

**COST REIMBURSABLE SUBAGREEMENT
BY AND BETWEEN
THE UNIVERSITY OF SOUTH FLORIDA, BOARD OF TRUSTEES, A PUBLIC BODY
CORPORATE
AND
HAMILTON COUNTY SCHOOL BOARD**

Pass-through Entity (PTE): The University of South Florida Board of Trustees, a public body corporate	Subrecipient: Hamilton County School Board
PTE Principal Investigator (PI): Mary Lindsey, Ph.D.	Subrecipient Principal Investigator (PI): Betty Linton, M.Ed.
PTE Award No: SR936	FAIN: 1502FLTANF
Federal Awarding Agency: Office of Early Learning (OEL), which source of funding is federal in origin from the Department of Health and Human Services, Administration for Children and Families	Award Issue Date: June 30, 2015
Total Amount of Federal Award to PTE: \$11,700,000	DUNS No.: 121892491
CDFA No.: 93.558	CDFA Title: Temporary Assistance for Needy Families
Project Title: HIPPY – Home Instruction for Parents of Preschool Youngsters	Subaward Period of Performance: Start: July 1, 2016 End: June 30, 2017
Amount Funded This Action: \$80,000	Subaward No.: 5830-1467-11-D
Estimated Project Period (if incrementally funded): Start: End:	Incrementally Estimated Total: \$
Facilities and Administration Costs: Yes <input checked="" type="checkbox"/> No	Administrative Costs: 2.5%
Is this Award R & D: Yes <input checked="" type="checkbox"/> No	Check all that apply: Subject to FFATA Reporting Requirements <input checked="" type="checkbox"/> Cost Sharing

THIS SUBAGREEMENT IS MADE AND ENTERED INTO BY AND BETWEEN The University of South Florida Board of Trustees, a public body corporate ("**University**") and Hamilton County School Board ("**Subrecipient**") for support of the grant entitled "**HIPPY – Home Instruction for Parents of Preschool Youngsters**". The University retains the Subrecipient to undertake certain activities described in Attachment 1 in connection with the award to the University by the **Office of Early Learning (OEL), which source of funding is federal in origin from the Department of Health and Human Services, Administration**

for Children and Families ("Agency") Contract Number SR936. The parties agree as follows:

I. PERIOD OF PERFORMANCE

The period of performance under this Subagreement begins **July 1, 2016** and ends **June 30, 2017**. The contract term may be extended by mutual written agreement of the parties.

II. WORK PLAN / PROJECT ADMINISTRATION

The Subrecipient shall perform the activities described in Attachment 1 and will comply with all statutory requirements and applicable provisions of the Agency guidelines and any special conditions contained in the award document from the Agency to the University (Attachment 4).

The Subrecipient agrees that such activities will be directed by:

The Subrecipient Project Director:

Betty Linton, M.Ed., Coordinator, Exceptional Student Education
Hamilton County School District, Greenwood School Campus
6183 SW Hwy 41, Jasper, FL 32052
Phone: (386) 792-6515 Fax: (386) 792-6600
betty.linton@hamiltonfl.com

The Subrecipient Administrative Contact and Authorized Official:

Tom Moffses
Hamilton County School Board
5683 SW Hwy 129, Suite 1, Jasper, FL 32052
Phone: (386) 792-7800 Fax: (386) 792-3681
tom.moffses@hamiltonfl.com

University Representatives will be:

Project Director:

Mary Lindsey, Ph.D.
Director, FL HIPPY T&TA Center
Department of Child and Family Studies
Louis de la Parte Florida Mental Health Institute
College of Behavioral and Community Sciences
University of South Florida
13301 Bruce B. Downs Blvd, MHC 2113A
Tampa, FL 33612
Phone: (813) 974-4858 Fax: (813) 974-6115
lindsey@usf.edu

Administrative Contact:

Heather Morr
Senior Sponsored Research Administrator
Sponsored Research
University of South Florida
3702 Spectrum Boulevard, Suite 165
Tampa, FL 33612-9445
Phone: (813) 974-3526 Fax: (813) 974-4962
hmorr@usf.edu

All deliverables/invoices submitted by the Subrecipient must be approved in writing by the University's Project Director or designee prior to payment by the University to the Subrecipient.

III. ALLOCATION OF FUNDS

The University agrees to compensate the Subrecipient on a cost reimbursement basis, for an amount not to exceed **\$80,000**. All claims for payment will be in accordance with the payment schedule outlined in Attachment 2. Any travel expenses reimbursed under this Subagreement may be in accordance with the provisions of the prime contract and the travel allowances established by the Subrecipient, per the provisions of Florida Statute 1004.22. Within thirty (30) days after the end of each invoice period as specified in Attachment 2, the Subrecipient agrees to submit an invoice to the University (sample provided in Attachment 3). It is further agreed that all invoices (Attachment 3) should reference the Subagreement Number, contain an original signature of an authorized official of the Subrecipient and should be sent to the University's Project Director or designee for approval (see Article II for the address).

