

COOPERATIVE AGREEMENT

BETWEEN

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES,
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF),
OFFICE OF REFUGEE RESETTLEMENT (ORR)
DIVISION OF CHILDREN'S SERVICES (DCS)**

AND

Southwest Key Programs, Inc. (90ZU0148)

SECTION I: Background

On March 1, 2003, the Unaccompanied Alien Children (UAC) care and placement program was transferred from the Immigration and Naturalization Commissioner to the Director of the Office of Refugee Resettlement (ORR) of the Department of Health and Human Services (HHS) in accordance with Section 462 of the Homeland Security Act of 2002, 6 U.S.C. § 279.

Within ORR, the Division of Children's Services (DCS) is assigned responsibility for the care and placement for these children. The UAC program is charged with the specific task of caring for children who are under 18 years old, have no lawful immigration status in the United States, and have no parent or legal guardian in the United States or no parent or legal guardian in the United States available to provide care and physical custody. The program's main purpose is to provide a safe and appropriate environment for UAC during the interim period between the child's transfer into a UAC program and the child's release from custody by ORR or removal from the United States by the Department of Homeland Security (DHS).

Many UAC are fleeing poor socioeconomic conditions, gang violence/affiliation, family violence, homelessness, and sexual abuse. Many have had little formal education, speak little to no English, and have been working from a young age. They have traveled to the United States over hundreds of miles by foot, train, bus, and/or plane, often enduring physical and sexual assault during their journey. ORR provides UAC shelter and care while they are in federal custody. UAC receive these temporary services for the interim period between placement in the UAC program and ORR's release of the minor from custody. The UAC shelter care network has

developed a service delivery structure that is able to serve UAC while they are in Federal custody, as well as ensure the UAC do not run away and are available to attend their immigration proceedings as family reunification options are explored. In addition to bi-lingual case management, health, recreation, education, and counseling services, UAC receive services from non-profit legal service providers near the ORR funded facilities.

ORR accomplishes these purposes through contracts and a competitive grant program to non-profit and for-profit organizations incorporated under State law which have demonstrated child welfare, social service or related experience and are appropriately licensed to provide shelter care, foster care, or group care and related services to dependent children. Recipients of ORR funding that provide residential services for UAC must comply with state residential care licensing requirements, the Flores Settlement Agreement, Case No. CV85-4544-RJK (C.D. Cal. 1996), pertinent federal laws and regulations and the ORR policies and procedures for the UAC program.

Pursuant to Section 462 of the Homeland Security Act of 2002, the Director of the ORR, hereinafter called the Director, approved awards for residential Services to Unaccompanied Children. In accordance with this award and pursuant to the aforementioned laws, Southwest Key Programs, Inc.(SWK) has been approved for funding to provide residential services for unaccompanied alien children, which meets the requirements in the previous paragraph.

Effective herewith, the Director agrees to make grant awards in accordance with approved annual continuation applications and quarterly reviews of program performance and expenditures for the three-year project period of this agreement to support SWK residential services for unaccompanied alien children which SWK will implement in Texas under the terms of this Agreement.

This Cooperative Agreement and the attached Terms and Conditions establish the concepts and responsibilities for implementing SWK's residential services for UAC.

Continued funding is contingent upon satisfactory performance, availability of funds, and determination that continuation is in the best interests of the United States Government.

SECTION II: Purpose and Objective

The purpose of this agreement is to support the provision of residential services for UAC throughout the United States of America according to the objectives and activities outlined in the application and consistent with state residential care licensing requirements, the Flores Settlement Agreement, Case No. CV85-4544-RJK (C.D. Cal. 1996), pertinent federal laws and regulations and ORR policies and procedures for the UAC program.

SECTION III: Authority

This cooperative agreement is authorized by Section 462 of the Homeland Security Act of 2002, 6 U.S.C. § 279, which in March 2003, transferred responsibility for the Unaccompanied Alien Children's Program from the Commissioner of the former Immigration and Naturalization Service to the Director of ORR. In making decisions on placement and services provided to UAC, the Director of ORR is governed by the Homeland Security Act, the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008, Pub. L. No. 110-457, and when it is not inconsistent with subsequent law, the Flores Settlement Agreement, Case No. CV85-4544RJK (C. D. Cal. 1996).

SECTION IV: Description of Activities

Responsibilities of SWK:

1. To provide Residential Services for UAC in compliance with respective state residential care licensing requirements, the Flores Settlement Agreement, pertinent federal laws and regulations and the ORR policies and procedures for the UAC program, unless otherwise expressly waived (in writing) by ORR staff.
2. To confirm the project plan (which includes approach, activities, staffing, timelines) is in compliance with respective State residential care licensing requirements, the Flores Settlement Agreement, pertinent federal laws and regulations and the ORR policies and procedures for the UAC program, and to discuss any modifications with the ORR Project Officer prior to implementation;
3. To submit and/or review the program budget with ORR Project Officer to be sure it accurately reflects proposed activities as described in the project plan;

4. To implement activities described in the approved application and to notify the ORR Project Officer of any significant delays or issues regarding implementation of grant activities;
5. To consult with the ORR Project Officer and other ORR program staff in implementing the activities on an ongoing and frequent basis, during each phase of the project. Consultation shall include, but is not limited to, participation in status meetings by telephone to review project implementation (monthly, or as required by ORR
6. To submit the following documents to the Project Officer:
 - Resumes for key Project staff including the program director, assistant program director (if applicable), lead clinician, lead case manager, medical coordinator, within 30 days of date of ORR award to SWK; the addition of key project staff are subject to approval by the Project Officer at any time during the project period;
 - Sub-awards of all organizations or individuals that will provide services not provided by SWK and a description of the subcontractor responsibilities and activities, to be submitted within 30 days of date of ORR award to SWK; all sub-awards are subject to approval by the Project Officer;
 - ✓ Memoranda of Understanding with organizations selected for receipt of sub-awarded funds;
 - ✓ A detailed description of the awardee's and each sub-award's activities, if not adequately described in the MOUs or project plan (may include a log frame or other monitoring tool jointly developed by Project Officer and awardee);
 - ✓ Amount of funding for each sub-awardee;
 - ✓ Schedule for monitoring sub-awardees with respect to location, dates and topics;
 - ✓ Reports following site visits of sub-awardees; drafts reports are to be submitted within ten business days of the site visit.
 - Report of all state defined residential care placement restrictions to be submitted within 7 days of date of ORR award to SWK;

- List of all state mandated staff trainings, including required timeline for completion dates within 30 days of date of ORR award to SWK;
 - All materials (e.g., forms and other tools) used or created for SWK residential services for UAC; these materials are subject to approval by the Project Officer and must be submitted to Project Officer 30 days before they are used;
 - All policies, procedures and protocols used or created for the provision of Residential Services for UAC, within 30 days of date of ORR award to SWK and any proposed additions or changes to those policies, procedures and protocols during the grant period;
 - In addition to documentation listed above SWK must comply with all respective state licensing, the Flores Settlement Agreement, pertinent federal laws and regulations and the policies and procedures and documentation requirements for the UAC program.
7. To comply with HHS policy and regulations, unless otherwise expressly waived in the approved application and all other applicable Federal statutes, and regulations in effect during the time that it is receiving grant funding. ORR may issue new UAC policies and procedures in accordance with its legal authority. Each ORR grantee will have 30 days to review the new policy and notify ORR, in writing, that it will comply with the new policy or that it elects to terminate the Cooperative Agreement with the UAC program. If a grantee elects to terminate the relationship with ORR, the grantee must continue to provide services for 60 days from the date of notification under the UAC agreement and policies that were in place prior to the policy change unless ORR elects to terminate the agreement in a shorter timeframe.
 8. To amend the approved project plan as needed to comply with standards, goals and priorities established by the ORR Director;
 9. To submit applications for continuation funding by **June 1** of the budget period, or to provide a notification six months prior to the end of the budget period that the project does not intend to continue;

10. To promptly notify ORR Project Officer of any changes regarding all project staff of SWK;
11. To promptly notify ORR Project Officer of any changes regarding all Sub-awards of SWK; and,
12. To submit quarterly performance and financial reports in a timely fashion based on the schedule that is described in Section VIII of this agreement.

