input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3/18/15	County Attorney	NIFS Approval	<input checked="" type="checkbox"/>	3/18/15	
	Comptroller	NIFS Approval	<input checked="" type="checkbox"/>	3/22/15	
3/23/15	County Executive	Notarization Filed with Clerk of the Leg.	<input type="checkbox"/>	3/23/15	



## Contract Summary

<b>Description: Family Support and Family Ties</b> <b>Purpose:</b> We are mandated to provide preventive services for children. Appendix B2- Family Ties offers case management, advocacy and counseling for families whose children are at risk of foster care placement. Case planning, service coordination, counseling & support services for families whose children are at risk of foster care placement. <b>Appendix B1-Family Support (homemaker):</b> teaches parenting skill to Family Ties families where youth are at-risk of foster care placement. Needs assessment, goals, support & advocacy. Teaches parenting skills, household management ("homemaking") (To amend contract to extend for one year.) <b>Method of Procurement:</b> An RFP was issued. The original contract commenced 9/1/13.
<b>Procurement History:</b> We have been using this vendor for many years.
<b>Description of General Provisions:</b> Appendix B2 Family Ties The contractor will provide case planning services coordinating casework, counseling, and support services for families at risk. They will also provide extensive case management services to the targeted population, including needs assessment, plan development, casework contacts, case documentations, counseling and service coordination.  <b>Appendix B1-Family Support (homemaker):</b> The contractor will provide a comprehensive training program to ensure the development of independent living skills in children who are either in foster care or are discharged from foster car, up to age twenty-one. This will include educational and vocational services, housing services, basic facts on money management, nutritional hints, community based services and support groups.
<b>Impact on Funding / Price Analysis:</b> Federal 45 % State 20 % 35 County
<b>Change in Contract from Prior Procurement:</b> No Change
<b>Recommendation:</b> Approve as submitted

## Advisement Information

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

FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXXXX
County	\$ 743,018.15
Federal	\$955,309.05
State	\$424,581.80
Capital	\$
Other Grant	\$
<b>TOTAL</b>	<b>\$ 2,122,909.00</b>

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

RENEWAL	
% Increase	
% Decrease	

Document Prepared By:

Date:

NIFS Certification	Comptroller Certification	County Executive Approval
I certify that this document was accepted into NIFS	I certify that an interest-bearing balance sufficient to cover this contract is present in the appropriate fund to be charged	Name: <i>[Signature]</i>
Name: <i>Michael S. Cohen</i>	Name: <i>[Signature]</i>	Date: <i>3/23/15</i>
Date: <i>5/22/2015</i>	Date: <i>5/22/15</i>	E #: <i>[Blank]</i>

## AMENDMENT NO. 1

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

### WITNESSETH:

WHEREAS, pursuant to County contract number COSS13000025 between the County and the Contractor, executed on behalf of the County on February 25, 2014, ("Original Agreement"), the Contractor provides mandated Preventive services to children, which services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services");

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

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

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

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

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

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

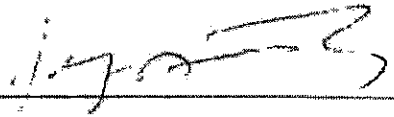


3. Budget. The budgets referred to in Section 3 (a) of the Original Agreement and attached to the Original Agreement are amended to appear in their entirety as set forth in Appendices B1 and B2 attached hereto (such amended budget, the "Amended Budget"). The said Amended Budget annexed hereto may be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

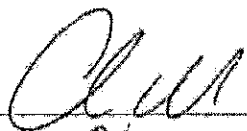
4. Full Force and Effect. All the terms and conditions of the Original Agreement not expressly amended by this Amendment shall remain in full force and effect and govern the relationship of the parties for the term of the Amended Agreement.

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

FAMILY AND CHILDREN'S ASSOCIATION

By:   
Name: Jeffrey L. Reynolds  
Title: President / CEO  
Date: January 8, 2015

NASSAU COUNTY

By:   
Name: Charles Ribicco  
Title: County Executive  
☒ Deputy County Executive  
Date: 6/4/15

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)

)SS.:

COUNTY OF NASSAU )

On the 4 day of June in the year 2015 before me personally came

Charles Rubino to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is a County Deputy

Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

Annecetta A. Petrucci

ANGETTA A PETRUSCI  
Notary Public, State of New York  
No. 01FE8258028  
Qualified in Nassau County  
Commission Expires April 02, 2011

STATE OF NEW YORK)

155.

COUNTY OF NASSAU)

On the 8<sup>th</sup> day of January in the year 2015 before me personally came

Jeffrey L. Reynolds to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is the

President / CEO of Family and Children's, the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.

NOTARY PUBLIC

MARY A. CHIZ  
Notary Public, State of New York  
No. 01CH2163623  
Qualified in Nassau County  
Commission Expires April 2, 2015

**AMENDED APPENDIX B1 LINE ITEM BUDGET: Family Support**

**Nassau County Human Services**

**Universal Budget Form**

**Contract #** \_\_\_\_\_

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

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

**Budget Summary**

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

**AMENDED APPENDIX B2 LINE ITEM BUDGET: FAMILY TIES****Nassau County Human Services****Universal Budget Form****Contract #** \_\_\_\_\_**Contract Name:** Family and Children's Association**Program Name:** Family Ties (1/1/15-12/31/15)**Budget Summary**

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



Contract ID#: COSS13000025Department: Social Services**E-48-16****Contract Details**

SERVICE Combined Preventive Services

NIFS ID #: CLSS16000013NIFS Entry Date: 01/15/16 Term: from 01/01/16 to 12/31/16

New	Renewal <input type="checkbox"/>	1) Mandated Program:	Yes X	No <input type="checkbox"/>
Amendment	<input checked="" type="checkbox"/>	2) Comptroller Approval Form Attached:	Yes X	No <input type="checkbox"/>
Time Extension	<input type="checkbox"/>	3) CSEA Agmt. § 32 Compliance Attached:	Yes X	No <input type="checkbox"/>
Addl. Funds	<input type="checkbox"/>	4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes	No <input checked="" type="checkbox"/>
Blanket Resolution	<input type="checkbox"/>	5) Insurance Required	Yes X	No <input type="checkbox"/>
RES#				

**Agency Information**

Vendor		County Department
Name: Family & Children's Association (FCA)	Vendor ID# 113422018	Department Contact: Michael Kanowitz
Address: 100 E Old Country Road Mineola, NY 11501	Contact Person: Dr. J. Reynolds Email: jreynolds@familyandchildrens.org Phone: 516 746-0350 Fax: 516 294-0198	Address: 60 Charles Lindberg Blvd. Phone: 516 227-7452