The Subrecipient agrees to return to the University any overpayments due to unearned funds. Such funds shall be considered University funds and shall be refunded to the University within forty-five (45) calendar days following the time the overpayment is discovered unless otherwise authorized by the University in writing.

The University's performance and obligation to pay under this Subagreement is contingent upon an annual appropriation by the Legislature, to the extent, if any, that appropriated funds are involved in the performance of this Subagreement.

The Subrecipient shall provide expenditure documentation in detail sufficient for a proper invoice evaluation and pre- and post-audit thereof.

The Subrecipient may expend funds only for allowable costs resulting from obligations incurred during the specified Subagreement period. The funds provided under this Subagreement may not be expended for the purpose of lobbying the Florida Legislature or a State of Florida agency.

IV. PERFORMANCE DEFICIENCY

If University determines that the performance by the Subrecipient is unsatisfactory, the University will notify the Subrecipient of the deficiency to be corrected. The correction shall be made within the time-frame specified by the University. The time-frame given will depend on the nature of the deficiency. If the deficiency is not adequately remedied within the specified timeframe, University may withhold payment of the subaward until such deficiency is corrected.

V. PAYMENT RESPONSIBILITIES

The University shall issue payment within forty (40) business days after receipt of an acceptable invoice and receipt, inspection, and acceptance of goods and/or services provided in accordance with the terms and conditions of the purchase order/contract. Any penalty for delay in payment shall be in accordance with applicable law. Final invoices are due no later than fifteen (15) calendar days after the end date of the period of performance, and in no event shall University be obligated to pay any invoices submitted after the time period for submitting final invoices has expired.

The University's vendor ombudsman, whose duties include acting as an advocate for vendors who may be experiencing problems in obtaining timely payment(s) from the University may be contacted at (813) 974-2481.

VI. INDEPENDENT CONTRACTOR

The relationship of the parties is that of mutually independent contractors. Each party and its officers, employees, agents, subcontractors, or other contractors shall not be deemed by virtue of this Subagreement to be the officers, agents, or employees of the other party. Each party assumes the risk of all liability arising from its respective activities pursuant to this Subagreement and from the acts or omissions of its respective officers, agents, and employees.

VII. AUDIT REPORTS

Subrecipient agrees to comply with the requirements of The Electronic Code of Federal Regulations, Title 2, Subtitle A, Chapter II, Part 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards) otherwise referred to as 2 CFR §200. Subrecipient further agrees to provide University with copies of any of the independent auditors' reports that present instances of non-compliance with federal laws and regulations, which bear directly on the performance, or administration of this Subagreement. In cases of such non-compliance, Subrecipient will provide copies of responses to auditors' reports and a plan for corrective action within thirty (30) business days. All records and reports prepared in accordance with the requirements of 2 CFR §200 shall be available for inspection by the University or the Agency during normal business hours.

Subrecipient agrees to comply with the requirements of the Florida Single Audit Act (Section 215.97, Florida Statutes) (the "Act"). This Act sets audit requirements for nonstate entities that receive state financial assistance equal to or in excess of \$500,000 in aggregate, in any fiscal year. Such entities must obtain an audit by an independent auditor in accordance with auditing standards stated in the rules of the Auditor General of the State of Florida. The audit shall be conducted in accordance with the requirements of the Act and the rules of the Executive Office of the Governor, the Comptroller and the Auditor General. The Act applies to nonstate entities that receive state awards directly from a state awarding agency and to nonstate agencies that receive state awards through another nonstate entity.

Subrecipient agrees to provide to University a copy of any audit-related management or audit letter issued during the Subagreement period of performance, within two weeks of receipt by the Subrecipient. Failure to provide this documentation will constitute a breach of contract. In the event that the University identifies a breach of this provision, the University will provide Subrecipient with written notice of such breach. Subrecipient will be provided ten (10) calendar days to cure such breach. Failure to cure such breach may result in a withholding of payments and/or termination of the Subagreement in whole or in part.

Upon review of the audit or management letter, University may request, in writing, that Subrecipient submit a corrective action plan to cure any significant deficiencies or material weaknesses identified in the letter. If required by the University, Subrecipient agrees to submit the corrective action plan to the University in writing within thirty (30) days and consents to implement these measures within sixty (60) days.

The Subrecipient shall be responsible for payment of any and all audit exceptions that are identified by the audit agency. Payments to Subrecipient for costs found to be unallowable by such audit shall be refunded directly to the University by the Subrecipient.

VIII. PUBLIC RECORDS

University is a public entity of the state of Florida and is therefore subject to the provisions of Chapter 119, Florida Statutes ("Florida Public Records Act"). University reserves the absolute right to interpret its legal obligations under the Florida Public Records Act.

This Subagreement may be canceled by the University without prior notice for refusal by the Subrecipient to allow public access to all documents, papers, letters or other material subject to the provisions of Chapter 119, Florida Statutes, and made or received by the Subrecipient in conjunction with this Subagreement. Pursuant to Florida Statute 1004.22, both parties shall make available, upon request, the title and description of the study, the name of the investigator, and the amount and source of funding provided for the study.