Responsibilities of ORR:

ORR hereby agrees to the following:

1. To confirm project plan (which includes approach, activities, timelines, and results expected) and budget, and discuss minor modifications SWK;
2. To submit and/or review project expenditures with SWK to be sure it accurately reflects proposed activities;
3. To participate in status meetings by telephone to review project implementation (monthly, or as required by the ORR Project Officer or other ORR staff);
4. To keep SWK informed of policy developments as they affect the implementation of the project;
5. To review and approve SWK's Sub-awards of organizations providing residential services not provided by SWK;
6. To review and approve resumes of key personnel; Sub-awards of organizations providing residential services not provided by SWK;
7. To review all policies, procedures and protocols used or created for the residential services for UAC program in a timely fashion;
8. To provide training and technical assistance, as needed, regarding project implementation; and residential service delivery;

9. To promptly review written requests for prior approval of deviations from the project plan or approved budget. Any changes that affect the terms and conditions of the grant award or revisions/amendments to the cooperative agreement or to the approved scope of activities will require prior approval by the ORR Project Officer and the Grants Management Specialist in the Office of Grants Management (OGM).

SECTION V: Budget and Financial Arrangement

The approved budget is attached to this agreement and reflected in the Notice of Award (NOA).

The Government shall not be obligated to reimburse the recipient for costs incurred in excess of the total amount allotted to this project, and the recipient shall not be obligated to continue performance under the Agreement (including actions under the termination clause) or otherwise to incur costs in excess of the amount allotted to this Agreement unless and until the ORR Project Officer and the Grants Management Specialist have notified the recipient in writing that additional funds have been awarded. No notice, communication, or representation from any person other than the Grants Management Specialist shall authorize the expenditure of additional funds. The United States Government will not be obligated for any excess costs in the absence of a written notice of authorization from the Grants Management Specialist. Changes issued pursuant to this Agreement shall not be considered an authorization to the recipient to exceed the allotted amount of this Agreement unless specifically stated by the Grants Management Specialist.

The award will be based on the budget that is approved by ORR.

SECTION VI: Monitoring

ORR will conduct monitoring activities throughout the project period. The purpose of ORR monitoring is to ensure compliance with the Flores Settlement Agreement, pertinent federal laws and regulations and the ORR policies and procedures for the UAC program. Performance and compliance measures are reflected in:

- The grant application as funded
- Program requirements contained in the authorizing statute

- Program regulations and program guidelines made part of the grant award
- Program grant and administrative requirements contained in regulations and policy
- Public policy requirements (assurances, certifications)
- Special programmatic terms and conditions, if any.

ORR monitoring activities will include desk and on-site (announced and unannounced) visits.

ORR will monitor programs based on some of the following factors:

- ✓ Costs and Total Support – high cost projects
- ✓ Complexity – projects with multiple objectives
- ✓ Age of Program – new program, or one whose legislation has recently undergone substantial change, may require closer scrutiny than a long established program
- ✓ Prior Indication of Problems – available audit or evaluation findings, recipient requests for assistance, or data on financial stability of an organization
- ✓ Experience of Recipient – new or unstable organization, once receiving federal grant for the first time, one with inexperienced key personnel
- ✓ Length of Grant – multi-year award, particularly one up for continuation awards that have never been visited may take precedent over new ones
- ✓ Time Since Last Visit – if program has not been recently or previously visited
- ✓ Geographic Location – proximity to other recipients, accessibility to program office
- ✓ Agency Priority – high priority/ visibility projects within the agency, high interest to Congress, the executive branch, or the public
- ✓ Potential for Dissemination – programs/ projects that show potential for developing exemplary practices suitable for dissemination

ORR will provide SWK with a monitoring report that will include citations for noncompliance, recommendations, a corrective action plan if needed, timelines for reporting, and consequences for not responding.

SECTION VII: Continuation Applications

SWK must submit a continuation application by June 1. For continuation applications, SWK will provide the following information: 1. Standard Forms: SF 424 Application for Federal Assistance, SF 424A Budget Information - Non-Construction Program; and SF 424B Assurances-Non-Construction Program, and required compliance, and certifications; 2. Budget worksheets and narrative; 3. Program Description and Work plan; 4. Current State residential care license; 5. Proof of Insurance; 6. Facility lease or bank mortgage note on property (as applicable); 7. Indirect Cost Rate approval; 8) Current Program Organizational Chart; 9.

Staffing and Volunteer Roster; 10. Copy of all Child Protective Services reports, allegations and CPS investigations; 11) Property/Inventory List; 12. Current program progress report; and, 13. Standard Financial Reporting Form: SF-425.

SWK must use the current version of all standard application and reporting forms. Current versions of the forms are available at: ACF Grants Management website, <http://www.acf.hhs.gov/programs/ofs/forms.htm>; Grants.gov Forms Repository web site; and, the OMB Grants Management Forms web site.

SECTION VIII: Applicable Regulations

SWK must provide all residential services for UAC in compliance with respective state residential care licensing, the Flores Settlement Agreement, pertinent federal laws and regulations and ORR policies and procedures for the UAC program. Other applicable federal regulations are discussed in the attached Standard Terms and Conditions.

SECTION IX: Records and Reports

For quarterly performance reports, SWK will use the Performance Progress Report ACF-OGM-SF-PPR form. Performance Reports are due quarterly (January 31, April 30, July 31, and October 31). The ORR Project Officer shall define the specific programmatic content of the report 45 days prior to the due date.

For financial status reports, SWK will use the attached SF-425 form, which will include report of expenditures and unliquidated obligations. Quarterly financial reports are due January 31, April 30, July 31, and October 31 of each year.

Funds awarded under this Cooperative Agreement shall be accounted for and reported upon separately from all other grant activities.

The final Financial Status and Performance reports are due 90 days after the end of the project period.

SWK must use the current version of all reporting forms. Current versions of the forms are available at: ACF Grants Management website, <http://www.acf.hhs.gov/programs/ofs/forms.htm>; Grants.gov Forms Repository web site; and, the OMB Grants Management Forms web site.

All correspondence and reports related to this agreement must include the Grant Number and should be sent to the ACF/ORR Project Officer and the ACF/Grants Officer, addressed respectively as follows:

Office of Refugee Resettlement
Division of Children's Services
Administration for Children and Families
370 L'Enfant Promenade, SW
7th Floor West
Washington, DC 20447

Office of Grants Management
Administration for Children and Families
370 L'Enfant Promenade, SW
6th Floor East
Washington, DC 20447

In addition to the record and reporting requirements listed above SWK must comply with respective state licensing, the Flores Settlement Agreement, pertinent federal laws and regulations and the ORR policies and procedures and record and reporting requirements for the UAC program.

SECTION X: Project Contacts

Southwest Key Programs, Inc. designates the following person as project contact for this cooperative agreement:

Name: Dr. Juan Sanchez

Title: President and CEO Southwest Key Programs, Inc.

Address: 6002 Jain Ln, Austin, TX 78721-3104

Telephone: 512-462-2181

Fax:

Email: Jsanchez@swkey.org

ORR designates the following person as ORR Project Officer for this cooperative agreement:

Name: R. Patrice West

Address: HHS/ACF/ORR/DCS

901 D Street SW, 8th flr.

Washington, DC 20447

Telephone: 202-401-5999

Fax: 202-401-1022

Email: RhondaPatrice.West@acf.hhs.gov

SECTION XI: Duration of Agreement

This agreement will be effective October 1, 2014 – September 30, 2017, with annual continuations for a total project period of three years. Annual continuations will be entertained on a non-competitive basis, subject to availability of funds, satisfactory performance of the project, capacity needs and a determination that continued funding is in the best interest of the Federal Government.

