



STATE OF MISSISSIPPI  
Phil Bryant, Governor  
MISSISSIPPI DEPARTMENT OF CHILD PROTECTION SERVICES  
Dr. David A. Chandler, Commissioner

Deanne Mosley, Director  
Personal Service Contract Review Board (PSCRB)  
210 East Capitol Street, Suite 800  
Jackson, MS 39201

Dear Ms. Mosley:

This letter is to provide PSCRB the information as outlined in PSCRB Rules and Regulations Effective 7.1.16, **Section 7-119 DHS or DCPS Personal Service Contracts**.

CONTRACTOR: Hope Village for Children, Inc.

CONTRACT TERM: March 1, 2016 through February 28, 2017

MODIFICATION: October 1, 2016

METHOD OF PROCUREMENT: RFP

TOTAL COST OF CONTRACT: \$1,515,624.70

PURPOSE OF CONTRACT: This vendor provides Comprehensive Therapeutic Care (CTC) Services to children placed in legal custody of the MS Department of Child Protection Services. This modification is due to the increase of board rates for CTC group homes.

STATEMENT OF USEFULNESS FOR ESTABLISHING AND OPERATING DCPS:  
n/a

COPY OF PROPOSED CONTRACTUAL AGREEMENT: attached

If there are any questions, please contact Brian Lewis at (601) 359-4495.

Sincerely,

A handwritten signature in black ink that reads "David A. Chandler, DCPS".

*for* David A. Chandler

P. O. Box 346 · 660 North Street · Jackson, Mississippi 39205  
Phone (601) 359-4368 · Email: [mdcps.co@mdcps.ms.gov](mailto:mdcps.co@mdcps.ms.gov)  
[www.mdcps.ms.gov](http://www.mdcps.ms.gov)

**MODIFICATION NUMBER #1  
TO THE AGREEMENT BY AND BETWEEN  
MISSISSIPPI DEPARTMENT OF CHILD PROTECTION SERVICES  
AND  
HOPE VILLAGE FOR CHILDREN, INC.**

The following Amendment, effective October 1, 2016 is made a part of the contract, dated February 24, 2016 entered into by and between the Mississippi Department of Child Protection Services, Mississippi Department of Human Services (MDCPS) and Hope Village for Children, Inc.

Now, therefore, in consideration of the mutual agreements to modify the original contract between them, MDCPS and "Independent Contractor", do hereby agree that Paragraphs **4, 5, 8, 27, and 30** of said contract shall be modified to reflect the following:

**4. Period of Performance.** The period of performance of services under this Contract shall begin on March 1, 2016, or on the date in which the last party signs whichever is later, and end on February 28, 2017. MDCPS shall have the option to renew this Contract at one (1) year intervals for two (2) years at the same terms and conditions. These one (1) year options to this contract shall end on February 28, 2018.

**5. Consideration and Method of Payment.**

A As consideration for the performance of this Contract, the Independent Contractor shall be paid a fee not to exceed One Million Five Hundred Fifteen Thousand Six Hundred Twenty Four Dollars and Seventy Cents (\$1,515,624.70) in accordance with the Budget attached hereto as Exhibit C-1. It is expressly understood and agreed that in no event shall the total compensation paid hereunder exceed the specified amount of One Million Five Hundred Fifteen Thousand Six Hundred Twenty Four Dollars and Seventy Cents (\$1,515,624.70).

B. The Independent Contractor will bill MDCPS for its services on a monthly basis. Following the satisfactory completion, as determined by MDCPS, of its monthly services, the State requires the Independent Contractor to submit invoices electronically throughout the term of the agreement. Invoices shall be submitted to MDCPS using the processes and procedures identified by the State. The appropriate documentation shall be submitted on the last working day of the month, with the final invoice to be submitted within thirty (30) working days after the contract ending date.

**PAYMODE:** Payments by state agencies using the Mississippi's Accountability System For Government Information and Collaboration (MAGIC) shall be made and remittance information provided electronically as directed by the State. These payments shall be deposited into the bank account of the Independent Contractor's choice. The State may, at its sole discretion, require the Independent Contractor to submit invoices and supporting documentation electronically, at any time, during the term of this Agreement. Independent Contractor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency.

**E-PAYMENT:** Independent contractor agrees to accept all payments in United States currency via the State of Mississippi's electronic payment and remittance vehicle. MDCPS

agrees to make payment in accordance with Mississippi law on "Timely Payments for Purchases by Public Bodies," Mississippi Code Annotated 31-7-301, et. seq., which generally provides for payment of undisputed amounts by MDCPS within forty-five (45) days of receipt of invoice.

**8. Termination for Convenience of MDCPS.** MDCPS may terminate this Contract at any time by giving written notice to Independent Contractor of such termination and specifying the effective date thereof at least five (5) days before the effective date of such termination. Independent Contractor shall be paid an amount which bears the same ratio to the total compensation as the services actually and satisfactorily performed bear to the total services of Independent Contractor covered by the Contract, less payments of compensation previously made.

(1) Termination. The Agency Head of MDCPS may, when the interests of MDCPS so require, terminate this contract in whole or in part, for the convenience of MDCPS. The Agency Head shall give written notice of the termination to the contractor specifying the part of the contract terminated and when termination becomes effective.

(2) Contractor's Obligations. The contractor shall incur no further obligations in connection with the terminated work and on the date set in the notice of termination the contractor will stop work to the extent specified. The contractor shall also terminate outstanding orders and subcontracts as they relate to the terminated work. The contractor shall settle the liabilities and claims arising out of the termination of subcontracts and orders connected with the terminated work. The Agency Head may direct the contractor to assign the contractor's right, title, and interest under the terminated orders or subcontracts to the State. The contractor must still complete the work not terminated by the notice of termination and may incur obligations as are necessary to do so.

**27. Confidentiality.** Notwithstanding any provision to the contrary contained herein, it is recognized that MDCPS is a public agency of the State of Mississippi and is subject to the Mississippi Public Records Act, Mississippi Code Annotated §§ 25-61-1 *et seq.* If a public records request is made for any information provided to MDCPS pursuant to the agreement and designated by the Independent Contractor in writing as trade secrets or other proprietary confidential information, MDCPS shall follow the provisions of Mississippi Code §§ 25-61-9 and 79-23-1 before disclosing such information. MDCPS shall not be liable to the Independent Contractor for disclosure of information required by court order by law.

**30. Entire Agreement.** It is understood and agreed that this Modification Number 1 and the documents listed below constitute the entire understanding of the parties with respect to the subject matter contained herein and supersede and replace any and all prior negotiations, understandings and agreements, written or oral, between the parties relating thereto. The entire agreement made by and between the parties hereto shall consist of, and precedence is hereby established by the order of, the following documents incorporated herein:

1. Modification #1, Exhibit A-1; Exhibit B; Exhibit C-1
2. The Original Agreement

The documents are complementary, and what is required by one shall be binding as if required by all. A higher document shall supersede a lower order document to the extent necessary to resolve any conflict or inconsistency arising under the various provisions thereof; provided, however, that in no event an issue is addressed in one of the above-mentioned documents but is not addressed in another of such documents, no conflict or inconsistency shall

be deemed to occur by reason thereof. The documents listed above are shown in descending order or priority, that is, the highest document begins with the first listed document (“1. Modification #1, Exhibit A-1; Exhibit B; Exhibit C-1;”) and the lowest document is listed last (“2. The Original Agreement”).

**33. Trade Secrets, Commercial and Financial Information.** It is expressly understood that Mississippi law requires that the provisions of this contract which contain the commodities purchased or the personal or professional services provided, the price to be paid, and the term of the contract shall not be deemed to be a trade secret or confidential commercial or financial information and shall be available for examination, copying, or reproduction.

All other terms, conditions, and provisions set out in (the original contract other than those modified and amended, which are not in conflict with this Modification #1, shall remain in full force and effect for the duration of the contract.

**34. Termination for Default.**

(1) **Default.** If the contractor refuses or fails to perform any provisions of this contract with such diligence as will ensure its completion within the time specified in this contract, or any extension thereof, or otherwise fails to timely satisfy the contract provisions, or commits any other substantial breach of this contract, the Commissioner of MDCPS may notify the contractor in writing of the delay or nonperformance and if not cured in ten (10) days or any longer time specified in writing by the Commissioner, such officer may terminate the contractor’s right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform. In the event of termination in whole or in part, the Commissioner may procure similar services in a manner and upon terms deemed appropriate by the Commissioner. The contractor shall continue performance of the contract to the extent it is not terminated and shall be liable for excess costs incurred in procuring similar goods or services.

(2) **Contractor’s Duties.** Notwithstanding termination of the contract and subject to any directions from the Commissioner, the contractor shall take timely, reasonable, and necessary action to protect and preserve property in the possession of the contractor in which the State has an interest.

(3) **Compensation.** Payment for completed services delivered and accepted by MDCPS shall be at the contract price. MDCPS may withhold from amounts due the contractor such sums as the Commissioner deems to be necessary to protect MDCPS against loss because of outstanding liens or claims of former lien holders and to reimburse MDCPS for the excess costs incurred in procuring similar goods and services.

(4) **Excuse for Nonperformance or Delayed Performance.** Except with respect to defaults of subcontractors, the contractor shall not be in default by reason of any failure in performance of this contract in accordance with its terms (including any failure by the contractor to make progress in the prosecution of the work hereunder which endangers such performance) if the contractor has notified the Commissioner within 15 days after the cause of the delay and the failure arises out of causes such as: acts of God; acts of the public enemy; acts of the State and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe

weather. If the failure to perform is caused by the failure of a subcontractor to perform or to make progress, and if such failure arises out of causes similar to those set forth above, the contractor shall not be deemed to be in default, unless the services to be furnished by the subcontractor were reasonably obtainable from other sources in sufficient time to permit the contractor to meet the contract requirements. Upon request of the contractor, the Commissioner of MDCPS shall ascertain the facts and extent of such failure, and, if such officer determines that any failure to perform was occasioned by any one or more of the excusable causes, and that, but for the excusable cause, the contractor's progress and performance would have met the terms of the contract, the delivery schedule shall be revised accordingly, subject to the rights of MDCPS under the clause entitled (in fixed-price contract "Termination for Convenience," or in cost-reimbursement contracts, "Termination"). (As used in this Paragraph of this clause, the term "subcontractor" means subcontractor at any tier).

(5) **Erroneous Termination for Default.** If, after notice of termination of the contractor's right to proceed under the provisions of this clause, it is determined for any reason that the contract was not in default under the provisions of this clause, or that the delay was excusable under the provisions of Paragraph (4) of this clause, the rights and obligations of the parties shall, if the contract contains a clause providing for termination for convenience of MDCPS, be the same as if the notice of termination has been issued pursuant to such clause.