IX. TERMINATION

This Subagreement may be terminated by either party upon no less than thirty (30) days' notice, with or without cause. Notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. In the case of termination, only the percent of satisfactory progress actually achieved to the date of termination will be due and payable to the Subrecipient, as well as any non-cancellable obligations.

In the event that Subrecipient's project director becomes unable or unwilling to continue the project activities hereunder, and a mutually acceptable substitute is not available, University shall have the option to terminate this Subagreement.

X. NON-DISCRIMINATION

As a condition of this Subagreement the Subrecipient agrees to comply with Section 202, Executive Order 11246, as amended by Executive Order 11375, and regulations published by the U.S. Department of Labor implementing Section 503 of the Rehabilitation Act of 1973, Public Law 93-112, as amended, which are here incorporated by reference.

XI. PUBLIC ENTITY CRIME

In accordance with Florida Statute 287.133(2)(a), a Subrecipient, person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime, may not submit bids or proposals, may not be awarded or perform work or transact business with any public entity in excess of the threshold amount provided in Florida Statute 287.017 for category two for a period of thirty-six (36) months from the date placed on the list.

XII. DELEGATION OF AUTHORITY

This Subagreement is valid and enforceable only upon being signed by persons authorized to bind the Subrecipient hereto, and by all persons required by Florida law or University policy to sign an agreement of this nature in order to bind the University hereto.

XIII. PROTECTION OF HUMAN SUBJECTS AND VERTEBRATE ANIMALS

The Subrecipient bears full responsibility for the proper and safe performance of Research involving the use of human subjects under this Agreement. If human subjects are used, their rights and welfare will be protected under 45 CFR Part 46, "Protection of Human Subjects", and the Subrecipient will send a copy of current IRB approval to the University.

The Subrecipient bears full responsibility for the proper and safe performance of Research involving the use of vertebrate animals under this Agreement. If any vertebrate animals are used, they will be protected under 9 CFR Chapter 1, Subchapter A, Parts 1, 2, and 3, "Animal Welfare", and the Subrecipient will send a copy of current IACUC approval to the University.

XIV. EXPORT CONTROL

Both parties will comply with all U.S. export control laws and regulations, including but not limited to the International Traffic in Arms Regulations (ITAR), 22 CFR Parts 120 through 130, and the Export Administration Regulations (EAR), 15 CFR Parts 730 through 799, and all embargoes and/or other restrictions imposed by the Treasury Department's Office of Foreign Asset Controls (OFAC). Should Subrecipient intend to distribute export controlled technical data or software to University, Subrecipient must provide the University Export Control Officer with the appropriate export control designation for such technical data (e.g., ECCN or Munitions List Category) in advance. University reserves the right to elect not to receive such export controlled technical data. Approval from University Export Control Officer is required prior to acceptance of export controlled technical data. Notification of intended release of technical data from Subrecipient to University can be made via exportcontrol@usf.edu.

XV. AWARD CLOSEOUT

Subrecipient is required to submit one original report to the University as outlined below. University accepts electronic submissions using e-mail and pdf attachments.

Report Type	Submit to University	Due
Progress Report	Principal Investigator	Upon request by University PI to allow University to complete its annual report to Agency
Final Report	Principal Investigator	No later than fifteen (15) calendar days after the end date of the period of performance
Final Invention Statement	Authorized Official or Administrative Contact	Within sixty (60) calendar days from Subagreement expiration date
Final Invoice	Authorized Official or Administrative Contact	No later than fifteen (15) calendar days after the end date of the period of performance.
Overpayment, Unearned Payment, or Refunds	Authorized Official	Within thirty (30) calendar days of the Subagreement expiration date
Acquisition of Real or Personal Property	Authorized Official or Administrative Contact	No later than thirty (30) calendar days after the end date of the period of performance

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the parties have caused this Subagreement, which includes Attachments 1, 2, 3, and 4, to be executed by their undersigned duly authorized officials.

University of South Florida
Board of Trustees, a public body corporate

Reviewed by:

Mary Lindsey
Mary Lindsey, Ph.D.
University Project Director
College of Behavioral and
Community Sciences
University of South Florida

SR Review: RAM

SIGNED BY:

Rebecca Puig, Ph.D.
Rebecca Puig, Ph.D.
Associate Vice President
USF Research & Innovation
The University of South Florida

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

Bryan D. Ruff
Bryan D. Ruff
Associate General Counsel
University of South Florida

Hamilton County School Board
Jasper, FL 32052

Signature of Authorized Representative of Subrecipient

Title: _____

ATTACHMENT 1

SCOPE OF WORK

SUBAGREEMENT # 5830-1467-11-D

Agency – Hamilton County School Board

Home Instruction for Parents of Preschool Youngsters (HIPPY)

The goal of the **Agency** will be to support the HIPPY program with funds from this project to serve a minimum of *forty (40) children* using the following strategies/activities:

The HIPPY program at this **agency** will provide services to **children from families in the agency's service area that meet the TANF (Temporary Assistance for Needy Families) eligibility criteria. The TANF eligibility Forms must be kept on file in the children's record.**