(b)(6)

4-2-15

Kenneth Tota

Date

Acting Director

Office of Refugee Resettlement

(b)(6)

2/5/2015

Name: *Juan J. Sanchez*

Date

Title: *CEO*

Southwest Key Programs, Inc.

COOPERATIVE AGREEMENT

BETWEEN

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES,
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF),
OFFICE OF REFUGEE RESETTLEMENT (ORR)
DIVISION OF CHILDREN'S SERVICES (DCS)**

AND

Southwest Key Programs Inc. (90ZU0153)

SECTION I: Background

On March 1, 2003, the Unaccompanied Alien Children (UAC) care and placement program was transferred from the Immigration and Naturalization Commissioner to the Director of the Office of Refugee Resettlement (ORR) of the Department of Health and Human Services (HHS) in accordance with Section 462 of the Homeland Security Act of 2002, 6 U.S.C. § 279.

Within ORR, the Division of Children's Services (DCS) is assigned responsibility for the care and placement for these children. The UAC program is charged with the specific task of caring for children who are under 18 years old, have no lawful immigration status in the United States, and have no parent or legal guardian in the United States or no parent or legal guardian in the United States available to provide care and physical custody. The program's main purpose is to provide a safe and appropriate environment for UAC during the interim period between the child's transfer into a UAC program and the child's release from custody by ORR or removal from the United States by the Department of Homeland Security (DHS).

Many UAC are fleeing poor socioeconomic conditions, gang violence/affiliation, family violence, homelessness, and sexual abuse. Many have had little formal education, speak little to no English, and have been working from a young age. They have traveled to the United States over hundreds of miles by foot, train, bus, and/or plane, often enduring physical and sexual assault during their journey. ORR provides UAC shelter and care while they are in federal custody. UAC receive these temporary services for the interim period between placement in the UAC program and ORR's release of the minor from custody. The UAC shelter care network has

developed a service delivery structure that is able to serve UAC while they are in Federal custody, as well as ensure the UAC do not run away and are available to attend their immigration proceedings as family reunification options are explored. In addition to bi-lingual case management, health, recreation, education, and counseling services, UAC receive services from non-profit legal service providers near the ORR funded facilities.

ORR accomplishes these purposes through contracts and a competitive grant program to non-profit and for-profit organizations incorporated under State law which have demonstrated child welfare, social service or related experience and are appropriately licensed to provide shelter care, foster care, or group care and related services to dependent children. Recipients of ORR funding that provide residential services for UAC must comply with state residential care licensing requirements, the Flores Settlement Agreement, Case No. CV85-4544-RJK (C.D. Cal. 1996), pertinent federal laws and regulations and the ORR policies and procedures for the UAC program.

Pursuant to Section 462 of the Homeland Security Act of 2002, the Director of the ORR, hereinafter called the Director, approved awards for residential Services to Unaccompanied Children. In accordance with this award and pursuant to the aforementioned laws, Southwest Key Programs, Inc. hereinafter called (SWK) has been approved for funding to provide residential services for unaccompanied alien children, which meets the requirements in the previous paragraph.

Effective herewith, the Director agrees to make grant awards in accordance with approved annual continuation applications and quarterly reviews of program performance and expenditures for the three-year project period of this agreement to support SWK residential services for unaccompanied alien children which SWK will implement in the state of Arizona under the terms of this Agreement.

This Cooperative Agreement and the attached Terms and Conditions establish the concepts and responsibilities for implementing SWK's residential services for UAC.

Continued funding is contingent upon satisfactory performance, availability of funds, and determination that continuation is in the best interests of the United States Government.

SECTION II: Purpose and Objective

The purpose of this agreement is to support the provision of residential services for UAC throughout the United States of America according to the objectives and activities outlined in the application and consistent with state residential care licensing requirements, the Flores Settlement Agreement, Case No. CV85-4544-RJK (C.D. Cal. 1996), pertinent federal laws and regulations and ORR policies and procedures for the UAC program.

SECTION III: Authority

This cooperative agreement is authorized by Section 462 of the Homeland Security Act of 2002, 6 U.S.C. § 279, which in March 2003, transferred responsibility for the Unaccompanied Alien Children's Program from the Commissioner of the former Immigration and Naturalization Service to the Director of ORR . In making decisions on placement and services provided to UAC, the Director of ORR is governed by the Homeland Security Act, the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008, Pub. L. No. 110-457, and when it is not inconsistent with subsequent law, the Flores Settlement Agreement, Case No. CV85-4544RJK (C. D. Cal. 1996).

SECTION IV: Description of Activities

Responsibilities of SWK:

1. To provide Residential Services for UAC in compliance with respective state residential care licensing requirements, the Flores Settlement Agreement, pertinent federal laws and regulations and the ORR policies and procedures for the UAC program, unless otherwise expressly waived (in writing) by ORR staff.
2. To confirm the project plan (which includes approach, activities, staffing, timelines) is in compliance with respective State residential care licensing requirements, the Flores Settlement Agreement, pertinent federal laws and regulations and the ORR policies and procedures for the UAC program, and to discuss any modifications with the ORR Project Officer prior to implementation;
3. To submit and/or review the program budget with ORR Project Officer to be sure it accurately reflects proposed activities as described in the project plan;

4. To implement activities described in the approved application and to notify the ORR Project Officer of any significant delays or issues regarding implementation of grant activities;
5. To consult with the ORR Project Officer and other ORR program staff in implementing the activities on an ongoing and frequent basis, during each phase of the project. Consultation shall include, but is not limited to, participation in status meetings by telephone to review project implementation (monthly, or as required by ORR
6. To submit the following documents to the Project Officer:
 - Resumes for key Project staff including the program director, assistant program director (if applicable), lead clinician, lead case manager, medical coordinator, within 30 days of date of ORR award to SWK; the addition of key project staff are subject to approval by the Project Officer at any time during the project period;
 - Sub-awards of all organizations or individuals that will provide services not provided by SWK and a description of the subcontractor responsibilities and activities, to be submitted within 30 days of date of ORR award to SWK; all sub-awards are subject to approval by the Project Officer;
 - ✓ Memoranda of Understanding with organizations selected for receipt of sub-awarded funds;
 - ✓ A detailed description of the awardee's and each sub-award's activities, if not adequately described in the MOUs or project plan (may include a log frame or other monitoring tool jointly developed by Project Officer and awardee);
 - ✓ Amount of funding for each sub-awardee;
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 - ✓ Reports following site visits of sub-awardees; drafts reports are to be submitted within ten business days of the site visit.
 - Report of all state defined residential care placement restrictions to be submitted within 7 days of date of ORR award to SWK;

- List of all state mandated staff trainings, including required timeline for completion dates within 30 days of date of ORR award to SWK;
 - All materials (e.g., forms and other tools) used or created for SWK residential services for UAC; these materials are subject to approval by the Project Officer and must be submitted to Project Officer 30 days before they are used;
 - All policies, procedures and protocols used or created for the provision of Residential Services for UAC, within 30 days of date of ORR award to SWK and any proposed additions or changes to those policies, procedures and protocols during the grant period;
 - In addition to documentation listed above SWK must comply with all respective state licensing, the Flores Settlement Agreement, pertinent federal laws and regulations and the policies and procedures and documentation requirements for the UAC program.
7. To comply with HHS policy and regulations, unless otherwise expressly waived in the approved application and all other applicable Federal statutes, and regulations in effect during the time that it is receiving grant funding. ORR may issue new UAC policies and procedures in accordance with its legal authority. Each ORR grantee will have 30 days to review the new policy and notify ORR, in writing, that it will comply with the new policy or that it elects to terminate the Cooperative Agreement with the UAC program. If a grantee elects to terminate the relationship with ORR, the grantee must continue to provide services for 60 days from the date of notification under the UAC agreement and policies that were in place prior to the policy change unless ORR elects to terminate the agreement in a shorter timeframe.
8. To amend the approved project plan as needed to comply with standards, goals and priorities established by the ORR Director;
9. To submit applications for continuation funding by **June 1** of the budget period, or to provide a notification six months prior to the end of the budget period that the project does not intend to continue;

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In addition to the record and reporting requirements listed above SWK must comply with respective state licensing, the Flores Settlement Agreement, pertinent federal laws and regulations and the ORR policies and procedures and record and reporting requirements for the UAC program.