**Routing Slip**

DATE Rec'd.	DEPARTMENT	Internal Verification	DATE App'd & For'd	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) NIFS App'l (Dept. Head)	<input type="checkbox"/> 1/20/16	<i>Paul A. Benoit</i>	
	OMB	NIFS Approval	<input type="checkbox"/> 1/22/16	<i>John A. ...</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
1/25/16	County Attorney	CA RE & Insurance Verification	<input checked="" type="checkbox"/> 1/25/16	<i>[Signature]</i>	
1/25/16	County Attorney	CA Approval as to form	<input checked="" type="checkbox"/> 1/25/16	<i>[Signature]</i>	
	Legislative Affairs	For'd Original Contract to CA	<input type="checkbox"/> 1/23/16	<i>Cristina A. Petrucci</i>	
	Rules <input checked="" type="checkbox"/> Leg. <input type="checkbox"/>		<input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2/23/16	County Attorney	NIFS Approval	<input checked="" type="checkbox"/> 2/23/16	<i>Karl ...</i>	
	Comptroller	NIFS Approval	<input checked="" type="checkbox"/> 1/15/16	<i>[Signature]</i>	
2/1/16	County Executive	Notarization Filed with Clerk of the Leg.	<input type="checkbox"/> 2/1/16	<i>[Signature]</i>	



## Contract Summary

<b>Description: Family Support and Family Ties</b> <b>Purpose:</b> We are mandated to provide preventive services for children. Appendix B2- Family Ties offers case management, advocacy and counseling for families whose children are at risk of foster care placement. Case planning, service coordination, counseling & support services for families whose children are at risk of foster care placement. <b>Appendix B1-Family Support (homemaker):</b> teaches parenting skill to Family Ties families where youth are at-risk of foster care placement. Needs assessment, goals, support & advocacy. Teaches parenting skills, household management ("homemaking") (To amend contract to extend for one year.) <b>Method of Procurement:</b> An RFP was issued. The original contract commenced 9/1/13. <b>Procurement History:</b> We have been using this vendor for many years. <b>Description of General Provisions:</b> Appendix B2 Family Ties The contractor will provide case planning services coordinating casework, counseling, and support services for families at risk. They will also provide extensive case management services to the targeted population, including needs assessment, plan development, casework contacts, case documentations, counseling and service coordination. <b>Appendix B1-Family Support (homemaker):</b> The contractor will provide a comprehensive training program to ensure the development of independent living skills in children who are either in foster care or are discharged from foster care, up to age twenty-one. This will include educational and vocational services, housing services, basic facts on money management, nutritional hints, community based services and support groups. <b>Impact on Funding / Price Analysis:</b> Federal 45 % State 20 % County 35% <b>Change in Contract from Prior Procurement:</b> No Change <b>Recommendation:</b> Approve as submitted
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## Advisement Information

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

FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXXXX
County	\$ 431,287.15
Federal	\$554,512.05
State	\$246,449.80
Capital	\$
Other Grant	\$
<b>TOTAL</b>	<b>\$ 1,232,249.00</b>

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

RENEWAL	
% Increase	
% Decrease	

Document Prepared By: \_\_\_\_\_

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

NIFS Certification	Comptroller Certification	County Executive Approval
I certify that this document was prepared using NIFS	I certify that an unencumbered balance sufficient to cover this contract is present at the expiration to be charged	Name: <i>[Signature]</i>
Name: <i>[Signature]</i>	Name: <i>[Signature]</i>	Date: <i>2/2/16</i>
Date: <i>4/14/16</i>	Date: <i>4/14/16</i>	E #: _____

122138

## AMENDMENT NO. II

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

### WITNESSETH:

WHEREAS, pursuant to County contract number COSS13000025 between the County and the Contractor, executed on behalf of the County on February 25, 2014, as amended by the amendment executed on behalf of the County on June 4, 2015, as so amended, (the "Original Agreement"), the Contractor provides mandated Preventive services to children under the Family Support (Homemaker) and Family Ties programs, which services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services");

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

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

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

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

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

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

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

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

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

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

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

The Remainder of this Page Intentionally Left Blank

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

FAMILY AND CHILDREN'S ASSOCIATION

By: 

Name: Jeffrey L. Reynolds

Title: President/CEO

Date: January 12, 2016

NASSAU COUNTY

By: 

Name: Charles Roberts

Title: County Executive

☒ Deputy County Executive

Date: 5/4/16

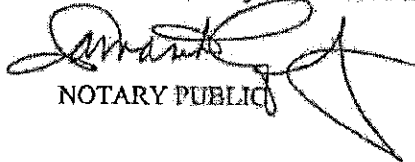
PLEASE EXECUTE IN BLUE INK

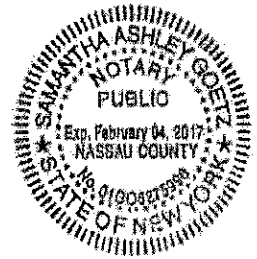
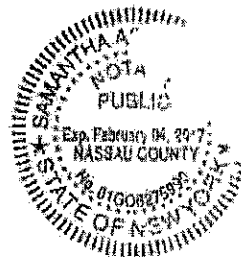
STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

On the 4 day of May in the year 2016 before me personally came Charles Ribando to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is a County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

  
NOTARY PUBLIC



STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU)

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

  
NOTARY PUBLIC

MARY A. CHIZ  
Notary Public, State of New York  
No. 01CH5183523  
Qualified in Nassau County  
Commission Expires April 2, 2019

**AMENDED APPENDIX B1 LINE ITEM BUDGET: Family Support**

**Nassau County Human Services**

**Universal Budget Form**

**Contract #** \_\_\_\_\_

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

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

**Budget Summary**

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

**AMENDED APPENDIX B2 LINE ITEM BUDGET: FAMILY TIES**

***Nassau County Human Services***

***Universal Budget Form***

**Contract #** \_\_\_\_\_

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

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

***Budget Summary***

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



Contract ID#: COSS13000025Department: Social Services**E-243-16****Contract Details**