Full-Time HIPPY Coordinator

A full-time HIPPY coordinator will be hired to direct all aspects of program implementation and management. Responsibilities include:

- Recruit families and home visitors for the program in accordance with all guidelines
- Represent HIPPY within the community and maintain a current updated list of community resources for making referrals; work with local **Early Learning Coalition (ELC)** for serving families referred to HIPPY
- Seek additional funding to support and expand HIPPY
- Supervise staff of home visitors and seek on-going **staff development** (at least **15 hours** annually);
- Train home visitors weekly in role play;
- Plan and execute **parent group meetings** with the participating parents according to HIPPY USA guidelines (minimum of **6 per year: 2 by Dec 31, 4 by Mar 31 and 6 by Jun 30**);
- Conduct **supervisory home visits** with each home visitor (minimum of **3 per year: 1 by Oct 31; 2 by Jan 31; 3 by Mar 31**)
- Maintain accurate records including the use of the HIPPY **Efforts To Outcome (ETO)** data collection system (or other system approved by HIPPY USA) and provide the Florida HIPPY Training & Technical Assistance (T&TA) Center with local and national reports from the HIPPY ETO (or other data system)
- Participate in all aspects of **program evaluation and research**
- Submit Coordinator and other required **reports** in a timely manner
- Attend national and regional **HIPPY meetings and trainings**;
- Participate in professional development trainings (minimum of **15 hours annually**) and,
- Maintain at a minimum **monthly communication** with the Florida HIPPY T&TA Center.

HIPPY Home Visitors

HIPPY home visitors will be hired to serve the families recruited for the HIPPY program and will come from the community being served, or a similar community. A **part-time home visitor** can serve up to **15 children** (@20 hrs/wk) while a **full-time home visitor** can serve up to **25 children** (@40 hrs/wk). The home visitors will work one-on-one with parents, in their homes or in a community-based setting (for group meetings), to provide the curriculum instruction, and will supply parents with the weekly HIPPY activity packets and books. Additionally, home visitors will assist with the documentation (including computerized data collection) of each family's progress, refer the family to the HIPPY coordinator if they need additional assistance, assist with the organization of group meetings, and, attend and actively participate in staff development trainings (**15 hours annually**) for the purpose of personal and professional growth.

ATTACHMENT 2

METHOD OF PAYMENT/BUDGET & DELIVERABLES

SUBAGREEMENT # 5830-1467-11-D

Agency – Hamilton County School Board
\$80,000 serving a minimum of forty (40) children

This is a cost reimbursable subagreement for an amount not to exceed **\$80,000** to be invoiced on a **monthly** basis.

For Invoices 1-12, please submit the following documents before the **20th** of each month:

- An **invoice** signed by an authorized representative (see Attachment 3)
- Monthly budget to actual **expense report** using budget form from the “Resources - For Staff” page of the Florida HIPPY website <http://floridahippy.fmhi.usf.edu>, along with a budget detail breakdown, timesheets, pay stubs, personnel activity reports (PARs) and all other relevant back-up, with final report due **July 15, 2017**.

For Invoices 3 (Oct 20), 6 (Jan 20) and 9 (Apr 20), please also include the following:

- Budget expenditure and monthly projection to end-of-year (see “Resources – For Staff” page of Florida HIPPY website <http://floridahippy.fmhi.usf.edu>)

Invoices 1-11 Due dates: Aug 20th, then monthly by 20th Amount due: expenses billed

Invoice 12 Due date: July 15, 2017 Amount due: expenses billed (*)()**

(*) Total invoices for project period may not exceed \$80,000.

()** Payment of the final invoice is contingent upon an accounting of cumulative actual, eligible expenditures over the course of the sub-agreement period. Final payment will be based on the net amount of eligible expenditures and total payments to date. If the final actual expenditures are less than total payments made to date, Contractor will return promptly the overpaid funds to the University. Final payment is contingent upon satisfactory completion of all services and deliverables provided for in this sub-agreement. The deliverables must be approved by the University Project Director prior to University payment of invoices.

For Program Reports 1-12, please submit the following documents by the **15th** of each month:

- Coordinator’s **monthly report** for the previous month (see form on “Resources – For Staff” page of FL HIPPY website). Include the following attachments:
 - Copies of agendas and signature sheets for **staff meetings** with home visitors
 - Copies of agendas and signature sheets for **group meetings** with parents
 - Copies of any **Supervisory Home Visits** conducted with Home Visitors
 - Copies of any **certificates for trainings** attended by HIPPY staff
 - An updated list of all **TANF-eligible children** approved by HIPPY Coordinator that are participating in the program including their name, SS#, ethnicity, d.o.b., name of parent/caregiver, relationship, address, and telephone number along with copies of completed TANF forms not already submitted.