SECTION X: Project Contacts

SWK designates the following person as project contact for this cooperative agreement:

Name: Dr. Juan Sanchez
Title: President and CEO Southwest Key Programs, Inc.
Address: 6002 Jain Ln, Austin, TX 78721-3104
Telephone: 512-462-2181
Fax:
Email: Jsanchez@swkey.org

ORR designates the following person as ORR Project Officer for this cooperative agreement:

Name: Mark A. Boss
Address: HHS/ACF/ORR/DCS
901 D Street SW, 8th flr.

Washington, DC 20447

Telephone: 202-401-4620

Fax: 202-401-1022

Email: Mark.Boss@acf.hhs.gov

SECTION XI: Duration of Agreement

This agreement will be effective October 1, 2014 – September 30, 2017, with annual continuations for a total project period of three years. Annual continuations will be entertained on a non-competitive basis, subject to availability of funds, satisfactory performance of the project, capacity needs and a determination that continued funding is in the best interest of the Federal Government.

(b)(6)

4-2-15

Kenneth Tota

Date

Acting Director

Office of Refugee Resettlement

(b)(6)

2/5/2015

Name: Juan J. Sanchez

Date

Title: CEO

Southwest Key Programs Inc.

COOPERATIVE AGREEMENT

BETWEEN

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES,
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF),
OFFICE OF REFUGEE RESETTLEMENT (ORR)
DIVISION OF CHILDREN'S SERVICES (DCS)**

AND

Southwest Key Programs, Inc. (90ZU0149)

SECTION I: Background

On March 1, 2003, the Unaccompanied Alien Children (UAC) care and placement program was transferred from the Immigration and Naturalization Commissioner to the Director of the Office of Refugee Resettlement (ORR) of the Department of Health and Human Services (HHS) in accordance with Section 462 of the Homeland Security Act of 2002, 6 U.S.C. § 279.

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developed a service delivery structure that is able to serve UAC while they are in Federal custody, as well as ensure the UAC do not run away and are available to attend their immigration proceedings as family reunification options are explored. In addition to bi-lingual case management, health, recreation, education, and counseling services, UAC receive services from non-profit legal service providers near the ORR funded facilities.

ORR accomplishes these purposes through contracts and a competitive grant program to non-profit and for-profit organizations incorporated under State law which have demonstrated child welfare, social service or related experience and are appropriately licensed to provide shelter care, foster care, or group care and related services to dependent children. Recipients of ORR funding that provide residential services for UAC must comply with state residential care licensing requirements, the Flores Settlement Agreement, Case No. CV85-4544-RJK (C.D. Cal. 1996), pertinent federal laws and regulations and the ORR policies and procedures for the UAC program.

Pursuant to Section 462 of the Homeland Security Act of 2002, the Director of the ORR, hereinafter called the Director, approved awards for residential Services to Unaccompanied Children. In accordance with this award and pursuant to the aforementioned laws, Southwest Key Programs, Inc.(SWK) has been approved for funding to provide residential services for unaccompanied alien children, which meets the requirements in the previous paragraph.

Effective herewith, the Director agrees to make grant awards in accordance with approved annual continuation applications and quarterly reviews of program performance and expenditures for the three-year project period of this agreement to support SWK residential services for unaccompanied alien children which SWK will implement in California and Texas under the terms of this Agreement.

This Cooperative Agreement and the attached Terms and Conditions establish the concepts and responsibilities for implementing SWK's residential services for UAC.

Continued funding is contingent upon satisfactory performance, availability of funds, and determination that continuation is in the best interests of the United States Government.

SECTION II: Purpose and Objective

The purpose of this agreement is to support the provision of residential services for UAC throughout the United States of America according to the objectives and activities outlined in the application and consistent with state residential care licensing requirements, the Flores Settlement Agreement, Case No. CV85-4544-RJK (C.D. Cal. 1996), pertinent federal laws and regulations and ORR policies and procedures for the UAC program.

SECTION III: Authority

This cooperative agreement is authorized by Section 462 of the Homeland Security Act of 2002, 6 U.S.C. § 279, which in March 2003, transferred responsibility for the Unaccompanied Alien Children's Program from the Commissioner of the former Immigration and Naturalization Service to the Director of ORR . In making decisions on placement and services provided to UAC, the Director of ORR is governed by the Homeland Security Act, the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008, Pub. L. No. 110-457, and when it is not inconsistent with subsequent law, the Flores Settlement Agreement, Case No. CV85-4544RJK (C. D. Cal. 1996).

SECTION IV: Description of Activities

Responsibilities of SWK:

1. To provide Residential Services for UAC in compliance with respective state residential care licensing requirements, the Flores Settlement Agreement, pertinent federal laws and regulations and the ORR policies and procedures for the UAC program, unless otherwise expressly waived (in writing) by ORR staff.
2. To confirm the project plan (which includes approach, activities, staffing, timelines) is in compliance with respective State residential care licensing requirements, the Flores Settlement Agreement, pertinent federal laws and regulations and the ORR policies and procedures for the UAC program, and to discuss any modifications with the ORR Project Officer prior to implementation;
3. To submit and/or review the program budget with ORR Project Officer to be sure it accurately reflects proposed activities as described in the project plan;

4. To implement activities described in the approved application and to notify the ORR Project Officer of any significant delays or issues regarding implementation of grant activities;
5. To consult with the ORR Project Officer and other ORR program staff in implementing the activities on an ongoing and frequent basis, during each phase of the project. Consultation shall include, but is not limited to, participation in status meetings by telephone to review project implementation (monthly, or as required by ORR
6. To submit the following documents to the Project Officer:
 - Resumes for key Project staff including the program director, assistant program director (if applicable), lead clinician, lead case manager, medical coordinator, within 30 days of date of ORR award to SWK; the addition of key project staff are subject to approval by the Project Officer at any time during the project period;
 - Sub-awards of all organizations or individuals that will provide services not provided by SWK and a description of the subcontractor responsibilities and activities, to be submitted within 30 days of date of ORR award to SWK; all sub-awards are subject to approval by the Project Officer;
 - ✓ Memoranda of Understanding with organizations selected for receipt of sub-awarded funds;
 - ✓ A detailed description of the awardee's and each sub-award's activities, if not adequately described in the MOUs or project plan (may include a log frame or other monitoring tool jointly developed by Project Officer and awardee);
 - ✓ Amount of funding for each sub-awardee;
 - ✓ Schedule for monitoring sub-awardees with respect to location, dates and topics;
 - ✓ Reports following site visits of sub-awardees; drafts reports are to be submitted within ten business days of the site visit.
 - Report of all state defined residential care placement restrictions to be submitted within 7 days of date of ORR award to SWK;

- List of all state mandated staff trainings, including required timeline for completion dates within 30 days of date of ORR award to SWK;
 - All materials (e.g., forms and other tools) used or created for SWK residential services for UAC; these materials are subject to approval by the Project Officer and must be submitted to Project Officer 30 days before they are used;
 - All policies, procedures and protocols used or created for the provision of Residential Services for UAC, within 30 days of date of ORR award to SWK and any proposed additions or changes to those policies, procedures and protocols during the grant period;
 - In addition to documentation listed above SWK must comply with all respective state licensing, the Flores Settlement Agreement, pertinent federal laws and regulations and the policies and procedures and documentation requirements for the UAC program.
7. To comply with HHS policy and regulations, unless otherwise expressly waived in the approved application and all other applicable Federal statutes, and regulations in effect during the time that it is receiving grant funding. ORR may issue new UAC policies and procedures in accordance with its legal authority. Each ORR grantee will have 30 days to review the new policy and notify ORR, in writing, that it will comply with the new policy or that it elects to terminate the Cooperative Agreement with the UAC program. If a grantee elects to terminate the relationship with ORR, the grantee must continue to provide services for 60 days from the date of notification under the UAC agreement and policies that were in place prior to the policy change unless ORR elects to terminate the agreement in a shorter timeframe.
 8. To amend the approved project plan as needed to comply with standards, goals and priorities established by the ORR Director;
 9. To submit applications for continuation funding by **June 1** of the budget period, or to provide a notification six months prior to the end of the budget period that the project does not intend to continue;

10. To promptly notify ORR Project Officer of any changes regarding all project staff of SWK;
11. To promptly notify ORR Project Officer of any changes regarding all Sub-awards of SWK; and,
12. To submit quarterly performance and financial reports in a timely fashion based on the schedule that is described in Section VIII of this agreement.