(6) **Additional Rights and Remedies.** The rights and remedies provided in this clause are in addition to any other rights and remedies provided by law or under this contract.

**35. Termination Upon Bankruptcy.** This contract may be terminated in whole or in part by MDCPS upon written notice to Contractor, if Contractor should become the subject of bankruptcy or receivership proceedings, whether voluntary or involuntary, or upon the execution by Contractor of an assignment for the benefit of its creditors. In the event of such termination, Contractor shall be entitled to recover just and equitable compensation for satisfactory work performed under this contract, but in no case shall said compensation exceed the total contract price.

For the faithful performance of the terms of this Contract, the parties hereto have caused this Contract to be executed by their undersigned authorized representatives.

**Mississippi Department of Child Protection  
Services**

**Hope Village for Children, Inc.**

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

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

**Authorized Signature**

**Authorized Signature**

**Printed Name: David A. Chandler**

**Printed Name:** \_\_\_\_\_

**Title: Commissioner**

**Title:** \_\_\_\_\_

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

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

**EXHIBIT A-1**  
**SCOPE OF SERVICES**

**Hope Village for Children, Inc.**  
**Comprehensive Therapeutic Care (CTC) Services**  
**October 1, 2016 – February 28, 2017**  
**Scope of Services**

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All services provided shall comply with all applicable federal and State of Mississippi laws, and regulations, as now existing and as may be amended or modified.

Therapeutic Foster Care for children encompasses a wide range of activities provided to children and youth under the age of twenty-one (21) in a licensed facility or location. Therapeutic Foster Care shall be available seven (7) days per week on a twenty-four (24) hour basis. The children must be in custody of the Mississippi Department of Child Protection Services (MDCPS). A child's custody cannot be vested in MDCPS for the purpose of providing this service. Therapeutic Foster Care is a residential, twenty-four (24) hour social service provided to children from birth to twenty-one (21) years who are determined to have at least moderate emotional, behavioral, medical, or developmental problems and are in need of treatment.

Hope Village for Children, Inc. will provide the following Therapeutic Foster Care Services:

**Therapeutic Resource Homes**

**I. LICENSURE**

All Therapeutic Foster Care requires a current license by the Mississippi Department of Child Protection Services (MDCPS) and current Certification by the Mississippi Department of Mental Health (DMH). *DMH Operational Standards* can be accessed online at [www.dmh.state.ms.us](http://www.dmh.state.ms.us). All contractors shall meet all requirements contained in *Licensing Requirements For Residential Child Caring Agencies and Child Placing Agencies* (Licensing Requirements). Contractors shall have access to, shall follow practice guidelines, and shall assist MDCPS in meeting requirements contained in the MDCPS policy manual, which can be accessed online at <https://mdcps.ms.gov/dfcs-policy/>.

If the Provider is not yet licensed by MDCPS or certified by DMH, proof of application may be submitted in conjunction with the response to this request for proposal. If a contract is awarded, the Provider must be fully licensed by MDCPS and certified by DMH within one hundred twenty (120) days of the award date or the contract will be considered void. No children will be placed with the Provider under this contract until the Provider is fully licensed.

## **II. STAFFING AND PERSONNEL**

The contractor shall show documentation of both direct care and professional staff on shifts around the clock in accordance with MDCPS LICENSING REQUIREMENTS FOR RESIDENTIAL CHILD CARING AGENCIES AND CHILD PLACING AGENCIES and the DMH Operational Standards.

In addition to the Licensing Requirements and DMH Operational Standards, the Provider shall include a plan to ensure all staff persons and therapeutic foster parents are appropriately trained in:

1. Trauma based practices
2. Individualized prevention strategies to prevent trauma and emotional triggers
3. Individualized interventions to de-escalate psychological and emotional crises
4. Plans to utilize child and their family's unique coping strategies
5. Individualized interventions to address grief and loss a child experiences when removed into MDCPS custody or when moved from one placement to another
6. The Mississippi Family Centered Practice Model
  - a) Designate staff to attend a three day orientation (train the trainer) around Mississippi's Family Centered Practice Model for all administrative and clinical staff that will be scheduled in the first half of 2016 and be offered by MDCPS
  - b) After the initial training, MDCPS will offer one (1) additional training each year for new Provider staff

## **III. DESCRIPTION OF SERVICES**

### **A. Children and Youth Eligible for Placement in a Therapeutic Resource Home**

A Therapeutic Resource Home is a home designed to provide services to children ages birth to twenty (20) years (or until the twenty first (21<sup>st</sup>) birthday if custody has been extended by the court) with at least moderate emotional, behavioral, medical, or developmental problems, for instance, bipolar disorder, dysthymia (depression), intermittent explosive disorder, oppositional defiant disorder, sexually deviant behavior, mental retardation/developmental delays, behavior disorder, mental illness/on medication, other diagnosed mental illnesses according to the Diagnostic and Statistical Manual of Disorders-V-TR (DSM-V-TR).

A Therapeutic Resource Home program shall recruit and provide specialized training and support services to resource parents capable of meeting the needs of these children. Resource parents providing therapeutic foster care services may require more frequent respite and support services and training in behavioral intervention.

The goal for children and youth in Therapeutic Foster Care is lasting permanency through reunification, relative care, adoption or guardianship. Therefore, the primary focus of the therapeutic resource parents and provider staff should be working with children and their families to support this goal.

Therapeutic Resource Home programs should be designed to work with children and youth who may have the following characteristics:

1. Children and youth may have a history of truancy, but are typically able to attend public school with liaison and support services provided by the agency.
2. Children and youth may have a history of impulsive behaviors, aggression and alcohol or drug misuse. The child or youth may also be appropriate for a therapeutic resource home if displaying moderate to low sexually reactive behaviors. In addition, the child or youth may have been treated at a higher level of care for sexually reactive behavior or sex offender issues and has been assessed with a low to moderate risk for reoffending.
3. Children and youth may have patterns of runaway episodes, have difficulty maintaining self-control, display poor social skills and/or have difficulty accepting authority.
4. Children and youth may have behaviors that can be treated in a home like environment, with adult supervision and intervention.
5. Children and youth may require community counseling or therapy, medication and medication management. These services shall be coordinated by the Provider in collaboration with MDCPS and integrated into treatment planning.

#### **B. Children and Youth Eligible for Placement in a Therapeutic Group Home**

Therapeutic Group Homes shall provide services to children in MDCPS custody ages ten (10) to twenty (20) years (or until the twenty first (21<sup>st</sup>) birthday if custody has been extended by the court) and should be designed to meet the needs of children who are unable to live at home, or with a Resource Family, and therefore require temporary care in a group care setting that is integrated within the community.

The goal for children in therapeutic group homes is lasting permanency through reunification, relative care, adoption or guardianship. Therefore, the primary work with the child and family should be focused on making this happen.

The Therapeutic Group Home Provider shall provide structure, therapeutic support, behavioral intervention and other services identified in a child's permanency plan for children with moderate clinical and behavioral needs.

The Therapeutic Group Home Program shall be designed for children and youth in need of twenty four (24) hour care and integrated planning to address behavioral, emotional, or family problems and the need for progressive reintegration into family and community living. Children and youth in a therapeutic group home placement shall remain involved in community-based schools (if possible) and participate in community and school based recreational activities with appropriate supervision.

Therapeutic Group Home programs should be designed to work with children and youth who may have the following characteristics:

1. Children and youth may have a history of truancy but are typically able to attend public school with liaison and support services provided by the agency.
2. Children and youth may have a history of impulsive behaviors, aggression and alcohol or drug misuse. The child or youth may also be appropriate for these group care programs if displaying moderate to low sexually reactive behaviors. In addition, the child or youth has been treated at a higher level of care for sexually reactive behavior or sex offender issues and has been assessed with a low to moderate risk for reoffending.
3. Children and youth may have patterns of runaway episodes, have difficulty maintaining self-control, display poor social skills and/or have difficulty accepting authority.
4. Children and youth may have behaviors that can be treated in a non-secure setting, with adult supervision and intervention.
5. Children and youth may require community counseling or therapy, medication and medication management. These services shall be coordinated by the Provider in collaboration with MDCPS and integrated into treatment planning.
6. Children and youth may require more supervision than can be provided in a regular or therapeutic foster home.

### **C. General Requirements**

1. Services shall be provided in the least restrictive environment that is appropriate to the individual child's strengths and needs.
2. Services must reflect practice that is culturally responsive and designed to provide for the unique needs of each child.
3. Provider shall not discriminate against a child in its care based on gender, gender identity, race, ethnicity, religion, national origin, disability, medical problems, or sexual orientation.
4. Provider shall be actively engaged in preserving connections and relationships for children with their families of origin.
5. Medical, dental and mental health needs shall be addressed by the Provider for every child in custody of MDCPS admitted to a therapeutic resource home or therapeutic group home program.
6. The Provider shall be responsible for ensuring each child placed receives:
  - a. An initial medical exam within seventy-two (72) hours of a child coming into MDCPS custody and a comprehensive medical exam within thirty (30) days of a child coming into MDCPS custody. The admission packet of the Provider should be designed to capture this information and MDCPS county staff will be expected to inform Provider staff when the child came into custody. Both the initial and comprehensive exam may take place during the same medical appointment.
  - b. Ongoing routine medicals shall be obtained for each child by anniversary date of child's timely initial medical exam.
  - c. Every child three years old and older shall receive a dental examination within 90 calendar days of foster care placement and every six months thereafter. Every

foster child who reaches the age of three in care shall be provided with a dental examination within 90 calendar days of his or her third birthday and every six months thereafter.