Program Reports 1-12 Due dates: Aug 15th, then monthly by 15th

For Deliverables 1, please submit the following:

- A letter from agency to include
 - Appointment of a full-time HIPPY coordinator;
 - A statement of (or plans to seek) alternate funding to support HIPPY;
 - Agreement to participate in program data collection activities as requested by the state HIPPY office;
 - Confirmation that agency has a Memorandum of Understanding (MOU) with the Department of Homeland Security (DHS) (www.dhs.gov/E-Verify) and that employees on this funding will be screened through DHS. Attach a copy of the "Edit Company Profile" screen from the E-verify system **ONLY IF YOUR AGENCY HAS NOT ALREADY SUBMITTED ONE TO the Florida HIPPY T&TA Center**;
 - Confirmation that employees will obtain **Level 2 screening** annually;
 - A statement that agency will keep all records for a minimum of **5 years**
- A list of all HIPPY Staff (coordinator and home visitors) and their **status** (full-time or part-time).
- **Flyer** used for recruiting families into the HIPPY program
- **Family agreement (blank sample)** document for participation in HIPPY
- Draft **Calendar of HIPPY Activities** (including **group meeting** schedule) for the program year.
- A draft list of **other types of Home Visitor and/or parent trainings** available to your HIPPY program staff and parents.
- A list (or waiting list) of children **that meet TANF (Temporary Assistance for Needy Families) eligibility along with copies of completed TANF forms.**
- Copies of portions of your agency's **POLICIES and PROCEDURES ONLY IF they have been MODIFIED/UPDATED in the past TWO YEARS and were NOT already submitted to the Florida HIPPY T&TA Center within the past TWO YEARS** that indicate:
 - background screening procedures
 - anti-discrimination practices
 - equal employment opportunity
 - civil rights laws
 - drug-free workplace
 - smoke-free workplace
 - Human Trafficking

Deliverables 1

Due date: Jul 31, 2016

For Deliverables 2, 3 and 4, please see next page.

For Deliverables 2, 3 and 4, please submit the following:

- A memo or letter on agency's letterhead to include:
 - an updated list of **all HIPPY Staff** (coordinator and home visitors) with their **status (full-time or part-time)** along with the number of hours of **professional development training** (minimum of **15 hours required**) that each staff member has completed since beginning of program year; and, the number of **Supervisory Home Visits** completed for **each home visitor (minimum of 3 per year)** since beginning of program year;
 - whether the HIPPY Staff (Coordinator & Home Visitors) plan to attend or have already attended **HIPPY trainings** (such as FL HIPPY Home Visitors Orientation Training, Home Visitors Professional Development Trainings, Coordinators meetings and the National or State HIPPY Conference);
 - number of **TANF-eligible children** being served and number of TANF-eligible children on this sub-agreement. Indicate **percentage of children** on this sub-agreement being served.
 - Number of group meetings completed since beginning of program year (minimum of **6 per year: 2 by Dec 31, 4 by Mar 31 and 6 by Jun 30**);
 - whether the required **research documents** (such as the Longitudinal Study Parent Consent Forms, Parent Involvement Survey, etc., if applicable) have been submitted to researcher(s);
 - whether the required **health-component documents** (if applicable) have been submitted to state office.
- One HIPPY Success Story
- An updated **Calendar of HIPPY Activities** (including updated **group meeting schedule showing a minimum of 6 group meetings per year**) for the program year.
- An updated list of **Other Types of Home Visitor and/or Parent Trainings** available to your HIPPY program staff and parents.
- One (1) sample copy of **Home-Visit Scheduling/ Family Progress Report** (or equivalent agency document) from **each home visitor** on this project.
- **BUDGET PROJECTION** to end of year (see "Resources – For Staff" page of Florida HIPPY website <http://floridahippy.fmhi.usf.edu>)

Deliverables 2

Due date: Oct 15, 2016

Deliverables 3

Due date: Jan 15, 2017

Deliverables 4

Due date: Apr 15, 2017

If Subrecipient is subject to the federal Cost Accounting Standards, Subrecipient represents that it has a Cost Accounting Standards review process and that all budget items provided to the University under this Subagreement meet applicable Cost Accounting Standards. Subrecipient agrees to be responsible for any audit exceptions and repayment for any direct cost items determined not allowable in a subgrant audit.

See the following pages for the Budget and Budget Justification.

Hamilton County School Board

University of South Florida SUBAGREEMENT # 5830-1467-11-D

Budget Expenditure Table

Program Year: 7/1/16 to 6/30/17

Invoice Period from: _____ to _____

for HIPPY program in : Hamilton County

☐ New program ☒ Continuing program ☐ Expansion

Serving 40 children

I certify that these figures are an accurate accounting and in compliance with applicable federal cost accounting principles (OMB Circulars A-21, A87 or A-122; 48CFT Part 31.2; or 45 CFT Part 74, Appendix E)