Responsibilities of ORR:

ORR hereby agrees to the following:

1. To confirm project plan (which includes approach, activities, timelines, and results expected) and budget, and discuss minor modifications SWK;
2. To submit and/or review project expenditures with SWK to be sure it accurately reflects proposed activities;
3. To participate in status meetings by telephone to review project implementation (monthly, or as required by the ORR Project Officer or other ORR staff);
4. To keep SWK informed of policy developments as they affect the implementation of the project;
5. To review and approve SWK's Sub-awards of organizations providing residential services not provided by SWK;
6. To review and approve resumes of key personnel; Sub-awards of organizations providing residential services not provided by SWK;
7. To review all policies, procedures and protocols used or created for the residential services for UAC program in a timely fashion;
8. To provide training and technical assistance, as needed, regarding project implementation; and residential service delivery;

9. To promptly review written requests for prior approval of deviations from the project plan or approved budget. Any changes that affect the terms and conditions of the grant award or revisions/amendments to the cooperative agreement or to the approved scope of activities will require prior approval by the ORR Project Officer and the Grants Management Specialist in the Office of Grants Management (OGM).

SECTION V: Budget and Financial Arrangement

The approved budget is attached to this agreement and reflected in the Notice of Award (NOA).

The Government shall not be obligated to reimburse the recipient for costs incurred in excess of the total amount allotted to this project, and the recipient shall not be obligated to continue performance under the Agreement (including actions under the termination clause) or otherwise to incur costs in excess of the amount allotted to this Agreement unless and until the ORR Project Officer and the Grants Management Specialist have notified the recipient in writing that additional funds have been awarded. No notice, communication, or representation from any person other than the Grants Management Specialist shall authorize the expenditure of additional funds. The United States Government will not be obligated for any excess costs in the absence of a written notice of authorization from the Grants Management Specialist. Changes issued pursuant to this Agreement shall not be considered an authorization to the recipient to exceed the allotted amount of this Agreement unless specifically stated by the Grants Management Specialist.

The award will be based on the budget that is approved by ORR.

SECTION VI: Monitoring

ORR will conduct monitoring activities throughout the project period. The purpose of ORR monitoring is to ensure compliance with the Flores Settlement Agreement, pertinent federal laws and regulations and the ORR policies and procedures for the UAC program. Performance and compliance measures are reflected in:

- The grant application as funded
- Program requirements contained in the authorizing statute

- Program regulations and program guidelines made part of the grant award
- Program grant and administrative requirements contained in regulations and policy
- Public policy requirements (assurances, certifications)
- Special programmatic terms and conditions, if any.

ORR monitoring activities will include desk and on-site (announced and unannounced) visits.

ORR will monitor programs based on some of the following factors:

- ✓ Costs and Total Support – high cost projects
- ✓ Complexity – projects with multiple objectives
- ✓ Age of Program – new program, or one whose legislation has recently undergone substantial change, may require closer scrutiny than a long established program
- ✓ Prior Indication of Problems – available audit or evaluation findings, recipient requests for assistance, or data on financial stability of an organization
- ✓ Experience of Recipient – new or unstable organization, once receiving federal grant for the first time, one with inexperienced key personnel
- ✓ Length of Grant – multi-year award, particularly one up for continuation awards that have never been visited may take precedent over new ones
- ✓ Time Since Last Visit – if program has not been recently or previously visited
- ✓ Geographic Location – proximity to other recipients, accessibility to program office
- ✓ Agency Priority – high priority/ visibility projects within the agency, high interest to Congress, the executive branch, or the public
- ✓ Potential for Dissemination – programs/ projects that show potential for developing exemplary practices suitable for dissemination

ORR will provide SWK with a monitoring report that will include citations for noncompliance, recommendations, a corrective action plan if needed, timelines for reporting, and consequences for not responding.

SECTION VII: Continuation Applications

SWK must submit a continuation application by June 1. For continuation applications, SWK will provide the following information: 1. Standard Forms: SF 424 Application for Federal Assistance, SF 424A Budget Information - Non-Construction Program; and SF 424B Assurances-Non-Construction Program, and required compliance, and certifications; 2. Budget worksheets and narrative; 3. Program Description and Work plan; 4. Current State residential care license; 5. Proof of Insurance; 6. Facility lease or bank mortgage note on property (as applicable); 7. Indirect Cost Rate approval; 8) Current Program Organizational Chart; 9

Staffing and Volunteer Roster; 10. Copy of all Child Protective Services reports, allegations and CPS investigations; 11) Property/Inventory List; 12. Current program progress report; and, 13. Standard Financial Reporting Form: SF-425.

SWK must use the current version of all standard application and reporting forms. Current versions of the forms are available at: ACF Grants Management website, <http://www.acf.hhs.gov/programs/ofs/forms.htm>; Grants.gov Forms Repository web site; and, the OMB Grants Management Forms web site.

SECTION VIII: Applicable Regulations

SWK must provide all residential services for UAC in compliance with respective state residential care licensing, the Flores Settlement Agreement, pertinent federal laws and regulations and ORR policies and procedures for the UAC program. Other applicable federal regulations are discussed in the attached Standard Terms and Conditions.

SECTION IX: Records and Reports

For quarterly performance reports, SWK will use the Performance Progress Report ACF-OGM-SF-PPR form. Performance Reports are due quarterly (January 31, April 30, July 31, and October 31). The ORR Project Officer shall define the specific programmatic content of the report 45 days prior to the due date.

For financial status reports, SWK will use the attached SF-425 form, which will include report of expenditures and unliquidated obligations. Quarterly financial reports are due January 31, April 30, July 31, and October 31 of each year.

Funds awarded under this Cooperative Agreement shall be accounted for and reported upon separately from all other grant activities.

The final Financial Status and Performance reports are due 90 days after the end of the project period.

SWK must use the current version of all reporting forms. Current versions of the forms are available at: ACF Grants Management website, <http://www.acf.hhs.gov/programs/ofs/forms.htm>; Grants.gov Forms Repository web site; and, the OMB Grants Management Forms web site.

All correspondence and reports related to this agreement must include the Grant Number and should be sent to the ACF/ORR Project Officer and the ACF/Grants Officer, addressed respectively as follows:

Office of Refugee Resettlement
Division of Children's Services
Administration for Children and Families
370 L'Enfant Promenade, SW
7th Floor West
Washington, DC 20447

Office of Grants Management
Administration for Children and Families
370 L'Enfant Promenade, SW
6th Floor East
Washington, DC 20447

In addition to the record and reporting requirements listed above SWK must comply with respective state licensing, the Flores Settlement Agreement, pertinent federal laws and regulations and the ORR policies and procedures and record and reporting requirements for the UAC program.