- d. The Provider shall secure mental health assessments on all children age four (4) and above within thirty (30) days of the date of custody if child has not received one already.
  - e. The Provider shall be responsible for ensuring all children receive ongoing mental health assessments and identified mental health services are put into place as necessary.
  - f. Developmental assessments will be secured for all children ages zero to three (0-3) and for children older than three (3) when there is suspicion of any developmental delays.
  - g. The Provider shall maintain an immunization schedule meeting the health needs of the child and the requirements of the State Department of Health as necessary.
  - h. Medicaid providers shall be sought for all medical, dental, and mental services.
  - i. Medications will be administered and monitored by assigned staff of the Provider in accordance with Licensure Standards.
  - j. Administration of psychotropic medications requires a written authorization from the County of Responsibility.
7. The Provider shall send documentation of and from all medical, dental and mental health examinations or assessments to the child's MDCPS worker within seventy hours (72) of receipt. Additionally, the MDCPS worker shall be notified of all written and/or verbal recommendations for care immediately.
  8. An inventory of all personal property of the child shall be completed by the Provider and MDCPS staff at the time of admission and upon discharge. The Provider and MDCPS staff must verify at admission and upon discharge the items the child is bringing to or taking from the Provider. Re-placement clothing will be provided by the MDCPS County of Responsibility as needed.
  9. Hygiene supplies shall be provided through the per diem rate by the Provider.
  10. Any injury to a child shall be documented along with any subsequent treatment. The child's MDCPS worker shall be notified immediately of minor or serious injuries and of the treatment required and/or received. Parental notification of serious injuries or treatment shall be made immediately by the child's MDCPS worker. Any injury or other serious incidents shall be reported verbally and followed up in writing by the Provider to the MDCPS Congregate Care Director.
  11. All photographs including videos, media presentations, and publications require an Order of Limited Disclosure from child's Youth Court Judge that will be obtained by the child's MDCPS worker. In addition, written consent shall be obtained from the MDCPS County of Responsibility, the child, the primary caregivers, if available, and the Guardian Ad Litem.
  12. In the event that the child runs away, is placed in a detention center or a hospital (acute or residential), or placed in any other emergency facility, the Provider shall immediately

notify verbally and in writing; the MDCPS Director of Congregate Care, County Social Worker, MDCPS Nurse Supervisor, and law enforcement, if applicable. Additionally, the Provider shall work with MDCPS staff to ensure that connections are maintained with the child (unless on runaway status) until they are able to return to a more permanent placement.

13. Family counseling/therapy, therapeutic support and family visits shall not be contingent on the child's behavior and cannot be denied to the child as part of any discipline.

#### **D. Child and Family Initial and Ongoing Strengths and Needs Assessment**

1. The Provider shall develop strategies and services to conduct an initial strengths and needs assessment on each child/sibling group that will contain information concerning each child's permanency plan (upon determination by MDCPS or Youth Court Judge), gather information that will aid MDCPS in diligent search of relatives and permanent connections, and any other pertinent information needed to promote the safety and permanency of the child. This includes input from the child's parents and extended family.
2. The Provider shall provide the initial strengths and needs assessment to the child's MDCPS worker within fourteen (14) days, as information contained within the assessment is updated, and at the time of discharge.
3. The strengths and needs assessment should include the following types of information:
  - a. A list of important connections in the child's life and potential for strengthening those connections into relationships that would lead to permanency for children in foster care;
  - b. A description of the child's general physical and presenting mental health status at the time of placement and on an on-going basis;
  - c. If applicable, it should include a substance abuse evaluation: substance abuse/use by description of patterns of use: how much, how often and anything learned concerning history and age at onset;
  - d. Treatment goals needed to transition to permanency when appropriate;
  - e. Medical history that includes medical problems, alerts, present medications, and medication history of the child and parents;
  - f. Special dietary needs of the child;
  - g. A general evaluation regarding the child's/youth's functioning in the domains of community living or family support;
  - h. Family status and involvement;
  - i. Risk factors for suicide, runaway, violence, or sexual behaviors;
  - j. An assessment or review of strengths, personal goals, and projected needs for child and parent;
  - k. A history of the child's educational achievements and areas of concern or needs;
  - l. Assessment of whether the child is currently eligible for special education services
  - m. Educational activities/status and interests;

- n. A summary of the child's developmental abilities and areas of concern or needs
- o. A trauma history of significant traumatic events in the life of the child and family;
- p. Description or explanation of trauma triggers
- q. Possible emotional or behavioral disruptions associated with these traumas.
- r. A review of significant losses of important relationships or belongings of the child and the impact of that loss on the child;
- s. Effective coping strategies the child engages to deal with these losses or the lack of coping strategies and possible triggers that may cause emotional and behavioral disruptions;
- t. Child's desires, hopes, wishes and expressed goals for own life and permanent connections; and a
- u. Summary of what the child enjoys doing and is good at doing.

**E. Treatment Plan Family Team Meeting**

1. The Provider shall initiate, schedule, and conduct a treatment plan family team meeting within the first seventy-two (72) hours of a child entering the Provider in order to begin gathering information for the strengths and needs assessment and the child and family treatment plan. This is separate from the MDCPS Family Team Meeting to determine components of the Family Service Plan.
2. The Treatment Planning Family Team Meeting should address the initial strengths and needs assessment, past treatment history, time frames, roles and responsibilities, permanent plans for the child, court hearings, visitation schedules, medical needs, dental needs, mental health needs, developmental abilities, family and child's strengths, coping mechanisms, behavioral challenges and trauma, grief and loss history, education history.
3. During the first thirty (30) days of a child's placement, these Treatment Plan Family Team Meetings should take place weekly. After the first thirty (30) days, these meetings should be held at least monthly.
4. The Treatment Plan Family Team Meeting may be conducted in person or over the phone.
5. The Treatment Plan Family Team shall include, unless determined to be inappropriate by the MDCPS County of Responsibility:
  - a. MDCPS County of Responsibility
  - b. Child when age appropriate
  - c. Birth parents, resource parents, and/or primary caregiver, as appropriate
  - d. Potential relative placements
6. The Treatment Plan Family Team Meeting may also include, subject to appropriateness and availability:
  - a. Important connections
  - b. MDCPS Educational Liaison
  - c. MDCPS Independent Living Coordinator
  - d. MDCPS Treatment Navigators
  - e. MDCPS County of Service

- f. MDCPS Nurses
  - g. Guardian Ad Litem
  - h. Other Service providers, including:
    - i. School Officials
    - ii. Mental Health Therapist
    - iii. MAP Team Coordinators
    - iv. Mobile Crisis Unit
    - v. Medical Staff
    - vi. Other placement providers when a child is coming from another provider or is transferring to another provider
7. The MDCPS County of Responsibility shall provide names and contact information for required and optional attendees.
  8. The Provider shall document efforts to notify required and optional attendees. In the event that all parties who were scheduled to attend do not, the Provider shall conduct the meeting and provide written updates to the parties that were not able to attend.

**F. Individualized Treatment Plans**

1. The Provider shall develop and initiate individualized treatment plans for each child and family that is specific to that child’s strengths, needs, and permanency plan.
2. The Provider in conjunction with the child’s Family Team, as defined above, shall develop strategies that allow for comprehensive individualized treatment planning for the child and their family when the plan is reunification, helping to identify a prospective family when the plan is for adoption, or identifying the next best placement for the child.
3. The initial treatment plan shall be completed within thirty (30) days of admission to the program and will be updated on an ongoing basis. The treatment plan must include the participation of Child’s Family Team, as outlined above, and shall be approved and signed by the all participants.
4. The individualized treatment plan, created with input from the child’s MDCPS worker, shall include:
  - a. Plan to prevent trauma triggers – each child’s triggers and their unique ways of coping should be utilized to prevent unnecessary re-victimization and trauma
    - i. Child’s current coping strategies should be used when reasonable – for instance if the child listens to music to calm down, the child’s music should be made available and not taken away as a form of punishment.
  - b. Plan to improve the child’s capacity for emotional regulation and his or her coping mechanisms by providing opportunities and activities to promote both emotional regulation and coping, such as:
    - i. Journaling, Music Therapy, Art Therapy, Martial Arts, Yoga, Sensory Integration, Breathing techniques, Animal Assisted Therapy, Hypnotherapy, Eye Movement Desensitization and Reprocessing are just a few evidenced based emotionally regulating activities. Several of these are free and can be implemented by the Provider. Others are Medicaid

reimbursable, while others may be accessed through partnerships in the community.

- c. It must address the trauma, grief and loss associated with children entering the foster care system.
- d. Protective and risk factors in parents – identifying the parent’s protective and risk factors to develop a strengths based plan for reunification
- e. Child and family strengths
- f. Unique/individualized needs of child and their family
- g. Treatment goals that address the child’s permanent and concurrent plan, as developed by MDCPS
- h. Plans to address mental health related behaviors, including individual, group and family therapy or wrap around services as needed
  - i. Treatment goals established by the Provider and the mental health Provider need to be made in conjunction with the child and family’s permanency plan. Conflicting or separate goals can lead to unplanned discharges and delayed permanency.
- i. Crisis intervention plans to prevent placement disruption including the utilization of - MAP Team wrap around services, Mobile Crisis Services, or interagency wrap around support and crisis intervention strategies
- j. Education/Vocational
  - i. Services that would inform, update, or initiate an Individualized Educational Plan when needed and enroll a child into appropriate classes.
  - ii. Plans for transitions into other school districts or settings.
  - iii. Surrogate parents are needed for every child in special education. If possible, it is hoped that parents or relatives can serve as a surrogate parent as required by the Department of Education. If these persons are not available, Federal Law prohibits public State Child Welfare Agency personnel from serving as a surrogate parent. A Provider staff member shall be required to serve as needed in the role of surrogate parent for special needs children placed in the Provider’s program.
- k. Developmental goals to help the child achieve age appropriate developmental milestones.
- l. Individualized plans for treating children with intellectual and developmental delays
- m. Health – Medical/Dental
- n. Medical necessities and medication management
- o. Alcohol and drug awareness and education as needed
- p. Coordination of alcohol and drug treatment as needed
- q. Social/Independent Living (youth 14 and over)
  - i. Independent living skills needed and strategies the Provider has to assist in the development of those skills in the youth while also taking advantage of

those offered through MDCPS' Contract Independent Living Skills Provider.

- r. Maintaining permanent connections
  - i. The identification of family supports and important connections of the child and engaging those connections.
  - ii. Important connections can be familial or others who care about the child and family.
  - iii. Plans of integrating the child back into the biological family (reunification) or into an identified foster or adoptive home (including relative and non-relative).
  - iv. Visitation between the child and their family and siblings, including face to face visits, phone calls and other correspondence such as Skype, Facebook, etc. (These should be done in accordance to MDCPS policy regarding family visitation). Children cannot be denied visitation for any reason (except in the case of a no contact order). Children's visitation with family is the child's right and shall not be used as an incentive or consequence in disciplinary actions.
  - v. Reunification strategies.
  - vi. Foster parent or relative recruitment strategies.
- s. Recreation
  - i. Plans for fun activities that would include family, siblings and others to build connections and relationships and add "normalcy" to the child's life.

#### **G. Emergency Services**

1. The Provider must have an emergency protocol, including a protocol for responding to behavioral based emergencies, to include contacting mobile crisis units for assessments and interventions to prevent placement disruptions if possible.
2. In case of medical or other type of emergencies, the Provider must provide respondents with immediate access to relevant information in the child/youth's record.