Signature of Authorizing Agent: _____

Print Name: Betty Linton

Title of Authorizing Agent: Supervisor

DATE: 05/18/2016

Item	BUDGET	MOD # _____ as of _____	Cumulative Expenditures (incl. Inv. Amt.)	Expenditure Invoice Period	Remaining Balance
SALARIES/FRINGE (by employee)					
Coordinator (FTE)	37,200.00				
Home Visitor 1 (FTE)	17,400.00				
Home Visitor 2 (FTE)	18,200.00				
Home Visitor 3 (FTE)					
Home Visitor 4 (FTE)					
Consultant/Presenter					
FEES TO HIPPY USA					
Licensing, Program Services, Program D	2,550.00				
Preservice Training	.825.00				
TRAVEL					
Trainings, Conferences, etc.	1,000.00				
Home Visits	873.78				
MATERIALS					
HIPPY Curriculum					
Other materials (incl. Health-related, if appl.)					
Office & other supplies					
OTHER Direct Costs					
Item 1 -					
Item 2 -					
Item 3 -					
Total Direct Costs	\$78,048.78	0	0	0	0
Administrative - 2.5% of Direct Costs	\$1,951.22	0	0	0	0
TOTAL COSTS	\$80,000.00	0	0	0	0

2016-17: include funds in BUDGET for Coordinator and Home Visitors to attend a State HIPPY Conference in Orlando.

Hamilton County School Board
12 Month Budget Narrative
7/1/16-6/30/17

SALARY & FRINGE

Candido Perez will be resigning effective June 1, 2016 from his HIPPY Coordinator position. We will begin the process of hiring a new HIPPY Coordinator/Director that will devote 1.0 FTE to the project. The Coordinator will supervise the day to day activities of the project. S/He will oversee the entire program, ensure quality of service, supervise home visiting staff, organize parents' group meetings, prepare and submit all HIPPY program documentation as required by HIPPY USA and Florida HIPPY, etc.

This budget also supports two 1.0 FTE for Home Visitor services to deliver the HIPPY program. Home visitors work one on one with parents in their homes, or in a community setting, to provide the curriculum instruction to parents. They also assist with organization of parents' group meetings and documentation of HIPPY families assigned to them.

Fringe benefits, including group long term disability, short term disability, medical/dental insurance, retirement, FICA, unemployment tax and workers compensation, for all employees, are based on actual costs benefitting the HIPPY program. Salary/fringe costs would be supported by timesheets and PARs (Personnel Activities Reports).

FEES TO HIPPY USA

Funds have been allocated for Licensing with HIPPY USA. Funds may also be used for paying the HIPPY USA's New Coordinator Preservice Fees.

TRAVEL

In accordance with Section 112.061, Florida Statutes, funds in this category will be used to reimburse mileage, per diem, hotel, airfare, etc, for attending local/regional/state conferences and conducting regular home visits.

All travel (inclusive of transportation, hotel, meals, and parking) will be conducted in accordance with the State of Florida Travel Regulations; and, will utilize the lesser of the official business rate: either the State of Florida Employee airline travel or the lowest "open market" airfare. Whenever possible, all flights will be booked well in advance to take advantage of special fares.

MATERIALS

Funds in this category will be used to purchase HIPPY curriculum materials including, but not limited to, activity packets, story books, role-playing materials, crayons, markers, HIPPY shapes, etc.

Funds will also be used to purchase office supplies directly related to activities of this HIPPY project.

Similar types of supplies – but those used for the purpose of project administration - will not be purchased using project funds.

(OTHER Direct Costs - EXAMPLES OF CATEGORIES)

Printing/Duplicating

Funds in this category will be used to print/duplicate project related materials, such as forms, group meeting flyers, enrollment packets, correspondence to participants, etc. Project funds will not be used for duplicating for internal project administration purposes.

Postage

Funds in this category will be used only for project related correspondences.

Telecommunications

Funds in this category are requested for project related expenses, such as long distance charges incurred during phone calls/conference calls with HIPPY participants.

ADMINISTRATIVE Costs/Non-direct Service Costs

Administrative costs/non-direct service costs are calculated at the rate of 2.5% of total direct costs (TDC). Charges covered by the administrative cost rate may include, but may not be limited to: office space, general maintenance (repair, cleaning, and upkeep of building grounds, electricity, heating/cooling, internet access, telephone), repair and maintenance of furniture and equipment, and administrative support (including personnel, copying/duplicating, postage).

ATTACHMENT 3
(To be printed on Subrecipient's letterhead)
SAMPLE INVOICE

SUBAGREEMENT # 5830-1467-11-D

DATE: _____

USF P.O. # _____

USF Subagreement # 5830-1467-11-D for 2016-17

Product Description:

HIPPY Services provided to families in subcontractor's service area per subcontract. See deliverables in Attachment 2 (Method of Payment)

Request for payment # _____ of _____ for _____

Service period: _____ (date) to _____ (date)

Expenditures for month: _____

Less Advance: _____

Amount of Payment Request _____

Total year to date requested (including this request): _____

Subrecipient will submit invoices and reports according to the payment schedule in Attachment 2. Attach copies of back-up documentation (see Attachment 3-A).