SECTION X: Project Contacts

SWK designates the following person as project contact for this cooperative agreement:

Name: Dr. Juan Sanchez
Title: President and CEO Southwest Key Programs, Inc.
Address: 6002 Jain Ln, Austin, TX 78721-3104
Telephone: 512-462-2181
Fax:
Email: Jsanchez@swkey.org

ORR designates the following person as ORR Project Officer for this cooperative agreement:

Name: April Young
Address: HHS/ACF/ORR/DCS
901 D Street SW, 7th flr.
~~Washington, DC 20447~~

Telephone: 202-401-5702
Fax: 202-401-1022
Email: april.young@acf.hhs.gov

SECTION XI: Duration of Agreement

This agreement will be effective October 1, 2014 – September 30, 2017, with annual continuations for a total project period of three years. Annual continuations will be entertained on a non-competitive basis, subject to availability of funds, satisfactory performance of the project, capacity needs and a determination that continued funding is in the best interest of the Federal Government.

(b)(6)

4-2-15

Kenneth Tota

Date

Acting Director

Office of Refugee Resettlement

(b)(6)

2/5/2015

Name: Juan J. Sanchez

Date

Title: CEO

Southwest Key Programs Inc.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014803	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
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4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) TEXAS	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 09/30/2017	9. Reporting Period End Date (Month, Day, Year) DECEMBER 31, 2016
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	31,624,079
b. Cash Disbursements	31,624,079
c. Cash on Hand (line a minus b)	0

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	31,624,079
e. Federal share of expenditures	31,624,079
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	31,624,079
n. Unobligated balance of Federal funds (line d minus g)	0

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	PREDETERMINED	14.4%	09/01/2015	08/31/2018	27,643,426	3,980,653	3,980,653
					g. Totals:	27,643,426	3,980,653

12. Remarks Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature (b)(6) 	e. Date Report Submitted (Month, Day, Year) 01/30/2017
14. Agency use only:	

Standard Form 424 - Revised 6/26/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted G99-ADMINISTRATION FOR CHILDREN - HQ		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014802		Page 1	of 1 pages																															
3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC. 3000 I-H 35, SUITE 410 AUSTIN, TX, 78704																																				
4a. DUNS Number 199778358	4b. EIN 1742481167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) TX INTERIM REPORT	6. Report Type ☐ Quarterly ☒ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual																																
8. Project/Grant Period From: (Month, Day, Year) OCTOBER 01, 2015		To: (Month, Day, Year) SEPTEMBER 30, 2016		9. Reporting Period End Date (Month, Day, Year) MARCH 31, 2016																																
10. Transactions (Use lines a-c for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR Attachment):				Cumulative																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">a. Cash Receipts</td> <td style="width:40%; text-align: right;">39,707,429.00</td> </tr> <tr> <td>b. Cash Disbursements</td> <td style="text-align: right;">41,309,048.00</td> </tr> <tr> <td>c. Cash on Hand (line a minus b)</td> <td style="text-align: right;">-1,601,619.00</td> </tr> </table>						a. Cash Receipts	39,707,429.00	b. Cash Disbursements	41,309,048.00	c. Cash on Hand (line a minus b)	-1,601,619.00																									
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(Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance:																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">d. Total Federal funds authorized</td> <td style="width:40%; text-align: right;">41,309,048.00</td> </tr> <tr> <td>e. Federal share of expenditures</td> <td style="text-align: right;">41,309,048.00</td> </tr> <tr> <td>f. Federal share of unliquidated obligations</td> <td></td> </tr> <tr> <td>g. Total Federal share (sum of lines e and f)</td> <td style="text-align: right;">41,309,048.00</td> </tr> <tr> <td>h. Unobligated balance of Federal funds (line d minus g)</td> <td style="text-align: right;">.00</td> </tr> </table>						d. Total Federal funds authorized	41,309,048.00	e. Federal share of expenditures	41,309,048.00	f. Federal share of unliquidated obligations		g. Total Federal share (sum of lines e and f)	41,309,048.00	h. Unobligated balance of Federal funds (line d minus g)	.00																					
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o. Unexpended program income (line l minus line m or line n)																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;"></th> <th style="width:15%;">a. Type</th> <th style="width:15%;">b. Rate</th> <th style="width:15%;">c. Period From</th> <th style="width:15%;">Period To</th> <th style="width:15%;">d. Base</th> <th style="width:15%;">e. Amount Charged</th> <th style="width:15%;">f. Federal Share</th> </tr> <tr> <td rowspan="2">11. Indirect Expense</td> <td>PREDETERMINED</td> <td>0.14400</td> <td>09/01/2015</td> <td></td> <td>36,109,307.69</td> <td>5,199,740.31</td> <td>5,199,740.31</td> </tr> <tr> <td>PROVISIONAL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">g. Totals:</td> <td>36,109,307.69</td> <td>5,199,740.31</td> <td>5,199,740.31</td> </tr> </table>							a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	11. Indirect Expense	PREDETERMINED	0.14400	09/01/2015		36,109,307.69	5,199,740.31	5,199,740.31	PROVISIONAL							g. Totals:					36,109,307.69	5,199,740.31	5,199,740.31
	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share																													
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12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:																																				
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)																																				
a. Typed or Printed Name and Title of Authorized Certifying Official (b)(6) (b)(6)					c. Telephone (Area code, number and extension) (b)(6)																															
b. Signature of Authorized Certifying Official (b)(6)					d. Email address (b)(6)@swkey.org																															
					e. Date Report Submitted (Month, Day, Year) APRIL 28, 2016																															
14. Agency use only:																																				

 Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT (Additional Page)

Federal Agency and Organization : G99-ADMINISTRATION FOR CHILDREN - HQ**Federal Grant ID** : 90ZU014802**Recipient Organization** : SOUTHWEST KEY PROGRAMS, INC.
3000 I-H 35, SUITE 410
AUSTIN, TX, 78704**DUNS Number** : 199778358**EIN** : 1742481167A1**Reporting Period End Date** : MARCH 31, 2016

FFR Agency Review**Reviewer Name** :**Phone#** :**Email** :**Review Date** :**Status** : Pending agency review**Review Comments** :

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014803	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
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4a. DUNS Number 1997/8358	4b. EIN 17424/81167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 1F-XAS	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 09/30/2017	9. Reporting Period End Date (Month, Day, Year) MARCH 31, 2016
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	71,274,664
b. Cash Disbursements	77,533,429
c. Cash on Hand (line a minus b)	-6,258,765

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	90,774,674
e. Federal share of expenditures	77,533,429
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	77,533,429
h. Unobligated balance of Federal funds (line d minus g)	13,241,245

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PRE-DETERMINED	14.4%	09/01/2015	08/31/2018	67,773,976	9,759,453	9,759,453
g. Totals:					67,773,976	9,759,453	9,759,453

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 04/24/2017
14. Agency use only:	

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014803	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
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4a. DUNS Number 199778358	4b. EIN 1742481167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) TEXAS	6. Report Type ☐ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 03/31/2018	9. Reporting Period End Date (Month, Day, Year) March 31, 2018
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	221,415,230
b. Cash Disbursements	223,754,557
c. Cash on Hand (line a minus b)	-2,339,327

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	267,602,765
e. Federal share of expenditures	223,754,557
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	223,754,557
h. Unobligated balance of Federal funds (line d minus g)	43,848,208

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	PREDETERMINED	14.4%	09/01/2015	08/31/2018	193,488,176	27,862,298	27,862,298
				g. Totals:	193,488,176	27,862,298	27,862,298

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
---	--

b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 04/26/2018
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14. Agency use only:

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

(Follow form instructions)

(Use lines a-c for single or multiple grant reporting)(Use lines d-o for single grant reporting)

Recipient Share:

Program Income:	
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	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	14.4%	09/01/2015	08/31/2018	62,625,067	9,018,010	9,018,010
					g. Totals:	62,625,067	9,018,010