SERVICE Combined Preventive Services

NIFS ID #: CLSS16000037

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

New	Renewal <input type="checkbox"/>	1) Mandated Program:	Yes X	No <input type="checkbox"/>
Amendment	<input checked="" type="checkbox"/>	2) Comptroller Approval Form Attached:	Yes X	No <input type="checkbox"/>
Time Extension	<input type="checkbox"/>	3) CSEA Agmt. § 32 Compliance Attached:	Yes X	No <input type="checkbox"/>
Addl. Funds	<input type="checkbox"/>	4) Vendor Ownership & Mgmt. Disclosure Attached:	Yes	No <input checked="" type="checkbox"/>
Blanket Resolution	<input type="checkbox"/>	5) Insurance Required	Yes X	No <input type="checkbox"/>
RES#				

**Agency Information**

Vendor		County Department
Name: Family & Children's Association (FCA)	Vendor ID# 113422018	Department Contact: Michael Kanowitz
Address: 100 E Old Country Road Mineola, NY 11501	Contact Person: Dr. J. Reynolds Email: jreynolds@familyandchil drens.org	Address: 60 Charles Lindberg Blvd.
	Phone: 516 746-0350 Fax: 516 294-0198	Phone: 516 227-7452

**Routing Slip**

DATE Rec'd.	DEPARTMENT	Internal Verification	DATE App'd & Fwd.	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) NIFS Appvl (Dept Head)		<i>[Signature]</i>	
9/30/16	OMB	NIFS Approval <input checked="" type="checkbox"/>	10/5/16	<i>[Signature]</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
10/13/16	County Attorney	CA RE & Insurance Verification <input checked="" type="checkbox"/>	10/19/16	<i>[Signature]</i>	
10/19/16	County Attorney	CA Approval as to form <input checked="" type="checkbox"/>	10/19/16	<i>[Signature]</i>	
11/21/16	Legislative Affairs	Fwd Original Contract to CA <input type="checkbox"/>	12/2/16	<i>[Signature]</i>	
	Rules <input type="checkbox"/> Leg. <input type="checkbox"/>	<input type="checkbox"/>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	County Attorney	NIFS Approval <input checked="" type="checkbox"/>	11/19/16	<i>[Signature]</i>	
	Comptroller	NIFS Approval <input checked="" type="checkbox"/>	12/2/16	<i>[Signature]</i>	
12/1/16	County Executive	Notarization Filed with Clerk of the Leg. <input checked="" type="checkbox"/>	12/1/16	<i>[Signature]</i>	

PR5254 (8/04)

60  
2016



## Contract Summary

<b>Description: Family Support and Family Ties</b>
<b>Purpose:</b> We are mandated to provide preventive services for children. Appendix B2- Family Ties offers case management, advocacy and counseling for families whose children are at risk of foster care placement. Case planning, service coordination, counseling & support services for families whose children are at risk of foster care placement.
<b>Appendix B1-Family Support (homemaker):</b> teaches parenting skill to Family Ties families where youth are at-risk of foster care placement. Needs assessment, goals, support & advocacy. Teaches parenting skills, household management ("homemaking") (To amend contract to add funds to Family Support/Homemaker Budget.)
<b>Method of Procurement:</b> An RFP was issued. The original contract commenced 9/1/13.
<b>Procurement History:</b> We have been using this vendor for many years.
<b>Description of General Provisions:</b> Appendix B2 Family Ties The contractor will provide case planning services coordinating casework, counseling, and support services for families at risk. They will also provide extensive case management services to the targeted population, including needs assessment, plan development, casework contacts, case documentations, counseling and service coordination.
<b>Appendix B1-Family Support (homemaker):</b> The contractor will provide a comprehensive training program to ensure the development of independent living skills in children who are either in foster care or are discharged from foster care, up to age twenty-one. This will include educational and vocational services, housing services, basic facts on money management, nutritional hints, community based services and support groups.
<b>Impact on Funding / Price Analysis:</b> Federal 45 % State 20 % County 35%
<b>Change in Contract from Prior Procurement:</b> No Change
<b>Recommendation:</b> Approve as submitted

## Advisement Information

BUDGET CODES		FUNDING SOURCE		AMOUNT	LINE	INDEX/OBJECT CODE	AMOUNT
Fund:	GEN	Revenue Contract	<input type="checkbox"/>	XXXXXXXX	1		\$
Control:	76	County		\$ 17,404.45	2		\$
Resp:	7600	Federal		\$22,377.15	3		\$
Object:	TT714	State		\$9,943.20	4		\$
Transaction:	CQ	Capital		\$	5	SSGEN7600/TT714	\$49,727.00
		Other Grant		\$	6		\$
		<b>TOTAL</b>		<b>\$ 49,727.00.00</b>		<b>TOTAL</b>	<b>\$ 49,727.00</b>

RENEWAL	
% Increase	
% Decrease	

Document Prepared By:

Date:

NIFS Certification	Comptroller Certification	County Executive Approval
I certify that this document was accepted into NIFS.	I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged.	Name: <i>[Signature]</i>
Name: <i>[Signature]</i>	Name: <i>[Signature]</i>	Date: <i>10/25/14</i>
Date: <i>10/25/14</i>	Date: <i>12/29/14</i>	E #:

### AMENDMENT NO. III

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

#### WITNESSETH:

WHEREAS, pursuant to County contract number COSS13000025 between the County and the Contractor, executed on behalf of the County on February 25, 2014, as amended by the amendment executed on behalf of the County on June 4, 2015, as amended by the amendment executed on behalf of the County on May 4, 2016, as so amended, (the "Original Agreement"), the Contractor provides mandated Preventive services to children under the Family Support (Homemaker) program which services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services");

WHEREAS, the term of the Original Agreement is from September 1, 2013 through December 31, 2016 with an option to renew under the same terms and conditions for two (2) additional one (1) year terms (the "Original Term");

WHEREAS, the Maximum Amount that the County agreed to reimburse the Contractor for Services under the Original Agreement was Six Million One Hundred Ninety Two Thousand Nine Hundred Four Dollars and 00/100 (\$6,192,904.00) (the "Maximum Amount"); and

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

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

1. Maximum Amount. (a) The Maximum Amount in the Original Agreement shall be increased by Forty Nine Thousand Seven Hundred Twenty Seven Dollars and 00/100 (\$49,727.00), payable for Services rendered during the renewal term, so that the Maximum Amount that the County shall pay to the Contractor as full consideration for all Services provided under the Amended Agreement shall be Six Million Two Hundred Forty Two Thousand Six Hundred Thirty One Dollars and 00/100 (\$6,242,631.00) (the "Amended Maximum Amount"). The increase in the maximum amount of Forty Nine Thousand Seven Hundred Twenty Seven Dollars and 00/100 (\$49,727.00) during the renewal term shall be paid in accordance with the line item budget attached hereto as Appendix B1 (the "Amended Budget").