#### **H. Discharge Planning**

1. Every child shall have a planned transition to the next best placement.
2. Successful discharge planning may result a child going to live with a relative with needed support, going to adult services provided through the Department of Mental Health, going to college, being reunified with his or her family or being adopted. An unsuccessful discharge is an exit to a higher level of care, another agency of the same level of care, homelessness, and runaway without readmission, and detention or jail without return to the program.
3. Punitive discharges shall not be allowed (discharges cannot be used as punishment for child's behavior).

4. The Provider shall schedule, initiate, and conduct the first Discharge Planning Family Team Meeting for the successful transition of the child back into their family or the identified next best placement within fourteen (14) days of the placement.
5. The final planned discharge meeting must be held two weeks prior to the child's discharge from the Provider.
6. The purpose of this meeting will be to discuss:
  - a. Treatment progress as reported by mental health provider
  - b. Progress needed toward other goals
  - c. Educational transition
  - d. Medication management/needs
  - e. Medical history and current physical health and needs
  - f. Upcoming appointments
  - g. Special dietary needs
  - h. Trauma triggers
  - i. Social, emotional and behavioral issues
  - j. Child's interests
  - k. Important connections
  - l. Coping strategies
  - m. Tangible needs
  - n. Roles and responsibilities of each Team member in the transition process
7. This discharge plan will be provided in writing to all members within 48 hours of the meeting.
8. These meetings can take place in person or via conference call.
9. There should be a signature page for each treatment team meeting. The signatures account for attendance as well as agreement of the discussion and changes in the plan.
10. The Discharge Planning Family Team Meeting shall include, unless determined to be inappropriate by the MDCPS COR:
  - a. MDCPS County of Responsibility
  - b. Child when age appropriate
  - c. Parents of the child
  - d. Potential relative placements
11. The Discharge Plan Family Team Meeting may also include, subject to appropriateness and availability:
  - a. Important connections
  - b. MDCPS Educational Liaison
  - c. MDCPS Independent Living Coordinator
  - d. MDCPS Treatment Navigators
  - e. MDCPS County of Service
  - f. MDCPS Nurses
  - g. Guardian Ad Litem
  - h. Other Service providers, including:
    - i. School Officials

- ii. Mental Health Therapist
- iii. MAP Team Coordinators
- iv. Mobile Crisis Unit
- v. Medical Staff
- vi. Other placement providers when a child is entering from another facility or is transferring to another facility

#### **I. Placement Disruption**

1. No child shall be ejected from placement based on behaviors, unless it is deemed medically necessary that they go into a higher-level psychiatric treatment facility or unless the child presents an immediate threat of harm to himself or others. The Provider shall put forth all efforts to prevent this disruption, including utilizing MAP Teams, local and statewide wrap around services and Mobile Crisis Units. Immediate removal may occur if child is a threat of harm to self or others.
2. The Provider shall schedule a Discharge Family Team meeting any time it has an indication that the placement may be in danger of disrupting
3. In the event that a child may need a higher level of care than the Provider can provide and the Provider has put forth all efforts to prevent the placement from disruption, an emergency Discharge Family Team Meeting must be held to determine the next best placement for the child.
4. Upon discharge from the higher level of care, the child shall return to the same Provider if placement is needed.
5. Unplanned discharge meetings may be held with a forty-eight (48) hour notice.

#### **J. Runaways and Serious Incidents**

1. In the event that the child runs away, the Provider shall immediately notify verbally and in writing: the MDCPS Director of Congregate Care, County Social Worker, and law enforcement.
2. If a child causes injury to the Provider's staff or another resident of the Provider, the Provider shall notify the MDCPS County Social Worker as well as the Congregate Care Unit and file charges with Law enforcement so that the matter can be brought before the judge of jurisdiction. Payments shall not be made for the night child is absent due to runaway status. Termination will be considered after child has not been located in seven (7) calendar days.

#### **IV. Reporting**

MDCPS has identified the following Key Performance Indicators (KPI's) that will be monitored, though not incentivized, as it relates to improving outcomes for Mississippi children and families. These six priority areas are reflective of key practices and services that have a direct link to the achievement of outcomes that will be the focus of the Mississippi Performance Based Contracting model.

The provider will be expected to submit the required data monthly on a web tool to be designed by MDCPS prior to contract start date.

The five (5) areas the Provider will be expected to collect data on are as follows:

**1. Regular Treatment Planning Family Team Meetings and Discharge Family Team Meetings**

Data regarding the frequency of Treatment Planning Family Team Meetings and Discharge Family Team Meetings and attendance by Provider staff at MDCPS scheduled Family Team Meetings and Foster Care Reviews for children placed in the Provider's care will be collected on an ongoing basis and will help inform the degree to which the Provider is actively engaged in case planning with the child and family.

**2. Facilitation by the Provider of frequent and consistent in-person visits between children in care and their parents and siblings**

Data regarding the frequency of parent/child visits and sibling visits for children placed in the Provider's care will be collected from the Provider to measure the extent to which the Provider is actively engaged in preserving connections and relationships for children with their families of origin.

**3. Ensuring the completion of initial physical, developmental and mental health assessments by the Provider for children in care in a timely manner**

Data will be collected from the Provider as to the timely assessments for children under their care for:

- a. Initial (72 hour) medical assessments
- b. 30 day comprehensive medical exams
- c. Ages 0-3 developmental assessments
- d. Ages 4 and up mental health assessments
- e. School-age 30 day educational assessments
- f. 90 day dental exams

**4. Prevention of unplanned placement discharges**

Data will be collected from the Provider on an ongoing basis for those children under their care for whom they have:

- a. Requested a Discharge Planning Family Team
- b. Requested removal (with 2 weeks' notice/without 2 weeks' notice)
- c. Discharged under unplanned circumstances
- d. Discharged to a less restrictive placement
- e. Discharged to a more restrictive placement

**5. Preparing Older Youth for Independence**

Data will be collected from the Provider on an ongoing basis for those youth ages 14 and up, under their care as to:

- a. Support of actions and goals set out in the youth's MDCPS Independent Living Plan and/or Transitional Living Plan (to be provided to the Provider by the youth's MDCPS worker)
- b. Support to help youth attain educational goals, including graduation from high school with opportunities for higher education or vocational training
- c. Support to secure for youth meaningful employment and a steady source of income
- d. Support to ensure the youth has access to health care services
- e. Permanent connections the youth has developed within the community

## **V. Appeals procedures**

The Department recognizes that in order to hold the Provider accountable for the outcomes of stability, permanency, and reentries, it will need to develop a timely, formal process where the Provider can bring any grievances related to case-specific practice.

Even though there will be a formal grievance process, the Department expects its county staff, state office staff, and the Provider to work to resolve any differences through consistent informal communications prior to beginning any of the formal procedures outlined below.

### **1. There are two (2) situations where the Provider may institute the formal appeals process:**

- a. Placement or treatment decision is a threat to the safety of the child
- b. Placement or treatment decision is in opposition to the child's permanency plan

### **2. The formal appeal process consists of three steps:**

#### **a. Case Conference**

The first step in resolving disagreements about case decisions is to hold a case conference with the MDCPS caseworker and supervisor, Provider caseworker and supervisor. Both the MDCPS County of Service and County of Responsibility should be included. All parties should document the case conference in their respective files. If still dissatisfied, the Provider must request the regional conference immediately.

#### **b. Regional Conference**

The second step in resolving a disagreement that cannot be resolved by a case conference is to hold a regional conference with the Regional Director. The Provider caseworker, supervisor and director should be present. The MDCPS caseworker and supervisor must abide by the decision of the Regional Director. The Regional Director will provide a written response to be documented by all parties in their respective files.

#### **c. State Office Review**

If the Provider is not satisfied with the Regional Director's decision, the Provider may appeal the decision to the MDCPS State Office case review committee. The case review committee will consist of MDCPS Director or Designee, MDCPS Field Operations Director or Designee, and the Bureau Director or designee most closely related to the cause of disagreement. The case

review committee can meet face-to-face or by conference call, at the discretion of MDCPS. The case review committee must include at least two of the above mentioned positions. Documentation from all parties involved in Step 1 and Step 2 shall be submitted to the Case Review Committee. The MDCPS caseworker, supervisor, regional director and the Provider caseworker, supervisor, and director should be at the meeting or on the call to present their case and respond to questions from the committee. The case review committee will have the final word in case decisions. The case review committee will provide written documentation of the decision to MDCPS staff and Provider staff for their respective files.

For each level of the formal appeals process, Provider must request and MDCPS must schedule and hold the appropriate conference or review within forty-eight (48) hours, excluding holidays and weekends, of the conclusion of the prior step.

## VI. Performance Measures

### 1. Definitions

- **Exits to Permanency** - All exits from state custody that are intended to provide the child with a stable, permanent family: reunification, guardianship and adoption.
- **Non-permanent Exits** – All exits from a Provider (e.g., aging out, runaway) that is not permanent.
- **Transfer Exits** – Exit from a Provider’s custody to a placement location elsewhere in the state.
- **Re-entries** – Any child that has a permanent exit (reunification or guardianship) from care and returns to custody within 365 days of their exit.
- **Lasting Permanency** – All exits to permanency minus reentries for a period of one year after exit to permanency.
- **In Care Population** – The population in care as of January 1, 2016.
- **Admission** -- Entry with a Provider that occurred during a fiscal year window. Children who have temporary episodes in alternative locations (e.g. acute care facility, or college) will have that time bridged if the episode is less than 14 days.
- **Baseline Exits to Permanency** – The number and percent of children, from the corresponding in care and admission populations, the Provider would be expected to exit from out-of-home care, within a specified fiscal year period, to permanency (as defined in this section).
- **Baseline Re-entries** – The number and percent of children discharged to permanency who may be expected to return to care, given historical performance. For purposes of estimating the reentry to care, return to out-of-home care means any child who returns to out of home care from a permanent exit (reunification or guardianship, whether the foster home is supervised by MDCPS, or a private Provider). For purposes of calculating the re-entry rate, the base includes children discharged to permanency from either the in care or admission population within the fiscal year, who return to care with one year of their discharge to permanency.
- **Baseline Lasting Permanency** – The number of children, from the corresponding in care and admission populations, the Provider would be expected to exit from out-of-home care, within two calendar years, to permanency (as defined in this section) minus the number of re-entries divided by the total number of children served during the evaluation period.