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

Standard Form 425 - Revised 6/28/2010
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 9CZU014803	Page 1	of 1	pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78771
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4a. DUNS Number 199778356	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) TEXAS	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☐ Cash ☒ Accrual
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8. Project/Grant Period From (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 09/30/2017	9. Reporting Period End Date (Month, Day, Year) June 30, 2017
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	111,846,085
b. Cash Disbursements	115,659,985
c. Cash on Hand (line a minus b)	-3,813,900

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	123,154,245
e. Federal share of expenditures	115,659,985
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	115,659,985
h. Unobligated balance of Federal funds (line d minus g)	7,494,260

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	14.4%	09/01/2015	08/31/2018	101,101,385	14,558,600	14,558,600
	g Totals				101,101,385	14,558,600	14,558,600

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512 583 2516 d. Email address mchung@swkey.org
---	--

b. Signature of Authorized Certifying Official / 	e. Date Report Submitted (Month, Day, Year) 7/24/2017
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14. Agency use only:

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

Handwritten signature

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014803	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
--

4a. DUNS Number 199778358	4b. EIN 174248116/A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) TEXAS	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 06/30/2018	9. Reporting Period End Date (Month, Day, Year) June 30, 2018
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	276,245,031
b. Cash Disbursements	284,465,720
c. Cash on Hand (line a minus b)	-8,220,689

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	481,976,897
e. Federal share of expenditures	284,465,720
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	284,465,720
h. Unobligated balance of Federal funds (line d minus g)	177,511,177

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	4.4%	09/01/2015	08/31/2018	246,535,218	35,501,072	35,501,072
g. Totals:					246,535,218	35,501,072	35,501,072

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) July 30, 2018
14. Agency use only:	

Standard Form 425 - Revised 6/28/2015
 OMB Approval Number 0348-0061
 Expiration Date 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014802	Page 1	of 1
pages			

3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
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4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) TEXAS	6. Report Type ☐ Quarterly ☐ Semi-Annual ☒ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2015	To: (Month, Day, Year) 09/30/2016	9. Reporting Period End Date (Month, Day, Year) SEPTEMBER 30, 2016
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	107,729,732
b. Cash Disbursements	107,729,732
c. Cash on Hand (line a minus b)	0

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	111,232,856
e. Federal share of expenditures	107,729,732
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	107,729,732
h. Unobligated balance of Federal funds (line d minus g)	3,503,124

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	14.4%	09/01/2015	08/31/2016	94,169,346	13,560,386	13,560,386
g. Totals					94,169,346	13,560,386	13,560,386

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 06/05/2017
14. Agency use only:	

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 9QZU014802	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE AUSTIN TX 78721
--

4a. DUNS Number 159778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) TEXAS	6. Report Type ☐ Quarterly ☒ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2015	To: (Month, Day, Year) 09/30/2016	9. Reporting Period End Date (Month, Day, Year) SEPTEMBER 30, 2016
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	101,921,691
b. Cash Disbursements	107,729,732
c. Cash on Hand (line a minus b)	-5,808,041

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	111,232,856
e. Federal share of expenditures	107,729,732
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	107,729,732
h. Unobligated balance of Federal funds (line d minus g)	3,503,124

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	PREDETERMINED	14.4%	09/01/2015	08/31/2016	94,169,346	13,560,386	13,560,386
g. Totals:					94,169,346	13,560,386	13,560,386

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 12/19/2016
14. Agency use only:	

Standard Form 425 - Revised 8/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014803	Page 1	of 1	pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
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4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) TEXAS	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 09/30/2017	9. Reporting Period End Date (Month, Day, Year) September 30, 2017
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	138,354,573
b. Cash Disbursements	144,129,624
c. Cash on Hand (line a minus b)	-5,775,051

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	147,236,420
e. Federal share of expenditures	144,129,624
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	144,129,624
h. Unobligated balance of Federal funds (line d minus g)	3,106,796

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	14.4%	09/01/2015	08/31/2016	123,614,260	17,800,453	17,800,453
	g. Totals					123,614,260	17,800,453

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 10/30/2017

14. Agency use only: Standard Form 425 - Revised 6/28/2010 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 907U014802	Page 1	of 1	pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
--

4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) TEXAS	6. Report Type ☐ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2015	To: (Month, Day, Year) 09/30/2016	9. Reporting Period End Date (Month, Day, Year) 12/31/2015
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	21,161,410
e. Federal share of expenditures	17,947,240
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	17,947,240
h. Unobligated balance of Federal funds (line d minus g)	3,214,170

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	PREDETERMINED	14.4%	09/01/2015		15,688,147	2,259,093	2,259,093
g. Totals:							

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkny.org
---	--

b. Signature of Authorized Certifying Official: 	e. Date Report Submitted (Month, Day, Year) 01/27/2016
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	14. Agency use only:
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Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information on this form unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMIN-STRAT.ON FOR CH LDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014903	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
--

4a. DUNS Number *99778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) CAL-EL PASO	6. Report Type ☐ Quarterly ☒ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 03/31/2018	9. Reporting Period End Date (Month, Day, Year) December 31, 2017
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	32,746,761
b. Cash Disbursements	33,384,011
c. Cash on Hand (line a minus b)	-637,250

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	38,866,617
e. Federal share of expenditures	33,384,011
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	33,384,011
h. Unobligated balance of Federal funds (line d minus g)	40,806,357

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	4.4%	09/01/2015	08/31/2018	29,426,487	4,237,414	4,237,414
	g. Totals:					29,426,487	4,237,414

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
---	--

b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 01/30/2018
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14. Agency use only:

Standard Form 425 Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted G99-ADMINISTRATION FOR CHILDREN - HQ		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014902		Page	1	of	1
pages							
3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC. 3000 I-H 35, SUITE 410 AUSTIN, TX, 78704							
4a. DUNS Number 199778358	4b. EIN 1742481167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) CA-EP INTERIM REPORT	6. Report Type ☐ Quarterly ☒ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual			
8. Project/Grant Period From: (Month, Day, Year) OCTOBER 01, 2015		To: (Month, Day, Year) SEPTEMBER 30, 2016		9. Reporting Period End Date (Month, Day, Year) MARCH 31, 2016			
10. Transactions (Use lines a-c for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR Attachment):						Cumulative	
a. Cash Receipts						11,932,494.00	
b. Cash Disbursements						12,343,372.00	
c. Cash on Hand (line a minus b)						-410,878.00	
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						13,473,892.00	
e. Federal share of expenditures						12,343,372.00	
f. Federal share of unliquidated obligations							
g. Total Federal share (sum of lines e and f)						12,343,372.00	
h. Unobligated balance of Federal funds (line d minus g)						1,130,520.00	
Recipient Share:							
i. Total recipient share required							
j. Recipient share of expenditures							
k. Remaining recipient share to be provided (line i minus j)							
Program Income:							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)							
11. Indirect Expense	a. Type PREDETERMINED PROVISIONAL	b. Rate 0.14400	c. Period From 09/01/2015	Period To 	d. Base 10,789,660.84	e. Amount Charged 1,553,711.16	f. Federal Share 1,553,711.16
				g. Totals:	10,789,660.84	1,553,711.16	1,553,711.16
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official (b)(6) (b)(6)					c. Telephone (Area code, number and extension) (b)(6)		
b. Signature of Authorized Certifying Official (b)(6)					d. Email address h.vj@swkey.org		
					e. Date Report Submitted (Month, Day, Year) APRIL 28, 2016		
14. Agency use only:							

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT (Additional Page)

Federal Agency and Organization : G99-ADMINISTRATION FOR CHILDREN - HQ**Federal Grant ID** : 90ZU014902**Recipient Organization** : SOUTHWEST KEY PROGRAMS, INC.
3000 I-H 35, SUITE 410
AUSTIN, TX, 78704**DUNS Number** : 199778358**EIN** : 1742481167A1**Reporting Period End Date** : MARCH 31, 2016

FFR Agency Review**Reviewer Name** :**Phone#** :**Email** :**Review Date** :**Status** : Pending agency review**Review Comments** :