By signing this report or voucher requesting payment under this subagreement, I certify to the best of my knowledge and belief that the information contained herein is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the commission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Signature of Authorized Agency Representative

Print Name

Title of Authorized Agency Representative

Bill to:

Mary Lindsey, Ph. D., Director Florida HIPPY T&TA Center Dept. of Child and Family Studies College of Behavioral and Community Sciences University of South Florida 13301 Bruce B. Downs Blvd., MHC 2113A Tampa, FL 33612 (813) 974-4858

Invoicing Instructions for Cost Reimbursement Subagreements

All costs to be charged directly to a federal account must be allowable as defined in 2 CFR Chapter I, Chapter II, Part 200, et al. (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards) otherwise referred to as 2 CFR §200. Cost Principles for Educational Institutions, that is, they must meet all of the following criteria:

- Reasonable
 - Benefit the project
 - Specifically identified with the project
 - Can be allocated easily and accurately
1. The invoice must be printed on company letterhead.
 2. The invoice must be signed by an authorized representative.
 3. All costs submitted for reimbursement must be documented and fully accounted for in the Subcontractor's business systems. University may request copies of invoice documentation, as needed. Acceptable documentation includes:
 - a) **Salaries/Wages/Benefits:** Official payroll registers verifying amounts paid per individual including rate, benefits and applicable taxes and fees and the time period for which payment was made.
 - b) **Rent:** A copy of the lessor invoice is required. In addition, indicate the number of square feet occupied and the rate per square foot. Indicate how the space is being used, e.g.: occupants, laboratories, classrooms, etc.
 - c) **Travel:** Copies of individual travel vouchers must be provided. All travel expenses reimbursed under this Subagreement must be consistent with F.S. 1004.22, Florida Statutes. Travel vouchers must include purpose of travel as it relates to the Subagreement statement of work.
 - d) **Educational/Training Materials:** Copies of invoices are required and must state how the expense provides a direct benefit to the program.
 - e) **Printing/Duplication:** Copies of invoices are required including a description of the materials produced.
 - f) **Other** costs require copies of invoices and a justification as to how the charge provides a direct benefit to the program.
 - Do not round off figures. Actual expenditures must be reported in dollars and cents.
 - Items for which reimbursement is requested must be identified in the budget contained in Attachment 2. Other costs will be disallowed.

ATTACHMENT 4

AGENCY GUIDELINES

SUBAGREEMENT # 5830-1467-11-D

All Terms and Conditions (including any special provisions) contained in the attached 85 page award document (exhibits, attachments, etc.) flow down to the Subrecipient from the Florida Office of Early Learning (OEL), whose source of funding is federal in origin from the Department of Health and Human Services, Administration for Children and Families OEL.



HOME INSTRUCTION for PARENTS of PRESCHOOL YOUNGSTERS

TANF Eligibility Form 2016-17

Please complete one form per HIPPIY child.

FAMILY DEMOGRAPHIC INFORMATION

Name of Child to Receive HIPPIY Services:

Name (Last, First):

Gender (Select ONE):

☐ Male ☐ Female

Race:

☐ American Indian or Alaskan Native

☐ Native Hawaiian or Other Pacific Islander

☐ Asian ☐ Black or African American ☐ White ☐ Other: _____

Ethnicity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Social Security Number:

Date of Birth (MM/DD/YYYY):

Parent / Guardian: (This is the adult who is legally responsible for the child's care and financial support. If the child is completing the HIPPIY curriculum with an adult other than this individual, a signed and dated attestation from the parent/guardian describing the child's care and living arrangements must be provided).

Name (Last, First):

Relationship to HIPPIY child:

☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Aunt ☐ Uncle ☐ Stepmother ☐ Stepfather

☐ Foster Mother ☐ Foster Father ☐ Other: _____

Address (Must
match FL
Residency
document)

Street:

City:

Zip Code:

Phone Number (Fill out completely – include area code):

TANF ELIGIBILITY REQUIREMENTS

Please provide a copy of ONE required document from each part to the Florida HIPPIY T&TA Center

Part 1 – Parent Photo ID

☐ Florida Driver's License

☐ Florida ID

☐ Other State Photo ID:

☐ US Passport

☐ Other Government
Photo ID:

If NO Photo ID, provide 2
of the following:

☐ Social Security Card

☐ Voter Registration
Card

☐ Birth Record

☐ Military Document

☐ School Records

Part 2 – Florida Residency (include relationship to child on document)

☐ Florida Driver's License
(NOT expired)

☐ Florida ID
(NOT expired)

☐ Utility Bill

☐ Current Lease
Agreement, signed by
both parties

☐ Government Document
with current address

☐ Other, please state:

Part 3 – Child's Citizenship

☐ US Birth Certificate

☐ US Hospital Record

☐ US Passport

☐ Religious documents recorded in
the US shortly after birth

☐ Certificate of Citizenship or
Naturalization

☐ Lawfully admitted alien
document (e.g. : Forms I-94, I-
94A, I-197, I-1551, & I-766) with
non-US passport

Part 4 – Child's Date of Birth

☐ Birth Certificate

☐ Immunization Record

☐ Health Department
Records

☐ Doctor's Attestation

TANF ELIGIBILITY REQUIREMENTS CONTINUED

****Please complete either Option A below or Option B on page 3, NOT BOTH.****

☐ **Option A: Income Eligibility** (Please provide documentation for ALL household **Earned and Unearned** income. Both earned and unearned income will be used to determine eligibility.)