- **Baseline Transfer Rate** – The number and percent of children, from the corresponding in-care and admit populations, that the provider would be expected to transfer to another out-of-home care setting within the specified fiscal year period.
- **Targeted Exits to Permanency** – The number and percent of children for whom the Provider can be projected to achieve a permanent exit, given that the goal for improvement in performance is met.
- **Targeted Re-entries** - The number and percentage of returns to out of home care after a successful exit to permanency within one fiscal year.
- **Target Lasting Permanency** - The percent of children for whom the Provider can be projected to achieve a lasting permanent exit, given the targeted improvement in exits to permanency and targeted reduction in re-entries.
- **Targeted Transfer Rate** – The number and percent of children, from the corresponding in-care and admit populations, that the provider would be expected to transfer to another out-of-home care setting, given the targeted reduction in transfer exits.
- **Performance Period** - Period beginning on July 1, 2016 and ending on December 31, 2017 during which the Provider will be evaluated on performance measures.
- **Transfer Reduction Factor** – An adjustment to actual lasting permanency based on whether the Provider met their targeted transfer rate. If a Provider successfully meets their targeted transfer rate they will be awarded a percentage of their baseline lasting permanency rate as an adjustment to their actual performance. The exact percentage will be determined on the contract award date and will be in the range of (.01-1.0)\*Baseline Lasting Permanency.

## 2. Performance Evaluation

MDCPS shall evaluate Provider performance in the following areas:

- a) Permanent Exits
- b) Re-entries after permanent exits
- c) Transfers

For the purposes of performance evaluation, the Provider will be evaluated on actual performance versus baseline performance (defined above) established at the beginning of the performance period and the targeted improvement identified below.

For a Provider who has never provided therapeutic foster care services, a baseline will be created from the average of all existing licensed therapeutic foster care agencies for the initial performance period. After the initial performance period, the Provider's baseline will become their own performance since the contract start date and any new Provider will be evaluated against that baseline in future renewals or new contracts.

For the July 1, 2016 – December 31, 2017 performance period, the targeted levels of performance improvement are as follows:

<b>Outcomes</b>	<b>Targeted Improvement</b>
Exits to permanency	+ 10% (ten percent more children will exit to permanency)
Re-entries	- 10% (ten percent fewer children will reenter care following permanent exit)
Transfer Rate	- 10% (ten percent fewer children will experience transfer exits)

Performance will be evaluated at the conclusion of the two year performance period using the following framework:

$$\text{Targeted Lasting Permanency} = \frac{(\text{Targeted Exits to Permanency}) - (\text{Targeted Reentries})}{\text{Total Baseline Children Served}}$$

$$\text{Actual Performance} = \frac{(\text{Actual Exits to Permanency}) - (\text{Actual Reentries})}{\text{Total Children Served}} + \text{Transfer Reduction Factor}$$

The Transfer Reduction Factor is an adjustment to the Provider's Actual Lasting Permanency based on whether or not the Provider met or exceeded the targeted Transfer Rate. For those Providers who meet or exceed the target, they will be able to add a percentage of their baseline lasting permanency to their actual performance based on the following table:

	If Actual Transfer Less Than Target	If Actual Transfer Rate Greater Than Target
Transfer Reduction Factor	0	.02 * baseline lasting permanency

Once actual and targeted performance has been established, as described above, Provider will potentially be eligible for an enhanced or premium rate for next contractual period based on Actual Performance compared to Baseline Lasting Permanency and Targeted Lasting Permanency:

	<b>Less than Baseline Lasting Permanency</b>	<b>Between Baseline and Target Lasting Permanency</b>	<b>Greater than Targeted Lasting Permanency</b>
<b>Actual Performance</b>	Base Rate	Enhanced Rate	Premium Rate

The Provider will be eligible for either the base, enhanced, or premium rate in in the subsequent contract renewal period or under a new contract pending the availability of funds in that State Fiscal Year.

## **VII. Funding**

The "board payment" for foster children is determined by MDCPS dependent upon the appropriation of the Mississippi Legislature.

Board payments for a child in foster care may cover the cost of (and the cost of providing) the following:

- Food
- Clothing
- Shelter
- Daily supervision
- School supplies
- A child's personal incidentals
- Liability insurance with respect to the child
- Reasonable travel to the child's home for visitation with family, or other caretakers
- Reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement

Local travel associated with providing the items listed above is also an allowable expense. In the case of child care institutions, such items must include the reasonable costs of administration and operation of such institutions as are necessarily required to provide the items described in the preceding sentences.

The base rate can be found in Section D.VIII.B. *Resource Board Payment Schedule of the MDCPS Policy Manual.*

Payments will be made based on the number of nights a child physically spends in the placement; 12:01a.m. will begin a new day. Board payments will not be paid for the placement from which a child is removed, when temporarily moved to another placement such as trial home placements, incarceration (jails or detention centers), medical and/or behavioral institutions, attending college and/or placed on runaway status; nor will payments be made in the event that the home's license lapses (Refer to the board payment exceptions following.).

**Board Payment Exceptions to Overnight Visit(s) and Temporary Move(s)**

When a Resource Home or Residential Provider has committed to the child(ren) returning to their home or Provider after an overnight visit, receiving respite, medical and/or behavioral treatment, a placement change in MACWIS will not be required if they meet the following criteria:

- If child is on an overnight visit or receiving respite, medical and/or behavioral treatment for 0-3 days (72 hours), prior approval from ASWS and RD shall be obtained in writing through e-mail and documented in MACWIS.
- If child is on an overnight visit or receiving respite, medical and/or behavioral treatment for more than 72 hours, but not more than 14 days, and will return to the resource placement or Provider, prior approval from ASWS, RD and Field Operations Director shall be obtained in writing through e-mail and documented in MACWIS.
- In the event of an extraordinary circumstance concerning a youth in custody, it may be brought to Executive management (Deputy Commissioner, MDCPS Director and/or Field Operations Director) for consideration. The extraordinary circumstance shall be staffed with ASWS and RD. Upon staffing, when determined that further review is appropriate, only then will the matter be brought to the attention of MDCPS Executive management for consideration. The extraordinary circumstance and decision shall be obtained in writing through e-mail and documented in MACWIS.

# EXHIBIT B

## Modified Mississippi Settlement Agreement And Reform Plan

(See Mississippi Department of Human Services Website)

[www.mdhs.state.ms.us](http://www.mdhs.state.ms.us)

# EXHIBIT C-1 BUDGET

**BUDGET FOR HOPE VILLAGE FOR CHILDREN, INC.**  
**October 1, 2016 – February 28, 2017**  
**Budget Narrative**

The budget is based on the child's placement type, at a per diem rate, per therapeutic child per day. All other children placed with the therapeutic child will receive a per diem rate of **\$45.79** per day.

Therapeutic resource/group homes will only receive the therapeutic rate for those children with a therapeutic designation; all others will receive a per diem rate of \$45.79 per day. Therefore, if a sibling does not have a therapeutic designation and is placed in the therapeutic home with a sister/brother who has a therapeutic designation in order to place the siblings in the same home, the therapeutic resource/group home will receive the therapeutic rate for only one of the children in the sibling group. If a child is placed with a foster teen parent, the therapeutic rate will only be received for the parent, unless the child has a therapeutic designation. (MDCPS Policy Section D/Resource Board Payment Schedule, pages 137-138)

The facility shall have the flexibility to transfer funds for the payment type for therapeutic and sibling placements based on the needs of the agency at any given time during the contract period, as long as it does not exceed the total amount budgeted for the contract.

**The total amount of this Contract will not exceed One Million Five Hundred Fifteen Thousand Six Hundred Twenty Four Dollars and Seventy Cents (\$1,515,624.70).**

# E-Verify

Company ID Number: 516267

## THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

### ARTICLE I

#### PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and Hope Village for Children, Inc. (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

### ARTICLE II

#### FUNCTIONS TO BE PERFORMED

##### A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed



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by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and non-citizens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF DHS**

1. After SSA verifies the accuracy of SSA records for employees through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to make available to the Employer at the E-Verify Web site and on the E-Verify Web browser, instructional materials on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of employees' employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and

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Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

## **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The photocopy must be of sufficient quality to allow for verification of the photo

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and written information. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in good faith compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 and E-Verify system compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after the Form I-9 has been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer

Company ID Number: 516267

uses the E-Verify system for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees in private of the finding and providing them written notice of the findings, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA, as applicable, by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-

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Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

#### **D. RESPONSIBILITIES OF FEDERAL CONTRACTORS WITH THE FAR E-VERIFY CLAUSE**

1. The Employer understands that if it is a subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.

b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause.

c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States,

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whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time of enrollment in the system and after the date and selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Employers that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor with the FAR E-Verify clause in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors with the FAR E-Verify clause may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only new employees and those existing employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt as long as that Form I-9 is complete (including the SSN), complies with

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Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the Supplemental Guide for Federal Contractors. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

### ARTICLE III

## REFERRAL OF INDIVIDUALS TO SSA AND DHS

### A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it

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determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

## **B. REFERRAL TO DHS**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding. The Employer must review the tentative nonconfirmation with the employee in private.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (paid for at employer expense).

7. If the Employer determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer must forward the employee's documentation to DHS using one of the means described in the preceding paragraph; and allow DHS to resolve the case.

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## ARTICLE IV

### SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

## ARTICLE V

### PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

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D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



Company ID Number: 516267

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

<b>Employer Hope Village for Children, Inc.</b>	
<b>Tina Aycock</b>	
Name (Please Type or Print)	Title
<b>Electronically Signed</b>	<b>03/06/2012</b>
Signature	Date
<b>Department of Homeland Security – Verification Division</b>	
<b>USCIS Verification Division</b>	
Name (Please Type or Print)	Title
<b>Electronically Signed</b>	<b>03/06/2012</b>
Signature	Date

Information Required for the E-Verify Program

Information relating to your Company:

Company Name:	Hope Village for Children, Inc.
Company Facility Address:	2433 23rd Ave
	Meridian, MS 39301
Company Alternate Address:	P.O. Box 26
	Meridian, MS 39302
County or Parish:	LAUDERDALE
Employer Identification Number:	64092757

Company ID Number: 516267

North American Industry Classification Systems Code:	624
Administrator:	
Number of Employees:	20 to 99
Number of Sites Verified for:	1
<b>Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:</b>	
• MISSISSIPPI 1 site(s)	

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	Linda Burwell	Fax Number:	(601) 553 - 8669
Telephone Number:	(601) 553 - 8660 ext. 2259		
E-mail Address:	lburwell@hopevillagems.org		
Name:	Melissa McClure	Fax Number:	(601) 553 - 8669
Telephone Number:	(601) 553 - 8660		
E-mail Address:	mmclure@hopevillagems.org		
Name:	Terri Province	Fax Number:	(601) 553 - 8669
Telephone Number:	(601) 553 - 8660 ext. 2557		
E-mail Address:	tprovince@hopevillagems.org		
Name:	Tina Aycock	Fax Number:	(601) 553 - 8669
Telephone Number:	(601) 553 - 8660 ext. 2258		
E-mail Address:	taycock@hopevillagems.org		

# E-Verify

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Company ID Number: 516267

CERTIFICATE  
OF  
INSURANCE



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
12/17/2015

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 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 The Insurance Center of M PO Box 1351 Meridian MS 39302-1351	CONTACT NAME: Fran Aycock	PHONE (A/C, No, Ext): (601) 693-4405	FAX (A/C, No): (601) 693-0545	
	E-MAIL ADDRESS: fran@inscentermdn.com			
INSURED Hope Village for Children, Inc. Hope Village for Children P.O. Box 26 Meridian MS 39302-	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A: Arch Insurance Company			
	INSURER B: Stonetrust Insurance Company			
	INSURER C:			
	INSURER D:			
	INSURER E:			
INSURER F:				

COVERAGES CERTIFICATE NUMBER: 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		NCPKG0108606	03/01/2016	03/01/2017	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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$			NCAUTO0108606	03/01/2016	03/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV008651502	05/17/2015	05/17/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Commercial Crime - Employee Theft			NCPKG0108606	03/01/2016	03/01/2017	\$1,000,000 \$500 Ded.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

HOPE VILLAGE FOR CHILDREN, INC. IS COVERED FOR EMPLOYEE USE OF BOTH COMPANY OWNED VEHICLES AND VEHICLES OWNED BY THE EMPLOYEES WHILE BEING USED IN THE COURSE OF BUSINESS FOR THE LIMITS SHOWN ABOVE.