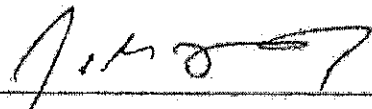
2. Budget. The budget referred to in Section 3 (I) of the Original Agreement and attached to the Original Agreement is amended to appear in its entirety as set forth in Appendix B1 attached hereto (such amended budget, the "Amended Budget"). The said Amended Budget annexed hereto may be amended or modified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

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

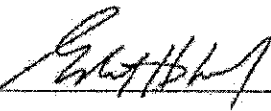
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IN WITNESS WHEREOF, the Agency and the County have executed this Agreement as of the date first above written.

FAMILY AND CHILDREN'S ASSOCIATION

By:   
Name: Jeffrey L. Reynolds  
Title: President/CEO  
Date: June 24, 2016

NASSAU COUNTY

By:   
Name: Edmund H. Wano  
Title: County Executive  
☒ Deputy County Executive  
Date: 12/15/16

PLEASE EXECUTE IN BLUE INK

128786

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU )

On the 15 day of December in the year 2016 before me personally came Edward H Ward to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is a County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

*Concetta A. Petrucci*

NOTARY PUBLIC

CONCETTA A PETRUCCI  
Notary Public, State of New York  
No. 01PE0259028  
Qualified in Nassau County  
Commission Expires April 08, 2020

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU )

On the 8th day of July in the year 2016 before me personally came Jeffrey L. Reynolds to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is the President/CEO of Family and Children's Association, the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.

*Mary A. Chiz*  
NOTARY PUBLIC

MARY A. CHIZ  
Notary Public, State of New York  
No. 01CH183623  
Qualified in Nassau County  
Commission Expires April 2, 2019

**AMENDED APPENDIX B1 LINE ITEM BUDGET: Family Support**

**Nassau County Human Services**

**Universal Budget Form**

**Contract #** \_\_\_\_\_

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

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

**Budget Summary**

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

Contract ID#: COSS13000025Department: Social Services

## Contract Details

SERVICE Preventive Services

NIFS ID #: CLSS17000004NIFS Entry Date: 12/21 /16 Term: from 01/01/17 to 12/31/17

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

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

## Agency Information

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

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

## Routing Slip

DATE Rec'd.	DEPARTMENT	Internal Verification	DATE App'd & Fw'd.	SIGNATURE	Leg. Approval Required
	Department	NIFS Entry (Dept) NIFS Appvl (Dept. Head)	<input type="checkbox"/> 12/21/16	<i>[Signature]</i>	
	OMB	NIFS Approval	<input checked="" type="checkbox"/> 1/4/17	<i>[Signature]</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Not required if blanket resolution
1/4/17	County Attorney	CA RE & Insurance Verification	<input checked="" type="checkbox"/> 1/4/17	<i>[Signature]</i>	
1/4/17	County Attorney	CA Approval as to form	<input checked="" type="checkbox"/> 1/4/17	<i>[Signature]</i>	
	Legislative Affairs	Fw'd Original Contract to CA	<input type="checkbox"/>		
	Rules <input type="checkbox"/> / Leg. <input type="checkbox"/>		<input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1/4/17	County Attorney	NIFS Approval	<input checked="" type="checkbox"/> 1/4/17	<i>[Signature]</i>	
	Comptroller	NIFS Approval	<input checked="" type="checkbox"/> 1/4/17	<i>[Signature]</i>	
1/6/17	County Executive	Notarization Filed with Clerk of the Leg.	<input checked="" type="checkbox"/> 1/6/17	<i>[Signature]</i>	



Contract ID#: COSS13000025Department: Social Services

## Contract Summary

### Description: Family Support

**Purpose Appendix B1-Family Support (homemaker):** teaches parenting skill to families where youth are at-risk of foster care placement. Needs assessment, goals, support & advocacy. Teaches parenting skills, household management ("homemaking") (To amend contract to renew for a one year term under the original terms of the contract as to Family Support/Homemaker.)

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

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

### Description of General Provisions:

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

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

**Change in Contract from Prior Procurement:** No Change

**Recommendation:** Approve as submitted

## Advisement Information

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

FUNDING SOURCE	AMOUNT
Revenue Contract <input type="checkbox"/>	XXXXXXX
County	\$143,269.70
Federal	\$184,203.90
State	\$81,868.40
Capital	\$
Other Grant	\$
<b>TOTAL</b>	<b>\$ 409,342.00</b>

LINE	INDEX/OBJECT CODE	AMOUNT
1		\$
2		\$
3		\$
4		\$
5		\$
7	SSGEN7600/TT714	\$409,342.00
<b>TOTAL</b>		<b>\$409,342.00</b>

RENEWAL	
% Increase	
% Decrease	

Document Prepared By: \_\_\_\_\_

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

NIFS Certification		Controller Certification	County Executive Approval
I certify that this document was accepted into NIFS.		I certify that an unencumbered balance sufficient to cover this contract is present in the appropriation to be charged.	Name: <i>[Signature]</i>
Name: <i>[Signature]</i>		Name: <i>[Signature]</i>	Date: <i>3/14/17</i>
Date: <i>4/11/17</i>		Date: <i>4/10/2017</i>	(For Office Use Only)
131388			E #:

#### AMENDMENT NO. IV

This AMENDMENT, dated as of January 1, 2017 (together with the exhibit hereto, this "Amendment"), between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting for and on behalf of the County Department of Social Services, having its principal office at 60 Charles Lindbergh Blvd., Uniondale, New York 11553 (the "Department"), and (ii) Family and Children's Association, a not-for-profit corporation of the State of New York having its principal office at 100 East Old Country Road, Mineola, New York 11501 (the "Contractor").

#### WITNESSETH:

WHEREAS, pursuant to County contract number COSS13000025 between the County and the Contractor, executed on behalf of the County on February 25, 2014, as amended by the amendment executed on behalf of the County on June 4, 2015, as amended by the amendment executed on behalf of the County on May 4, 2016, as amended by the Amendment executed on behalf of the County on December 15, 2016, as so amended, (the "Original Agreement"), the Contractor provides mandated Preventive services to children under the Family Support (Homemaker) program, which services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services");

WHEREAS, the term of the Original Agreement is from September 1, 2013 through December 31, 2016 with an option to renew under the same terms and conditions for two (2) additional one (1) year terms (the "Original Term");

WHEREAS; the Maximum Amount that the County agreed to reimburse the Contractor for Services under the Original Agreement was Six Million Two Hundred Forty Two Thousand Six Hundred Thirty One Dollars and 00/100 (\$6,242,631.00) (the "Maximum Amount"); and

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

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

1. Renewal Term. The Original Agreement shall be renewed and thereby extended for one (1) year solely as to the services to be provided under the Family Support(Homemaker) program, so that the termination date of the Original Agreement, as amended by this Amendment shall be December 31, 2017.

