



Texas Department of Family and Protective Services

Commissioner
Stephanie Muth

TO: The Honorable Tim O'Hare, Tarrant County Judge
Tarrant County
1101 S. Main St.
Fort Worth, TX. 76104

FROM: Kimberly Lee, Director of Contracting and Fiscal Accountability, Prevention and Early Intervention Division (PEI)

Contract No. HHS000791900002 Agency ID No. 24813303

DATE ISSUED: July 7, 2023

DATE EFFECTIVE: September 1, 2023

SUBJECT: DFPS NOTICE OF AWARD (NOA)

FY 2024 Notification of Funding for DFPS PEI Texas Nurse-Family Partnership (TNFP) Program Grant

Award No: 2024-01

Project Period: 9/1/21 - 8/31/26

Funding Period: 9/1/23-8/31/24

DFPS is awarding your organization a total of **\$1,000,000.00** for the State of Texas Fiscal Year (FY) 2024.

Funding Source:

State general revenue TNFP services:

DFPS is funding portions of this award all or in part under US Department of Health and Human Services Temporary Assistance for Needy Families (TANF). DFPS determines the exact amount of state or federal funding at the end of the fiscal year. DFPS will notify the Grantee in writing of the exact amount of federal or state monies used to fund this Grant upon written request from the Grantee.

Federal Award Date:	Federal Award Identification Number (FAIN)	Assistance Listing Number	Funding Period	Service Code
11/30/22	2301TXTANF	93.558	10/1/22 – 9/30/23	02X 02Y

Federal Award Date:	Federal Award Identification Number (FAIN)	Assistance Listing Number	Funding Period	Service Code
TBD	2401TXTANF	93.558	10/1/23 – 9/30/24	02X 02Y

The most recent Federal Award notices are available and updated at the following link:

https://www.dfps.state.tx.us/Doing_Business/NoA/

FY24 Project Work Plan – TNFP Expansion Plan

Grantee: Tarrant County Public Health

Program: Texas Nurse-Family Partnership

Primary Counties: Tarrant County

Secondary Counties: n/a

Expansion Amount:
\$72,406.00

- This PWP Expansion Plan serves as a PWP addendum to indicate how your program will use expansion funds.
- Please indicate how you will use expansion funds by completing the brief sections below.
- This will be paired with your primary Project Work Plan and your FY24 2030.

Workforce Support and Infrastructure	Check all that apply <input checked="" type="checkbox"/> Salary/wage increases <input type="checkbox"/> Additional support staff <input checked="" type="checkbox"/> Operations/infrastructure costs <input type="checkbox"/> New or expanded initiatives <input type="checkbox"/> Other: <input type="text"/>
Program Expansion	Check all that apply <input type="checkbox"/> Additional direct service staff <input type="checkbox"/> Corresponding operations costs <input type="checkbox"/> Sustaining former FFTA position(s)*

For Workforce Support and Infrastructure, please indicate how you will use funding increase:

(Include list of FTEs identified for salary increases, identify any new support staff, etc.)

Funding has been applied to salaries for existing 7 FTE Nurse Home visitors and 1 Nurse Supervisor comprising the NFP team as well as towards programmatic costs including client incentives, basic needs, required trainings, mileage, etc.

For any Program Expansion plans, complete the chart below:

(*Please indicate if sustaining any former FFTA positions here; note that the cost of these positions is accounted for in primary budget rather than expansion amount. Caseload will increase by 10 families to standard caseload of 25.)

Program	Additional Direct Service Staff (include number)	Families Served Monthly FY24	Families Served Annually FY24	Families Served Monthly FY25-FY27	Families Served Annually FY25-FY27
Nurse-Family Partnership					



FFATA CERTIFICATION

The Federal Funding Accountability and Transparency Act (FFATA) annual certification enumerated below represent material facts upon which DFPS relies when reporting information to the federal government required under federal law. If the Department later determines that the subrecipient knowingly rendered an erroneous certification, DFPS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DFPS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. **If the signatory cannot certify all of the statements contained in this section, signatory must provide written notice to DFPS detailing which of the below statements it cannot certify and why.**

Enter your organization's Unique Entity Identifier (generated by SAM.gov): DBH1UNN8U5J3

Enter the parent Unique Entity Identifier, if applicable:

Did your organization have gross income, from all sources, of less than \$300,000 in your previous tax year?

Yes ☐ No ☒ N/A ☐ (if entity does not generate income)

If your answer is **Yes**, skip Parts A, B, C, and D and complete Part E.

If your answer is **No** or **N/A**, complete Parts A and B.

PART A. Certification Regarding % of Annual Gross from Federal Awards

Did your organization receive 80% or more of its annual gross income from federal awards in the previous tax year?

Yes ☐ No ☒

PART B. Certification Regarding Amount of Annual Gross from Federal Awards

Did your organization receive \$25 million or more in annual gross income from federal awards in the previous tax year?

Yes ☒ No ☐

If your answer is **Yes** to both A and B, you must complete Part C.

If your answer is **No** to either A or B, skip Parts C and D, and complete Part E.

PART C. Certification Regarding Public Access to Compensation Information

Does the public have access to information about the compensation [17 CFR 229.402(c)(2)] of the senior executives (e.g., officers, managing partners, or any other employees in management positions) in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Yes ☐ No ☐ N/A ☒ (if entity reports through some other means, state how:)

If your answer is **Yes**, skip Part D and complete Part E.

If your answer is **No**, you must provide compensation information to DFPS for FFATA reporting in Part D.

If **N/A**, you may still be required to supply compensation information pending DFPS or federal awarding agency approval. Skip Part D until requested by DFPS to supply compensation information and proceed to complete Part E.



PART D. Certification Regarding Executive Compensation

The Names and Total Compensation of the top five (5) executives if:

- More than 80% of annual gross revenues from the Federal government,
- Those revenues are greater than \$25M annually, and
- Compensation information is not already available through reporting to the SEC.

Subrecipient Executive Names	Total Compensation

PART E. General FFATA Certification

As the duly authorized representative of the subrecipient named below, I hereby certify that the responses that I have provided to the questions in this certification form are true, complete and correct to the best of my knowledge.

Tim O'Hare		
Printed Name of Authorized Representative	Signature of Authorized Representative	
County Judge		
Title of Authorized Representative	Date	
Tarrant County	24813303	
Legal Name of Subrecipient	Agency Account ID Number	
Fort Worth, Tarrant	Texas	76196-0000
Principal Place of Performance (POP) <small>(City, County)</small>	State	9-Character Zip Code <small>(Zip +4)</small>
POP Congressional District		

APPROVED AS TO FORM:

Kimberly Collier Wesley
Criminal District Attorney's Office*

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.