CERTIFICATE HOLDER	CANCELLATION	AI 041530
MS Department of Human Services Division of Family & Children Services 750 North State Street Jackson MS 39215-	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	<i>Stuart R. Aycock</i>

Hope Village for Children

APPENDIX D

P.O. Box 26  
Meridian, MS 39302

Policy Number  
NCPKG0108606

COMMON POLICY DECLARATIONS

ARCH INSURANCE COMPANY

Named Insured HOPE VILLAGE FOR CHILDREN,

Effective Date: 03-01-15  
12:01 A.M., Standard Time

Agent Name NSM INSURANCE GROUP - CPS

Agent No. 16204

<b>Item 1.</b> Named Insured and Mailing Address	Agent Name and Address
HOPE VILLAGE FOR CHILDREN, INC. 2202 24TH ST MERIDIAN MS 39301	NSM INSURANCE GROUP - CPS 16301 QUORUM DRIVE ADDISON TX 75001
	Agent No. 16204

<b>Item 2.</b> Policy Period	From: 03-01-2015	To: 03-01-2016
at 12:01 A.M., Standard Time at your mailing address shown above.		

<b>Item 3.</b> Business Description:	SHELTERS-HOMELESS/WOMENS/CHILDRENS
Form of Business:	CORPORATION

**Item 4.** In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium
Commercial Property Coverage Part	\$ 13,616.00
Commercial General Liability Coverage Part	\$ 10,166.00
Commercial Crime Coverage Part	\$ 406.00
Commercial Inland Marine Coverage Part	\$ 250.00
Commercial Auto (Business or Truckers) Coverage Part	NOT COVERED
Commercial Garage Coverage Part	NOT COVERED
<b>Total Policy Premium</b>	<b>\$ 24,438.00</b>

**Item 5.** Forms and Endorsements

Forms(s) and Endorsement(s) made a part of this policy at time of issue:

**See Schedule of Forms and Endorsements**

Countersigned:

Date: 03-18-15

By: 

Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.  
FAIC-SKLBUS-CPD (6/01)

Hope Village for Children  
 P.O. Box 26  
 Meridian, MS 39302

Policy Number  
 NCAUT0108606

COMMON POLICY DECLARATIONS

ARCH INSURANCE COMPANY

Named Insured HOPE VILLAGE FOR CHILDREN,

Effective Date: 03-01-15  
 12:01 A.M., Standard Time

Agent Name NSM INSURANCE GROUP - CPS

Agent No. 16204

<b>Item 1.</b> Named Insured and Mailing Address	Agent Name and Address
HOPE VILLAGE FOR CHILDREN, INC. P O BOX 26 MERIDIAN MS 39302	NSM INSURANCE GROUP - CPS 16301 QUORUM DRIVE ADDISON TX 75001
	Agent No. 16204

<b>Item 2.</b> Policy Period	From: 03-01-2015	To: 03-01-2016
at 12:01 A.M., Standard Time at your mailing address shown above.		

<b>Item 3.</b> Business Description:	SHELTERS-HOMELESS/WOMENS/CHILDRENS
Form of Business:	CORPORATION

**Item 4.** In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)	Premium
Commercial Property Coverage Part	NOT COVERED
Commercial General Liability Coverage Part	NOT COVERED
Commercial Crime Coverage Part	NOT COVERED
Commercial Inland Marine Coverage Part	NOT COVERED
Commercial Auto (Business or Truckers) Coverage Part	\$ 12,571.00
Commercial Garage Coverage Part	NOT COVERED
<b>Total Policy Premium</b>	\$ 12,571.00

<b>Item 5.</b> Forms and Endorsements
Forms(s) and Endorsement(s) made a part of this policy at time of issue:
See Schedule of Forms and Endorsements

Countersigned:

Date: 03-18-15

By:   
 Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.  
 FAIC-SKLBUS-CPD (6/01)

Hope Village for Children  
P.O. Box 26  
Meridian, MS 39302



Home Office Address:  
10306 Regency Parkway Drive  
Omaha, NE 68113

Administrative Address:  
One Liberty Plaza, 53rd Floor  
New York, NY 10006  
Tel: (800) 817-3252

**ARCH CANOPY POLICY FOR NONPROFIT ORGANIZATIONS<sup>SM</sup> DECLARATIONS**

NOTICE: THE LIABILITY COVERAGE PARTS OF THIS POLICY PROVIDE CLAIMS MADE COVERAGE. EXCEPT AS OTHERWISE PROVIDED, SUCH COVERAGE APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND REPORTED TO THE INSURER NO LATER THAN 60 DAYS AFTER THE END OF THE POLICY PERIOD. EACH APPLICABLE LIMIT OF LIABILITY SHALL BE REDUCED, AND MAY BE EXHAUSTED, BY DEFENSE COSTS PAYMENTS. IF ANY LIMIT OF LIABILITY IS EXHAUSTED, THE INSURER SHALL HAVE NO FURTHER LIABILITY FOR THE COVERAGE TO WHICH SUCH LIMIT APPLIES, INCLUDING LIABILITY FOR DEFENSE COSTS. ALL LOSS PAYMENTS, INCLUDING DEFENSE COSTS PAYMENTS, SHALL APPLY TO THE DEDUCTIBLE.

NOTICE: A DEFINITION OF CLAIM IS OUTLINED IN EACH COVERAGE PART AND IS CRITICAL TO COVERAGE AFFORDED. PLEASE READ THIS POLICY CAREFULLY.

**DECLARATIONS**

Policy No.: NFP0086608-03

Item 1. **Named Organization & Address:** Hope Village for Children, Inc.  
2433 23 Ave.  
Meridian, MS 39301

Item 2. **Policy Period:**  
From: 03/01/2015  
To: 03/01/2016  
12:01 a.m. local time at the address stated in Item 1

Item 3. **Policy Premium:** \$3,227.00  
Taxes, Surcharges and other Assessments, if applicable \$N/A  
Premium attributable to Terrorism Risk Insurance: \$0  
Included In Policy Premium   
In Addition To Policy Premium

Item 4. **Extended Reporting Period (Liability Coverage Parts only):**  
Additional Period: 1 Year  
Additional Premium: \$2,420.00 (ERP is based on annual premium)

Hope Village for Children  
 P.O. Box 26  
 Meridian, MS 39302

**Item 5. Notices to Insurer:**

Claims or Potential Claims:

Arch Insurance Company  
 Executive Assurance Claims  
 10909 Mill Valley Road, Suite 210  
 P.O. Box 542033  
 Omaha, NE 68154  
 Phone: 877 688-ARCH (2724)  
 Fax: 866 266-3630  
 E-mail: Claims@ArchInsurance.com

All Other Notices:

Arch Insurance Company  
 Executive Assurance Underwriting  
 One Liberty Plaza, 53rd Floor  
 New York, NY 10006  
 Fax: (212) 651-6499

**Item 6. Coverage Elections:**

Only those Coverage Parts, Insuring Agreements, and Options designated with an X are included under this Policy.

<input checked="" type="checkbox"/> Liability Coverage Parts Aggregate Limit of Liability Option:	\$1,000,000
<input checked="" type="checkbox"/> Defense Costs Outside the Aggregate Limit of Liability Option:	\$1,000,000

<input checked="" type="checkbox"/> Nonprofit Organization Liability Coverage Part:			
Limit of Liability:		\$1,000,000	
Insuring Agreement	Sublimit of Liability	Deductible Each Claim	Pending and Prior Litigation Date
A. Insured Person Liability	N/A	None	
B. Organization Reimbursement	N/A	\$2,500	09/18/11
C. Organization Liability	N/A	\$2,500	09/18/11
D. Derivative Demands	\$250,000	None	09/18/11
E. Crisis Management Costs for a Network Security Breach or Privacy Violation	\$5,000	None	N/A

Extension	Sublimit of Liability
Excess Benefit Transaction Excise Tax	\$20,000
<input checked="" type="checkbox"/> Defense Costs Outside the Limit of Liability Option	\$1,000,000

Hope Village for Children  
 P.O. Box 26  
 Meridian, MS 39302

<input checked="" type="checkbox"/> <b>Employment Practices Liability Coverage Part:</b>			
<b>Limit of Liability:</b>		\$1,000,000	
<b>Insuring Agreement</b>	<b>Sublimit of Liability</b>	<b>Deductible Each Claim</b>	<b>Pending and Prior Litigation Date</b>
A. Employment Practices Liability	N/A	\$10,000	09/18/11
B. Third Part Liability	\$1,000,000	\$10,000	09/18/11
<input checked="" type="checkbox"/> <b>Defense Costs Outside the Limit of Liability Option</b>		\$1,000,000 Limit	

<input type="checkbox"/> <b>Fiduciary Liability Coverage Part:</b>		
<b>Limit of Liability</b>	<b>Deductible Each Claim</b>	<b>Pending and Prior Litigation Date</b>
<input type="checkbox"/> <b>Defense Costs Outside the Limit of Liability Option</b>		N/A

<input type="checkbox"/> <b>Crime Coverage Part:</b>			
<b>Insuring Agreement</b>	<b>Limit of Liability</b>	<b>Deductible</b>	<b>Options</b>
<input type="checkbox"/> A. Employee Theft			<input type="checkbox"/> Loss Sustained or <input type="checkbox"/> Loss Discovered
<input type="checkbox"/> B. Customer Property			(If neither box above is designated with an X, this Policy shall be issued on a Loss Sustained basis)
<input type="checkbox"/> C. Inside the Premises			
<input type="checkbox"/> D. Outside the Premises			
<input type="checkbox"/> E. Forgery or Alteration			
<input type="checkbox"/> F. Computer Fraud or Fraudulent Transfer Instructions			<input type="checkbox"/> Investigation Costs Coverage: - Sublimit of Liability:
<input type="checkbox"/> G. Currency Fraud			

W9  
FORM

## Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>Hope Village for Children, Inc.</b>	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see Instructions) ▶	
Address (number, street, and apt. or suite no.) <b>2433 23rd Ave</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Meridian, MS 39301</b>	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number
<b>64                      0927575</b>

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person	Date ▶ <b>3-30-15</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

ORIGINAL  
CONTRACT  
AGREEMENT

**STATE OF MISSISSIPPI  
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
CONTRACT FOR PERSONAL OR PROFESSIONAL SERVICES**

1. **Parties.** This Contract is made and entered into by and between the Division of Family & Children's Services, Mississippi Department of Human Services, hereinafter referred to as "MDHS," and Hope Village for Children, Inc., hereinafter referred to as "Independent Contractor."