2. Maximum Amount. (a) The Maximum Amount in the Original Agreement shall be increased by Four Hundred Nine Thousand Three Hundred Forty Two Dollars and 00/100 (\$409,342.00), payable for Services rendered during the renewal term, so that the Maximum Amount that the County shall pay to the Contractor as full consideration for all Services provided under the Amended Agreement shall be Six Million Six Hundred Fifty One Thousand Nine Hundred Seventy Three Dollars and 00/100 (\$6,651,973.00) (the "Amended Maximum");

Amount"). (i) The maximum amount of Four Hundred Nine Thousand Three Hundred Forty Two Dollars and 00/100 (\$409,342.00) during the renewal term shall be paid in accordance with the line item budget attached hereto as Appendix B1 (the "Amended Budget") subject to an advance of funds ("Advance"), as hereinafter described.

(ii) An Advance of One Hundred Two Thousand Three Hundred Thirty Five Dollars and 00/100 (\$102,335.00), consisting of Twenty Five Percent (25%) of the Line Item Budget Amount, shall be payable upon execution of this Agreement by the County. The remainder of the Maximum Amount during the renewal term shall be paid monthly in arrears and on a reimbursement basis in accordance with this Amended Agreement, the respective amended budgets and subject to compliance with the provisions of this Section. Under no circumstances shall a claim be accepted if submitted on an accrual basis.

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

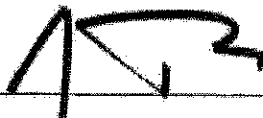
3. Budget. The budgets referred to in Section 3 (f) of the Original Agreement and attached to the Original Agreement are amended to appear in their entirety as set forth in Appendix B1 and attached hereto (such amended budget, the "Amended Budget"). The said Amended Budget annexed hereto may be amended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

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


The Remainder of this Page Intentionally Left Blank

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

FAMILY AND CHILDREN'S ASSOCIATION

By:   
Name: Jeffrey L. Reynolds, Ph.D., CEAP, SAP  
Title: President/CEO  
Date: 12/14/2016

NASSAU COUNTY

By:   
Name: Charles N. Andrews  
Title: County Executive  
☒ Deputy County Executive  
Date: 4/20/17

PLEASE EXECUTE IN BLUE INK

COUNTY OF NASSAU )

On the 28<sup>th</sup> day of April in the year 2017 before me personally came Charles Roberts to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is a County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

NOTARY PUBLIC

**FRANCIS X. BECKER II**  
Notary Public, State of New York  
No. 01825073153  
Qualified in Nassau County  
Commission Expires February 18, 2009

COUNTY OF NASSAU )

On the 14th day of December in the year 2016 before me personally came Jeffrey L. Reynolds to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is the President/CEO of Family and Children's Association, the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.

NOTARY PUBLIC

MARY A. CHIZ  
Notary Public, State of New York  
No. 01688163623  
Qualified in Nassau County  
Commission Expires April 2, 2019

**AMENDED APPENDIX B1 LINE ITEM BUDGET: Family Support**

**Nassau County Human Services**

**Universal Budget Form**

**Contract #** \_\_\_\_\_

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

**Program Name:** Family Support (1/1/17-12/31/17)

**Budget Summary**

Line #	Expense type	Total \$
1a	Salary	\$223,650
1b	Fringe	\$100,643
1 Total	Personnel (Salary plus Fringe)	\$324,293
2	Consultant(s)	\$0
3	Travel / Per Diem / Transportation	\$2,498
4	Equipment	\$2,518
5	Supplies	\$1,736
6	Contractual Services	\$14,485
7a	Rent	\$0
7b	Utilities	\$13,690
8	Department Specific Costs	\$0
9	Other Costs	\$7,305
10	Administrative Overhead	\$42,817
	Gross Expenditures (Lines 1 – 10)	\$409,342
11	Revenue, Income, Agency Contribution, Matches	\$0
	Net Budget Total (Lines 1 – 10 minus line 11)	\$409,342
	Agency Contribution	\$0
	Net Contract Total (Net Budget Total minus Agency Contribution)	\$409,342



**NIFS ID:CLSS18000006 Department: Social Services**

**Capital:**

**SERVICE: Preventive Services**

**Contract ID #:CQSS13000025**

**NIFS Entry Date:**

**Term: from 01-JAN-18 to 31-DEC-18**

Amendment
Time Extension:
Addl. Funds:
Blanket Resolution:
RES#

1) Mandated Program:	Y
2) Comptroller Approval Form Attached:	Y
3) CSBA Agmt. § 32 Compliance Attached:	Y
4) Vendor Ownership & Mgmt. Disclosure Attached:	N
5) Insurance Required	Y

<b>Vendor Info:</b>	
Name: Family and Childrens Association	Vendor ID#: 113422018
Address: 100 E. Old Country Rd. Mineola, NY 11501	Contact Person: Dr. J Reynolds
	Phone: 516 746-0350

<b>Department:</b>
Contact Name: Michael Kanowitz
Address: 60 Charles Lindbergh Blvd
Phone: 516 227-7452

## Routing Slip

Department	NIFS Entry: X	07-DEC-17 -- MKANOWITZ
Department	NIFS Approval: X	13-DEC-17 -- MKANOWITZ
DPW	Capital Fund Approved:	
OMB	NIFA Approval: X	18-DEC-17 -- RDALLEVA
OMB	NIFS Approval: X	18-DEC-17 -- RDALLEVA
County Atty.	Insurance Verification: X	13-DEC-17 -- AAMATO
County Atty.	Approval to Form: X	13-DEC-17 -- DGRIPPO
Dep. CE	Approval: X	25-JAN-18 -- KROSE-LOUDER

Leg. Affairs	Approval/Review: X	22-JAN-18 -- MREYNOLDS
Legislature	Approval:	
Comptroller	NIFS Approval: X	15-FEB-18 -- MCOHEN
NIFA	NIFA Approval: X	16-FEB-18 -- LGIARDINA

## Contract Summary

<b>Purpose:</b> Family Support (homemaker): teaches parenting skill to families where youth are at-risk of foster care placement, Needs assessment, goals, support & advocacy. Teaches parenting skills, household management (homemaking) (To amend contract to renew for a one year term under the original terms of the contract as to Family Support/Homemaker.)
<b>Method of Procurement:</b> An RFP was issued. The original contract commenced 9/1/13.
<b>Procurement History:</b> We have been using this vendor for many years.
<b>Description of General Provisions:</b> The contractor will provide a comprehensive training program to ensure the development of independent living skills in children who are either in foster care or are discharged from foster car, up to age twenty-one. This will include educational and vocational services, housing services, basic facts on money management, nutritional hints, community based services and support groups.
<b>Impact on Funding / Price Analysis:</b> Federal 45 %    State 20 %    County 35%
<b>Change in Contract from Prior Procurement:</b> No Change
<b>Recommendation:</b> (approve as submitted) Approve as submitted.