UNEARNED INCOME (Please check all that apply)

- ☐ Social Security Administration ☐ Supplemental Security Income ☐ Unemployment Compensation ☐ Veteran Benefits
- ☐ Child support received ☐ Alimony support received ☐ Retirement Benefits ☐ Workers' Compensation
- ☐ Other, including but not limited to: pensions, interest, awards, prizes, inheritances, dividends, royalties, proceeds from insurance policies, and or: _____

\$ _____ **Yearly Gross** amount (*from total on UNEARNED INCOME WORKSHEET)

*Please complete UNEARNED INCOME WORKSHEET and enter amounts in space above.

EARNED INCOME (Please choose ONE of the following)

SIX WEEKS OF INCOME	LETTER FROM EMPLOYER	TAX RETURN	NO INCOME
<p><i>Pay stubs must be current and consecutive.</i></p> <p><input type="checkbox"/> 6 Weekly Pay Stubs</p> <p><input type="checkbox"/> 3 Bi-Weekly Pay Stubs</p> <p><input type="checkbox"/> 4 Semi-Monthly Pay Stubs</p> <p><input type="checkbox"/> 2 Monthly Pay Stubs</p>	<p><input type="checkbox"/> Letter from employer must list the following: start date, rate of pay, and hours of work for employee. (*Letter needs to be on employer's letterhead and include employer's EIN. If letterhead and/or EIN are not available then include employer's social security number.)</p>	<p><input type="checkbox"/> Tax Return (prior year) for self-employment* only and must include signature or on-line signature #, annual gross income.</p> <p>*If tax return includes regular wages, please provide pay stubs or letter from employer.</p>	<p><input type="checkbox"/> Letter signed by parent(s) attesting that they have no household earned or unearned income (*Letter must be verified and signed by the parent(s) and the coordinator that the household has NO income)</p>

\$ _____ **Yearly Gross** amount (*from total on EARNED INCOME WORKSHEET)

*Please complete EARNED INCOME WORKSHEET and enter amounts in space above.

*****DEDUCT ALIMONY PAID and CHILD SUPPORT PAID from TOTAL EARNED INCOME. You MUST include a document showing these payments or a letter signed and dated by the parent stating they make these payments.*****

Total of UNEARNED INCOME _____ + Total of EARNED INCOME _____ = \$ _____

PLEASE USE THIS TOTAL TO DETERMINE ELIGIBILITY BELOW

Names of additional family members **NOT** listed on first page.

1)	2)	3)	4)
5)	6)	7)	8)

200% of the Federal Poverty Level (FPL) by family size (effective date: January 25, 2016)
(Contact the FL HIPPO T&TA Center to obtain income amounts for households larger than 10 members)

Income	Household Size and Family Income								
Household size	2	3	4	5	6	7	8	9	10
Yearly	\$32,040.00	\$40,320.00	\$48,600.00	\$56,880.00	\$65,160.00	\$73,460.00	\$81,780.00	\$90,100.00	\$98,420.00

☐ Family's income is **LESS THAN Or EQUAL TO** 200% of FPL and therefore **IS** TANF ELIGIBLE

☐ Family's income is **MORE** THAN 200% of FPL and therefore **IS NOT** TANF ELIGIBLE

I assure that the income information here represents ALL members of my household (including BOTH parents if living together in household).

Parent's initials: _____

TANF ELIGIBILITY REQUIREMENTS CONTINUED

☐ Option B: Eligibility for Medicaid or Cash Assistance

MEDICAID ("Medically Needy" does NOT meet TANF eligibility)

- ☐ Letter of Eligibility for Medicaid for HIPPY child
(*Letter must include first page that contains Department of Children and Families letterhead and date.)
- ☐ Screen Print from DCF database with child's information

CASH ASSISTANCE

- ☐ Letter of Eligibility for Cash Assistance
(*Letter must include first page that contains Department of Children and Families letterhead and date.)
- ☐ Screen Print from DCF database with child's information

RELEASE STATEMENT: I authorize my local HIPPY agency to retrieve my family's information from the DCF database from July 1, 2016 to June 30, 2017.

☐ Yes ☐ No - If Yes, please initial: _____

ALL SIGNATURES ARE REQUIRED FOR COMPLETION OF APPLICATION

(Additionally, if "Option A: Income Eligibility" was used to qualify for TANF eligibility, then parent must initial the bottom of page 2 of the TANF form to be complete.)

Parent's Signature: _____ Date: _____

Home Visitor/Recruiter's Signature: _____ Date: _____

Coordinator's Signature of Approval: _____ Date: _____

FOR FLORIDA HIPPY T&TA CENTER USE ONLY

NOTES:

Pay stubs: ☐ Weekly ☐ Bi-weekly ☐ Semi-monthly ☐ Monthly

TOTAL

\$	\$	\$	\$	\$	\$	= \$
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Approval Verified by FL HIPPY T&TA Center:

Date:

FLORIDA HIPPY T&TA CENTER

University of South Florida - FMHI-MHC-2113A - 13301 Bruce B. Downs Blvd. - Tampa, FL 33612
Tel.: (813)-974-2177 - Fax: (813)-974-6115 - <http://floridahippy.fmhi.usf.edu>