2. **Purpose.** MDHS hereby engages the Independent Contractor and the Independent Contractor hereby agrees to render certain professional services described in Paragraph 3, "Scope of Services."

3. **Scope of Services.** The Independent Contractor shall perform and render the following services and activities described in the "Scope of Services," attached hereto as Exhibit A and the "*Modified Mississippi Settlement Agreement and Reform Plan*," attached hereto as Exhibit B, and incorporated herein by reference.

4. **Period of Performance.** The period of performance of services under this Contract shall begin on March 1, 2016 and end on February 28, 2017. Upon notification to Hope Village for Children, Inc. by MDHS, at least ninety (90) days prior to each contract anniversary date, the contract may be renewed by MDHS for a period of two (2) successive one-year period(s) under the same prices, terms and conditions as in the original contract. The total number of renewal years permitted shall not exceed two (2). However, if MDHS does not intend to renew the contract, Hope Village for Children, Inc. shall be notified at least ninety (90) days prior to the contract anniversary date.

5. **Consideration and Method of Payment.**

A. As consideration for the performance of this Contract, the Independent Contractor shall be paid a fee not to exceed One Million One Hundred Twenty Four Thousand Seven Hundred Seventy Dollars and Eighty Six Cents (\$1,124,770.86) in accordance with the Budget attached hereto as Exhibit C. It is expressly understood and agreed that in no event shall the total compensation paid hereunder exceed the specified amount of One Million One Hundred Twenty Four Thousand Seven Hundred Seventy Dollars and Eighty Six Cents. (\$1,124,770.86).

B. The Independent Contractor will bill MDHS for its services on a monthly basis. Following the satisfactory completion, as determined by MDHS, of its monthly services, the State requires the Independent Contractor to submit invoices electronically throughout the term of the agreement. Invoices shall be submitted to MDHS using the processes and procedures identified by the State. The appropriate documentation shall be submitted on the last working day of the month, with the final invoice to be submitted within five (5) working days after the contract ending date.

**PAYMODE:** Payments by state agencies using the Mississippi's Accountability System For Government Information and Collaboration (MAGIC) shall be made and remittance information provided electronically as directed by the State. These payments shall be deposited into the bank account of the Independent Contractor's choice. The State may, at its sole

into the bank account of the Independent Contractor's choice. The State may, at its sole discretion, require the Independent Contractor to submit invoices and supporting documentation electronically, at any time, during the term of this Agreement. Independent Contractor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency.

**E-PAYMENT:** Independent Contractor agrees to accept all payments in United States currency via the State of Mississippi's electronic payment and remittance vehicle. MDHS agrees to make payment in accordance with Mississippi law on "Timely Payments for Purchases by Public Bodies," Mississippi Code Annotated 31-7-301, et. seq., which generally provides for payment of undisputed amounts by MDHS within forty-five (45) days of receipt of invoice.

**6. Relationship of Parties**

A. It is expressly understood and agreed that MDHS enters into this Contract with Independent Contractor on a purchase of service basis and not on an employer-employee relationship basis. Nothing contained herein shall be deemed or construed by MDHS, the Independent Contractor, or any third party as creating the relationship of principal and agent, partners, joint ventures, or any similar such relationship between MDHS and the Independent Contractor. Neither the method of computation of fees or other charges, nor any other provision contained herein, nor any act of MDHS or the Independent Contractor hereunder, creates or shall be deemed to create a relationship other than the independent relationship of MDHS and the Independent Contractor.

B. Independent Contractor represents that it has, or will secure, at its own expense, applicable personnel who shall be qualified to perform the duty required to be performed under this Contract.

C. Any person assigned by Independent Contractor to perform the services hereunder shall be the employee of Independent Contractor, who shall have the sole right to hire and discharge its employee. MDHS may, however, direct Independent Contractor to replace any of its employees under this Contract. If Independent Contractor is notified within the first eight (8) hours of assignment that the person is unsatisfactory, Independent Contractor will not charge MDHS for those hours.

D. It is further understood that the consideration expressed herein constitutes full and complete compensation for all services and performances hereunder, and that any sum due and payable to Independent Contractor shall be paid as a gross sum with no withholdings or deductions being made by MDHS for any purpose from said Contract sum.

E. Independent Contractor shall pay when due all salaries and wages of its employees, and it accepts exclusive responsibility for the payment of Federal Income Tax, State Income Tax, Social Security, Unemployment Compensation and any other withholdings that may be required.

**7. Termination for Cause.** If, through any cause, Independent Contractor fails to fulfill in a timely and proper manner, as determined by MDHS, its obligations under this Contract,

or if Independent Contractor violates any of the covenants, agreements, or stipulations of this Contract, MDHS shall thereupon have the right to terminate the Contract by giving written notice to Independent Contractor of such termination and specifying the effective date thereof at least five (5) days before the effective date of such termination. In the event of such termination, Independent Contractor shall be entitled to receive just and equitable compensation for satisfactory work completed on services or documents or materials collected and/or prepared by Independent Contractor in connection with this Contract. Such compensation shall be based upon the fees set forth in Paragraph 5, but, in no case, shall said compensation exceed the total Contract price.

Notwithstanding the above, Independent Contractor shall not be relieved of liability to MDHS for damages sustained by MDHS by virtue of any breach of this Contract by Independent Contractor, and MDHS may withhold any payments to Independent Contractor for the purpose of set off until such time as the exact damages due to MDHS from Independent Contractor are determined.

8. **Termination for Convenience of MDHS.** MDHS may terminate this Contract at any time by giving written notice to Independent Contractor of such termination and specifying the effective date thereof at least five (5) days before the effective date of such termination. Independent Contractor shall be paid an amount which bears the same ratio to the total compensation as the services actually and satisfactorily performed bear to the total services of Independent Contractor covered by the Contract, less payments of compensation previously made.

9. **Ownership of Documents and Work Products.** All data collected by Independent Contractor and all documents, notes, programs, data bases (and all applications thereof), files, reports, studies, and/or other material collected and prepared by Independent Contractor in connection with this Contract shall be the property of MDHS upon completion or termination of this Contract. MDHS hereby reserves all rights to the data base and all applications thereof and to any and all information and/or materials prepared under this Contract.

The Independent Contractor is prohibited from use of the above described information and/or materials without the express written approval of MDHS.

10. **Record Retention and Access to Records.** Independent Contractor shall maintain, and make available to MDHS, any State agency authorized to audit MDHS, the federal grantor agency, the Comptroller General of the United States or any of their duly authorized representatives, financial records, supporting documents, statistical records, and all other records pertinent to the services performed under this Contract. These records shall be maintained for at least three (3) years; however, if any litigation or other legal action, by or on behalf of the state or federal government has begun that is not completed at the end of the three-year period, or if audit finding, litigation, or other legal action has not been resolved at the end of the three-year period, the records shall be retained until resolution.

11. **Modification or Amendment.** Modifications, changes, or amendments to this Contract may be made upon mutual agreement of the parties hereto. However, any change, supplement, modification, or amendment of any term, provision, or condition of this Contract shall be in writing and signed by both parties hereto.

12. **Assignments and Subcontracts.** Independent Contractor shall not assign,

sublet, or otherwise transfer the obligations incurred on its part pursuant to the terms of this Contract without the prior written consent of MDHS. Any attempted assignment or transfer of its obligation without such consent shall be wholly void.

13. **Waiver.** Failure of either party hereto to insist upon strict compliance with any of the terms, covenants, and conditions hereof shall not be deemed a waiver or relinquishment of any similar right or power hereunder at any subsequent time or of any other provision hereof, nor shall it be construed to be a modification of the terms of this Contract.

14. **Availability of Funds.** It is expressly understood and agreed that the obligation of MDHS to proceed under this Contract is conditioned upon the availability of funds, the appropriation of funds by the Mississippi Legislature, and the receipt of state and/or federal funds. If, at any time, the funds anticipated for the fulfillment of this Contract are not forthcoming or are insufficient, either through the failure of the federal government to provide funds or of the State of Mississippi to appropriate funds or the discontinuance or material alteration of the program under which funds were provided, or if funds are not otherwise available to MDHS for the performance of this Contract, MDHS shall have the right, upon written notice to Independent Contractor, to immediately terminate this Contract without damage, penalty, cost, or expense to MDHS of any kind whatsoever. The effective date of termination shall be as specified in the notice of termination.

15. **Price Adjustment.**

A. **Price Adjustment Methods.** The Contract price may be changed only by written agreement of the parties. The value of any work covered by any claim for increase or decrease in the Contract Price shall be determined by one or more of the following methods:

- (1) Unit prices, if any, previously approved by the parties and specified in this Contract; or
- (2) MDHS may, at any time by written order, make changes in the specifications within the general scope of this Agreement. If any such change causes an increase in the amount due under this Contract or in the time required for performance under this Agreement and if MDHS decides that the change justifies an adjustment to the Contract, an equitable adjustment in the Contract may be made by written modification of this Agreement.

No charge for any extra work or material will be allowed unless the same has been provided for by written amendment to this Contract signed by both parties.

B. **Submission of Cost Pricing Data.** The Independent Contractor shall provide cost or pricing data for any price adjustments subject to the provisions of Section 3-403 (Cost or Pricing Data) of the Mississippi Personal Service Contract Procurement Regulations.