## Advisement Information

BUDGET CODES		FUNDING SOURCE	AMOUNT	LINE	INDEX/OBJECT CODE	AMOUNT
Fund:	GEN					
Control:	76	Revenue		8	SSGEN7600/TT714	\$ 409,342.00
Resp:	7600	Contract:				\$ 0.00
Object:	TT714	County:	\$ 143,269.70			\$ 0.00
Transaction:	CQ	Federal:	\$ 184,203.00			\$ 0.00
Project #:		State:	\$ 81,868.40			\$ 0.00
Detail:		Capital:	\$ 0.00			\$ 0.00
		Other:	\$ 0.00			\$ 0.00
		TOTAL:	\$ 409,342.00		TOTAL	\$ 409,342.00

RENEWAL	
% Increase	
% Decrease	



AMENDMENT NO. V

This AMENDMENT, dated as of January 1, 2018 (together with the exhibit hereto, this "Amendment"), between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting for and on behalf of the County Department of Social Services, having its principal office at 60 Charles Lindbergh Blvd., Uniondale, New York 11553 (the "Department"), and (ii) Family and Children's Association, a not-for-profit corporation of the State of New York having its principal office at 100 East Old Country Road, Mineola, New York 11501 (the "Contractor").

WITNESSETH:

WHEREAS, pursuant to County contract number COSS13000025 between the County and the Contractor, executed on behalf of the County on February 25, 2014, as amended by the amendment executed on behalf of the County on June 4, 2015, as amended by the amendment executed on behalf of the County on May 4, 2016, as amended by the Amendment executed on behalf of the County on December 15, 2016 as amended by the amendment executed on behalf of the County on April 28, 2017, as so amended, (the "Original Agreement"), the Contractor provides mandated Preventive services to children under the Family Support (Homemaker) program, which services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services");

WHEREAS, the term of the Original Agreement is from September 1, 2013 through December 31, 2017 with an option to renew under the same terms and conditions for one (1) additional one (1) year term (the "Original Term");

WHEREAS; the Maximum Amount that the County agreed to reimburse the Contractor for Services under the Original Agreement was Six Million Six Hundred Fifty- One Thousand Nine Hundred Seventy- Three Dollars and 00/100 (\$6,651,973.00) (the "Maximum Amount"); and

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

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

1. Renewal Term. The Original Agreement shall be renewed and thereby extended for one (1) year solely as to the services to be provided under the Family Support (Homemaker) program, so that the termination date of the Original Agreement, as amended by this Amendment shall be December 31, 2018.

2. Maximum Amount. (a) The Maximum Amount in the Original Agreement shall be increased by Four Hundred Nine Thousand Three Hundred Forty-Two Dollars and 00/100 (\$409,342.00), payable for Services rendered during the renewal term, so that the Maximum Amount that the County shall pay to the Contractor as full consideration for all Services

provided under the Amended Agreement shall be Seven Million Sixty- One Thousand Three Hundred Fifteen Dollars and 00/100 (\$7,061,315.00) (the "Amended Maximum Amount"). (i) The maximum amount of Four Hundred Nine Thousand Three Hundred Forty Two Dollars and 00/100 (\$409,342.00) during the renewal term shall be paid in accordance with the line item budget attached hereto as Appendix B1 (the "Amended Budget") subject to an advance of funds ("Advance"), as hereinafter described.

(ii) An Advance of One Hundred Two Thousand Three Hundred Thirty- Five Dollars and 00/100 (\$102,335.00), consisting of Twenty Five Percent (25%) of the Line Item Budget Amount, shall be payable upon execution of this Agreement by the County. The remainder of the Maximum Amount during the renewal term shall be paid monthly in arrears and on a reimbursement basis in accordance with this Amended Agreement, the respective amended budgets and subject to compliance with the provisions of this Section. Under no circumstances shall a claim be accepted if submitted on an accrual basis.

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

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

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

The Remainder of this Page Intentionally Left Blank

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

FAMILY AND CHILDREN'S ASSOCIATION

By: 

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

Title: President/CEO

Date: 11/13/2017

NASSAU COUNTY

By: 

Name: Kyle Rose-Lozier

Title: County Executive

☒ Deputy County Executive


Date: 2/16/18

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)

) 39.:

On the 16 day of February in the year 2018 before me personally came Kyle Rose-Louden to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County,

 TANYA L CARTER  
County Public, State of New York  
No. 01CA6072355  
Qualified in Nassau County  
Commission Expires April 15, 2018

STATE OF NEW YORK)

155.

On the 13th day of November in the year 2017 before me personally came Jeffrey I. Reynolds to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is the President/CEO of Family and Children's Association, the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.

DONNA LENT  
Notary Public, State of New York  
No. 01LE6101246  
Qualified In Queens County  
Commission Expires November 10, 2019

**AMENDED APPENDIX B1 LINE ITEM BUDGET: Family Support**

**Nassau County Human Services**

**Universal Budget Form**

**Contract #** \_\_\_\_\_

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

**Program Name:** Family Support (1/1/18-12/31/18)

**Budget Summary**

Line #	Expense type	Total \$
1a	Salary	\$232,645
1b	Fringe	\$74,448
1 Total	Personnel (Salary plus Fringe)	\$307,091
2	Consultant(s)	\$0
3	Travel / Per Diem / Transportation	\$5,000
4	Equipment	\$2,411
5	Supplies	\$2,286
6	Contractual Services	\$14,408
7a	Rent	\$0
7b	Utilities	\$20,262
8	Department Specific Costs	\$0
9	Other Costs	\$10,235
10	Administrative Overhead	\$47,648
	Gross Expenditures (Lines 1 – 10)	\$409,342
11	Revenue, Income, Agency Contribution, Matches	\$0
	Net Budget Total (Lines 1 – 10 minus line 11)	\$409,342
	Agency Contribution	\$0
	Net Contract Total (Net Budget Total minus Agency Contribution)	\$409,342



E-10-19

**NIFS ID:CLSS19000003 Department: Social Services**

**Capital:**

SERVICE: Preventive Services

Contract ID #:CQSS13000025

NIFS Entry Date:

Term: from 01-JAN-19 to 31-DEC-19

Amendment
Time Extension:
Addl. Funds:
Blanket Resolution:
RES#

1) Mandated Program:	Y
2) Comptroller Approval Form Attached:	Y
3) CSEA Agmt. § 32 Compliance Attached:	Y
4) Vendor Ownership & Mgmt. Disclosure Attached:	N
5) Insurance Required	Y

<b>Vendor Info:</b>	
Name: Family and Childrens Association	Vendor ID#: 113422018
Address: 100 E. Old Country Rd. Mineola, NY 11501	Contact Person: Dr. J. Reynolds
	Phone: 516 746-0350

<b>Department:</b>
Contact Name: Michael Kanowitz
Address: 60 Charles Lindbergh Blvd.
Phone: 516 227-7452

## Routing Slip

Department	NIFS Entry: X	13-DEC-18 -- MKANOWITZ
Department	NIFS Approval: X	13-DEC-18 -- MKANOWITZ
DPW	Capital Fund Approved:	
OMB	NIFA Approval: X	28-DEC-18 -- APERSICH
OMB	NIFS Approval: X	21-DEC-18 -- AROMANO
County Atty.	Insurance Verification: X	13-DEC-18 -- AAMATO
County Atty.	Approval to Form: X	14-DEC-18 -- MMISRA
CPO	Approval: X	31-DEC-18 -- KOHAGENCE

DCEC	Approval: X	31-DEC-18 -- RCLEARY
Dep. CE	Approval: X	02-JAN-19 -- KROSE-LOUDER
Leg. Affairs	Approval/Review: X	11-JAN-19 -- JSCHANTZ
Legislature	Approval: X	13-FEB-19 -- LVOCATURA
Comptroller	Deputy: X	22-MAR-19 -- ADALESSIO
NIFA	NIFA Approval: X	22-MAR-19 -- KSTELLA

## Contract Summary

<b>Purpose:</b> Family Support (homemaker): teaches parenting skill to families where youth are at-risk of foster care placement. Needs assessment, goals, support & advocacy. Teaches parenting skills, household management (homemaking) (To amend contract to renew for a one year term under the original terms of the contract as to Family Support/Homemaker.)
<b>Method of Procurement:</b> An RFP was issued. The original contract commenced 9/1/13.
<b>Procurement History:</b> We have been using this vendor for many years.
<b>Description of General Provisions:</b> The contractor will provide a comprehensive training program to ensure the development of independent living skills in children who are either in foster care or are discharged from foster car, up to age twenty-one. This will include educational and vocational services, housing services, basic facts on money management, nutritional hints, community based services and support groups.
<b>Impact on Funding / Price Analysis:</b> Federal 45 %    State 20 %    County 35%
<b>Change in Contract from Prior Procurement:</b> Not applicable.
<b>Recommendation:</b> (approve as submitted) Approve as submitted.

## Advisement Information

BUDGET CODES		FUNDING SOURCE	AMOUNT	LINE	INDEX/OBJECT CODE	AMOUNT
Fund:	GEN	Revenue				\$ 0.00
Control:	76	Contract:				\$ 0.00
Resp:	7600	County	\$ 146,135.15			\$ 0.00
Object:	TT714	Federal	\$ 187,888.05			\$ 0.00
Transaction:	CQ	State	\$ 83,505.80			\$ 0.00
Project #:		Capital	\$ 0.00			\$ 0.00
Detail:		Other	\$ 0.00	9	SSGEN7600/TT714	\$ 417,529.00
		TOTAL	\$ 417,529.00		TOTAL	\$ 417,529.00

RENEWAL	
% Increase	
% Decrease	

E-10-19

RULES RESOLUTION NO. 16-2019

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

Passed by the Rules Committee  
Nassau County Legislature  
By Voice Vote on 2-11-19  
YEAS: 7  
NAYS: 0  
7 Legislators present

WHEREAS, the County has negotiated an amendment to a personal services agreement with FCA to provide preventive services, a copy of which is on file with the Clerk of the Legislature; now, therefore, be it

RESOLVED, that the Rules Committee of the Nassau County Legislature authorize the County Executive to execute said amendment to the agreement with FCA.



## AMENDMENT NO. VI

This AMENDMENT, dated as of January 1, 2019 (together with the exhibit hereto, this "Amendment"), between (i) Nassau County, a municipal corporation having its principal office at 1550 Franklin Avenue, Mineola, New York 11501 (the "County"), acting for and on behalf of the County Department of Social Services, having its principal office at 60 Charles Lindbergh Blvd., Uniondale, New York 11553 (the "Department"), and (ii) Family and Children's Association, a not-for-profit corporation of the State of New York having its principal office at 100 East Old Country Road, Mineola, New York 11501 (the "Contractor").

### WITNESSETH:

WHEREAS, pursuant to County contract number COSS13000025 between the County and the Contractor, executed on behalf of the County on February 25, 2014, as amended by the amendment executed on behalf of the County on June 4, 2015, as amended by the amendment executed on behalf of the County on May 4, 2016, as amended by the Amendment executed on behalf of the County on December 15, 2016 as amended by the amendment executed on behalf of the County on April 28, 2017 as amended by the amendment executed on behalf of the County on February 16, 2018 as so amended, (the "Original Agreement"), the Contractor provides mandated Preventive services to children under the Family Support (Homemaker) program, which services are more fully described in the Original Agreement (the services contemplated by the Original Agreement, the "Services");

WHEREAS, the term of the Original Agreement is from September 1, 2013 through December 31, 2018 (the "Original Term");

WHEREAS; the Maximum Amount that the County agreed to reimburse the Contractor for Services under the Original Agreement was Seven Million Sixty- One Thousand Three Hundred Fifteen Dollars and 00/100 (\$7,061,315.00) (the "Maximum Amount"); and

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

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

1. Renewal Term. The Original Agreement shall be renewed and thereby extended for one (1) year solely as to the services to be provided under the Family Support (Homemaker) program, so that the termination date of the Original Agreement, as amended by this Amendment shall be December 31, 2019.