16. **Indemnification.** MDHS shall, at no time, be legally responsible for any negligence

or wrongdoing by the Independent Contractor and/or its employees, servants, agents, contractors, and/or subcontractors. Independent Contractor agrees to indemnify, defend, save and hold harmless MDHS from and against all claims, demands, liabilities, suits, damages, and costs of every kind and nature whatsoever, including court costs and attorney's fees, arising out of or caused by Independent Contractor and its employees, agents, contractors, and/or subcontractors in the performance of this Contract.

17. **Insurance.** Independent Contractor shall maintain workers' compensation insurance which shall inure to the benefit of all Independent Contractor's personnel performing services under this Contract, comprehensive general liability insurance, and employee fidelity bond insurance. Independent Contractor shall furnish MDHS a certificate of insurance providing the aforesaid coverage, prior to the commencement of performance under this Agreement.

18. **Applicable Law.** The contract shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflicts of laws provisions, and any litigation with respect thereto shall be brought in a court of competent jurisdiction, Jackson, Hinds County, Mississippi. The Independent Contractor shall comply with applicable federal, state and local laws and regulations.

19. **Representation Regarding Contingent Fees.** The Independent Contractor represents that it has not retained a person to solicit or secure a State contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in the Independent Contractor's bid, proposal, or herein.

20. **Certification of Independent Price Determination.** The Independent Contractor certifies that the prices submitted in response to the solicitation have been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other competitor relating to those prices, the intention to submit a quote, bid, or proposal or the methods or factors used to calculate the its prices.

21. **Representation Regarding Gratuities.** The Independent Contractor represents that neither it nor any officer, employee, agent, subcontractor or other representative of the Independent Contractor has violated, or is violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Personal Service Contract Procurement Regulations.

22. **Procurement Regulations.** The Contract shall be governed by the applicable provisions of the Personal Service Contract Review Board Regulations, a copy of which is available for inspection at 210 East Capitol Street, Suite 800, Jackson, Mississippi 39201, or downloadable at [www.mspsb.ms.gov](http://www.mspsb.ms.gov).

23. **Severability.** If any term or provision of this Contract is prohibited by the laws of the State of Mississippi or declared invalid or void by a court of competent jurisdiction, the remainder of this Contract shall not be affected thereby and each term and provision of this Contract shall be valid and enforceable to the fullest extent permitted by law.

24. **Stop Work Order.**

**A. Order to Stop Work.** The Division of Family & Children's Services, may, by written order to the Independent Contractor at any time, and without notice to any surety, require the Independent Contractor to stop all or any part of the work called for by this Contract. This order shall be for a specified period not exceeding 90 days after the order is delivered to the Independent Contractor, unless the parties agree to any further period. Any such order shall be identified specifically as a stop work order issued pursuant to this clause. Upon receipt of such an order, the Independent Contractor shall forthwith comply with its terms and take all steps to minimize the occurrence of costs allocable to the work covered by the order during the period of work stoppage. Before the stop work order expires, or within any further period to which the parties shall have agreed, the Division of Family & Children's Services shall either:

- (1) cancel the stop work order; or
- (2) terminate the work covered by such order as provided in the "Termination for Cause" clause or the "Termination for Convenience" clause of this Contract.

**B. Cancellation or Expiration of the Order.** If a stop work order issued under this clause is canceled at any time during the period specified in the order, or if the period of the order or any extension thereof expires, the Independent Contractor shall have the right to resume work. An appropriate adjustment may be made in the delivery schedule or Independent Contractor's price, or both. If the stop work order results in an increase in the time required for, or in the Independent Contractor's cost properly allocable to, the performance of any part of this Contract and the Independent Contractor asserts a claim for such an adjustment within 30 days after the end of the period of work stoppage, an equitable adjustment in the Contract may be made by written modification of this Contract. If MDHS decides that the need justifies the requested adjustment, a modification will be made as provided by Section 11, Modification or Amendment, of this Contract.

**C. Termination of Stopped Work.** If a stop work order is not canceled and the work covered by such order is terminated for cause or convenience, the Independent Contractor may be paid the agreed upon price for any completed deliverable or service not previously tendered to MDHS, provided that MDHS accepts any such deliverable or service; or Independent Contractor may be paid an amount which bears the same ratio to the total compensation as the services actually and satisfactorily performed bear to the total services of Independent Contractor covered by the Contract, less payments of compensation previously made.

**D. Adjustment of Price.** Any adjustment in Contract price made pursuant to this clause shall be determined in accordance with the Price Adjustment clause of this Contract.

**25. Disputes.** Any dispute concerning a question of fact under this Contract which is not disposed of by agreement shall be decided by the Director of the Division of Family & Children's Services. This decision shall be reduced to writing and a copy thereof mailed or furnished to the Independent Contractor and shall be final and conclusive, unless within thirty (30) days from the date of the decision, Independent Contractor mails or furnishes to the Executive Director of MDHS a written request for review. Pending final decision of the Executive Director of a dispute hereunder, the Independent Contractor shall proceed in accordance with the decision

of the Director of the Division of Family & Children's Services.

In a review before the Executive Director or designee, the Independent Contractor shall be afforded an opportunity to be heard and to offer evidence in support of its position on the question and decision under review. The decision of the Executive Director on the review shall be final and conclusive unless determined by a court of competent jurisdiction in Hinds County, State of Mississippi, to have been fraudulent, capricious, so grossly erroneous as necessarily to imply bad faith, or is not supported by substantial evidence.

**26. Compliance with Laws.** The Independent Contractor understands that the State is an equal opportunity employer and therefore maintains a policy which prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, genetic information, or any other consideration made unlawful by federal, State, or local laws. All such discrimination is unlawful and the Independent Contractor agrees during the term of the agreement that the Independent Contractor will strictly adhere to this policy in its employment practices and provision of services. The Independent Contractor shall comply with, and all activities under this agreement shall be subject to, all applicable federal, State of Mississippi, and local laws and regulations, as now existing and as may be amended or modified.

**27. Confidentiality.** Independent Contractor shall treat all State data and information to which it has access under this Contract as confidential information to the extent that confidential treatment of same is required under federal and state law and shall not disclose same to a third party without specific written consent of the State. In the event that Independent Contractor receives notice that a third party requests divulgence of confidential or otherwise protected information and/or has served upon it a subpoena or other validly issued administrative or judicial process ordering divulgence of confidential or otherwise protected information, Independent Contractor shall promptly inform the State and thereafter respond in conformity with such subpoena as required by applicable state and/or federal law, rules, and regulations. The provision herein shall survive termination of the Contract for any reason and shall continue in full force and effect and shall be binding upon the Independent Contractor and its agents, employees, successors, assigns, subcontractors, or any party claiming an interest in the Contract on behalf of, or under, the rights of the Independent Contractor following any termination.

**28. E-Verify.** Independent Contractor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act, Mississippi Code Annotated 71-11-1 and 71-11-3, and will register and participate in the status verification system for all newly hired employees. The term "employee" as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, "status verification system" means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. Independent Contractor agrees to maintain records of such compliance and, upon request of the State, to provide a copy of each such verification to the State. Independent Contractor further represents and warrants that any person assigned to perform services hereunder meets the employment eligibility requirements of all immigration laws of the State of Mississippi. Independent Contractor understands and agrees that any breach of these warranties may subject Independent Contractor to the following: (a) termination of this Agreement and ineligibility for any state or public contract in Mississippi for up to three (3) years, with notice of such cancellation/termination being made public, or (b) the

loss of any license permit, certification or other document granted to Independent Contractor by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year, or both. In the event of such termination/cancellation, Independent Contractor would also be liable for any additional costs incurred by the State due to contract cancellation or loss of "license or permit."

**29. Special Terms and Conditions.** It is agreed and understood by each party to this Contract that there are no special terms and conditions.

**30. Entire Agreement.** It is understood and agreed that this Contract and the documents listed below constitute the entire understanding of the parties with respect to the subject matter contained herein and supersede and replace any and all prior negotiations, understandings and agreements, written or oral, between the parties relating thereto. The entire agreement made by and between the parties hereto shall consist of, and precedence is hereby established by the order of, the following documents incorporated herein:

1. This Contract signed by the parties herein and any Exhibits attached hereto;
2. The Request for Proposal provided by MDHS, dated December 1, 2015.

The documents are complementary, and what is required by one shall be binding as if required by all. A higher document shall supersede a lower order document to the extent necessary to resolve any conflict or inconsistency arising under the various provisions thereof; provided, however, that in no event an issue is addressed in one of the above-mentioned documents but is not addressed in another of such documents, no conflict or inconsistency shall be deemed to occur by reason thereof. The documents listed above are shown in descending order of priority, that is, the highest document begins with the first listed document ("1. This Contract signed by the parties herein and any Exhibits attached hereto") and the lowest document is listed last (2."The Request for Proposal provided by MDHS, dated December 1, 2015").

**31. Transparency.** This contract, including any accompanying exhibits, attachments, and appendices, is subject to the "Mississippi Public Records Act of 1983", codified as section 25-61-1 et seq., Mississippi Code Annotated and exceptions found in Section 79-23-1 of the Mississippi Code Annotated (1972, as amended). In addition, this contract is subject to the provisions of the Mississippi Accountability and Transparency Act of 2008 (MATA) codified as Section 31-7-13 of the Mississippi Code Annotated (1972, as amended). Unless exempted from disclosure due to a court-issued protective order, this contract is required to be posted to the Department of Finance and Administration's independent agency contract website for public access. Prior to posting the contract to the website, any information identified by the Independent Contractor as trade secrets, or other proprietary information including confidential vendor information, or any other information which is required confidential by state or federal law or outside the applicable freedom of information statutes will be redacted.

32. **Notice.** Any notice required or permitted to be given under this Contract shall be in writing and sent by United States Certified Mail, Returned Receipt Requested to the party to whom the notice should be given at the address set forth below:

**MDHS:** David A. Chandler, Executive Director  
Division of Family & Children's Services  
Post Office Box 346  
Jackson, Mississippi 39205

**HOPE VILLAGE FOR CHILDREN, INC.:** Tina Aycock, Executive Director  
Hope Village for Children, Inc.  
Post Office Box 26  
Meridian, Mississippi 39302

IN WITNESS WHEREOF, this Contract has been made and interchangeably executed by the parties hereto in duplicate originals.

Witness my signature this, the 24th day of February, 2016

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES**

BY: [Signature]  
Signature (NO STAMPED SIGNATURE)

Printed Name and Title: Ginger Bilson, Senior Attorney

**WITNESSES:**

[Signature]  
[Signature]

Witness my signature this, the 17 day of February, 2016

**HOPE VILLAGE FOR CHILDREN, INC.**

BY: [Signature]  
Signature (NO STAMPED SIGNATURE)

Printed Name and Title: Tina Aycock, Executive Director

**WITNESSES:**

[Signature]  
[Signature]