2. Maximum Amount. (a) The Maximum Amount in the Original Agreement shall be increased by Four Hundred Seventeen Thousand Five Hundred Twenty-Nine Dollars and 00/100 (\$417,529.00), payable for Services rendered during the renewal term, so that the Maximum Amount that the County shall pay to the Contractor as full consideration for all Services

provided under the Amended Agreement shall be Seven Million Four Hundred Seventy-Eight Thousand Eight Hundred Forty-Four Dollars and 00/100 (\$7,478,844.00) (the "Amended Maximum Amount"). (i) The maximum amount of Four Hundred Seventeen Thousand Five Hundred Twenty-Nine Dollars and 00/100 (\$417,529.00) during the renewal term shall be paid in accordance with the line item budget attached hereto as Appendix B1 (the "Amended Budget") subject to an advance of funds ("Advance"), as hereinafter described.

(ii) An Advance of One Hundred Four Thousand Three Hundred Eighty-Two Dollars and 00/100 (\$104,382.00), consisting of Twenty Five Percent (25%) of the Line Item Budget Amount, shall be payable upon execution of this Agreement by the County. The remainder of the Maximum Amount during the renewal term shall be paid monthly in arrears and on a reimbursement basis in accordance with this Amended Agreement, the respective amended budgets and subject to compliance with the provisions of this Section. Under no circumstances shall a claim be accepted if submitted on an accrual basis.

(iii) The Contractor shall deduct the Advance in equal installments from the claims submitted for payment during the last four (4) months of the term of this Amended Agreement. If the amount of any said claims is less than the amount of the Advance to be deducted from said claim, the Contractor shall submit with its claim a check payable to the County for the difference between the claim and the amount of the Advance to be recovered from said claim.

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

4. Compliance with Law. Section 6. Compliance with Law is amended to add Sections 6. (i) and 6. (j) which shall read as follows:

6.(i) Prohibition of Gifts. In accordance with County Executive Order 2-2018, the Contractor shall not offer, give, or agree to give anything of value to any County employee, agent, consultant, construction manager, or other person or firm representing the County (a "County Representative"), including members of a County Representative's immediate family, in connection with the performance by such County Representative of duties involving transactions with the Contractor on behalf of the County, whether such duties are related to this Agreement or any other County contract or matter.

6.(j) Disclosure of Conflicts of Interest. In accordance with County Executive Order 2-2018, the Contractor has disclosed as part of its response to the County's Business History Form or other disclosure form(s), any and all instances where the Contractor employs any spouse, child, or parent of a County employee of the agency or department that contracted or procured the goods and/or services described in this Agreement. The Contractor shall have a continuing obligation, as circumstances arise, to update this disclosure throughout the term of this Agreement.

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

The Remainder of this Page Intentionally Left Blank

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

FAMILY AND CHILDREN'S ASSOCIATION

By: 

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

Title: President/CEO

Date: 11/05/2018

NASSAU COUNTY

By: 

Name: Kyle Rose-Lovder

Title: County Executive

☒ Deputy County Executive

Date: 3/28/19

PLEASE EXECUTE IN BLUE INK

STATE OF NEW YORK)

)ss.:

COUNTY OF NASSAU )

On the 22 day of March

in the year 2019

Kyle Rose-Louder to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is a Deputy County Executive of the County of Nassau, the municipal corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto pursuant to Section 205 of the County Government Law of Nassau County.

Joseph Carl



**TANYA L CARTER**

Notary Public, State of New York

No. 01GA6072855

**Qualified in Nassau County**

Commission Expires April 15, 2022

STATE OF NEW YORK)

)SS. 中  
美 国

COUNTY OF NASSAU )

On the 5th day of November

before me personally came

Jeffrey L. Reynolds to me personally known, who, being by me duly sworn, did depose and say that he or she resides in the County of Nassau; that he or she is the President/CEO of Family and Children's Association, the corporation described herein and which executed the above instrument; and that he or she signed his or her name thereto by authority of the board of directors of said corporation.

Mary A. C.

MARY A. CHIZ

MARY A. CHIZ  
Notary Public, State of New York

No. 01CH8163683

Qualified in Nassau County

Commission Expires April 2, 2019

**AMENDED APPENDIX B1 LINE ITEM BUDGET: Family Support****Nassau County Human Services****Universal Budget Form****Contract #** \_\_\_\_\_**Contract Name:** Family and Children's Association**Program Name:** Family Support /Homemaker (1/1/19-12/31/19)**Budget Summary**

Line #	Expense type	Total \$
1a	Salary	\$247,381
1b	Fringe	\$72,178
1 Total	Personnel (Salary plus Fringe)	\$319,559
2	Consultant(s)	\$0
3	Travel / Per Diem / Transportation	\$5,000
4	Equipment	\$2,092
5	Supplies	\$2,775
6	Contractual Services	\$10,255
7a	Rent	\$0
7b	Utilities	\$16,429
8	Department Specific Costs	\$0
9	Other Costs	\$13,385
10	Administrative Overhead	\$48,034
	Gross Expenditures (Lines 1 – 10)	\$417,529
11	Revenue, Income, Agency Contribution, Matches	\$0
	Net Budget Total (Lines 1 – 10 minus line 11)	\$417,529
	Agency Contribution	\$0
	Net Contract Total (Net Budget Total minus Agency Contribution)	\$417,529



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/6/2019

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

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

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. One Jericho Plaza, Suite 200 Jericho NY 11753	CONTACT NAME: Karen Mohamed PHONE (A/C No. Ext): 516-745-0800 FAX (A/C No.): 516-745-0082 E-MAIL: Karen.Mohamed@aig.com ADDRESS: Karen.Mohamed@aig.com
INSURED Family & Children's Association 100 E Old Country Road Mineola, NY 11501	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company INSURER B: State Insurance Fund of New York INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 18058

## COVERAGES

CERTIFICATE NUMBER: 1123243042

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUB INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		PHPK1980325	5/11/2019	5/11/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		PHPK1980325	5/11/2019	5/11/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$10,000 <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE		PHUB675533	5/11/2019	5/11/2020	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	10253300	8/6/2019	8/6/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Professional Liab, Abuse & Molestation		PHPK1980325	5/11/2019	5/11/2020	Each Occurrence/Agg \$1M/\$3M Each Occurrence/Agg \$1M/\$3M

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

Additional Insured Form # CG2026 (04/13)

Additional Insured County of Nassau

## CERTIFICATE HOLDER

## CANCELLATION

Nassau County Department of Human Services.  
60 Charles Lindbergh Blvd, NE2 Su 200  
Uniondale NY 11553  
USA

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

AUTHORIZED REPRESENTATIVE

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