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014903	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
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4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) CAL-EL PASO	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 09/30/2017	9. Reporting Period End Date (Month, Day, Year) MARCH 31, 2017
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	12,051,883
b. Cash Disbursements	12,866,941
c. Cash on Hand (line a minus b)	-815,058

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	14,488,637
e. Federal share of expenditures	12,866,941
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	12,866,941
h. Unobligated balance of Federal funds (line d minus g)	1,621,696

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	14.4%	09/01/2015	08/31/2018	11,247,326	1,619,615	1,619,615
g. Totals:					11,247,326	1,619,615	1,619,615

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512-583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 04/24/2017
14. Agency use only:	

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014903	Page 1	of 1
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pages

3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721

4a. DUNS Number 199778358	4b. EIN 1742481167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) CAL-EL PASO	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 03/31/2018	9. Reporting Period End Date (Month, Day, Year) March 31, 2018
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	41,720,151
b. Cash Disbursements	42,149,590
c. Cash on Hand (line a minus b)	-429,439

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	45,428,255
e. Federal share of expenditures	42,149,590
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	42,149,590
h. Unobligated balance of Federal funds (line d minus g)	3,278,665

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	14.4%	09/01/2015	08/31/2018	37,112,711	5,344,231	5,344,231
	g. Totals:				37,112,711	5,344,231	5,344,231

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
--	--

b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 04/26/2018
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14. Agency use only:

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014902	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
--

4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) CAL-EL PASO	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2015	To: (Month, Day, Year) 09/30/2016	9. Reporting Period End Date (Month, Day, Year) 06/30/2016
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	18,887,212
b. Cash Disbursements	19,521,149
c. Cash on Hand (line a minus b)	-633,937

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	20,249,520
e. Federal share of expenditures	19,521,149
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	19,521,149
h. Unobligated balance of Federal funds (line d minus g)	728,371

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	PREDETERMINED	14.4%	09/01/2015	08/31/2018	17,063,941	2,457,208	2,457,208
					g. Totals:	17,063,941	2,457,208

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 07/29/2016
14. Agency use only: 	

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

(Follow form instructions)

Standard Form 425 - Revised 6/28/2010
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014903	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
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4a. DUNS Number 199778358	4b. EIN 1742481167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) CAL-EL PASO	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☐ Cash ☒ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 06/30/2018	9. Reporting Period End Date (Month, Day, Year) June 30, 2018
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	50,101,853
b. Cash Disbursements	51,049,841
c. Cash on Hand (line a minus b)	-947,988

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	63,156,895
e. Federal share of expenditures	51,049,841
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	51,049,841
h. Unobligated balance of Federal funds (line d minus g)	12,107,054

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	14.4%	09/01/2015	08/31/2018	44,916,512	6,467,998	6,467,998
	g. Totals:				44,916,512	6,467,998	6,467,998

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512 583 2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) July 30, 2018
14. Agency use only: Standard Form 425 - Revised 6/28/2010 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011	

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014902	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS INC 6002 JAIN LANE AUSTIN TX 78721

4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) CAL-EL PASO	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2015	To: (Month, Day, Year) 09/30/2016	9. Reporting Period End Date (Month, Day, Year) SEPTEMBER 30, 2016
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	26,013,788
b. Cash Disbursements	27,822,290
c. Cash on Hand (line a minus b)	-1,808,502

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	27,822,290
e. Federal share of expenditures	27,822,290
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	27,822,290
h. Unobligated balance of Federal funds (line d minus g)	0

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	4.4%	09/01/2015	08/31/2016	24,320,184	3,502,106	3,502,106
g. Totals:					24,320,184	3,502,106	3,502,106

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 12/19/2016 14. Agency use only:

Standard Form 425 Revised 6/26/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014902	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
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4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) CAL-EL PASO	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2015	To: (Month, Day, Year) 09/30/2016	9. Reporting Period End Date (Month, Day, Year) SEPTEMBER 30, 2016
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	26,013,788
b. Cash Disbursements	27,822,290
c. Cash on Hand (line a minus b)	-1,808,502

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	27,822,290
e. Federal share of expenditures	27,822,290
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	27,822,290
h. Unobligated balance of Federal funds (line d minus g)	0

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	14.4%	09/01/2015	08/31/2018	24,320,184	3,502,106	3,502,106
					g. Totals:	24,320,184	3,502,106

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 10/28/2016
14. Agency use only:	

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 902U014903	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
--

4a. DUNS Number 199778358	4b. EIN 1424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) CAL-EL PASO	6. Report Type ☐ Quarterly ☐ Semi-Annual ☒ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 09/30/2017	9. Reporting Period End Date (Month, Day, Year) September 30, 2017
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	24,924,302
b. Cash Disbursements	26,825,453
c. Cash on Hand (line a minus b)	-1,901,151

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	29,714,811
e. Federal share of expenditures	26,825,453
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	26,825,453
h. Unobligated balance of Federal funds (line d minus g)	2,889,358

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	PREDETERMINED	14.4%	09/01/2015	08/31/2018	23,665,288	3,407,802	3,407,802
g. Totals:					23,665,288	3,407,802	3,407,802

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
---	--

b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 10/30/2017
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	14. Agency use only:
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Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted HHS-ADMINISTRATION FOR CHILDREN & FAMILIES		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)		Page 1	of 2
3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC. 3000 I-H 35, SUITE 410 AUSTIN, TX, 78704					
4a. DUNS Number 199778358	4b. EIN 1742481167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	
7. Basis of Accounting ☒ Cash ☐ Accrual					
8. Project/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)		9. Reporting Period End Date (Month, Day, Year) DECEMBER 31, 2015	
10. Transactions				Cumulative	
(Use lines a-c for single or multiple grant reporting)					
Federal Cash (To report multiple grants, also use FFR Attachment):					
a. Cash Receipts				39,481,910.11	
b. Cash Disbursements				42,166,148.00	
c. Cash on Hand (line a minus b)				-2,684,237.89	
(Use lines d-o for single grant reporting)					
Federal Expenditures and Unobligated Balance:					
d. Total Federal funds authorized					
e. Federal share of expenditures					
f. Federal share of unliquidated obligations					
g. Total Federal share (sum of lines e and f)					
h. Unobligated balance of Federal funds (line d minus g)					
Recipient Share:					
i. Total recipient share required					
j. Recipient share of expenditures					
k. Remaining recipient share to be provided (line i minus j)					
Program Income:					
l. Total Federal program income earned					
m. Program income expended in accordance with the deduction alternative					
n. Program income expended in accordance with the addition alternative					
o. Unexpended program income (line l minus line m or line n)					
11. Indirect Expense		a. Type	b. Rate	c. Period From	d. Base
				Period To	e. Amount Charged
					f. Federal Share
		g. Totals:			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:					
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)					
a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer				c. Telephone (Area code, number and extension) 512.583.2516	
b. Signature of Authorized Certifying Official (b)(6)				d. Email address mchung@swkey.org	
				e. Date Report Submitted (Month, Day, Year) 01/27/2016	
				14. Agency use only:	
Standard Form 425 - Revised 6/28/2010 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011					
Paperwork Burden Statement According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.					

(For reporting multiple grants)

Standard Form 425A
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average thirty (30) minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU014903	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
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4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) CAL-EL PASO	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 09/30/2017	9. Reporting Period End Date (Month, Day, Year) DECEMBER 31, 2016
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	5,742,966
b. Cash Disbursements	6,073,064
c. Cash on Hand (line a minus b)	-330,098

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	6,347,144
e. Federal share of expenditures	6,073,064
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	6,073,064
h. Unobligated balance of Federal funds (line d minus g)	274,080

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	PREDETERMINED	14.4%	09/01/2015	08/31/2018	5,308,622	764,442	764,442
					g. Totals:	5,308,622	764,442

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516
b. Signature of Authorized Certifying Official 	d. Email address mchung@swkey.org
	e. Date Report Submitted (Month, Day, Year) 02/17/2017
14. Agency use only:	

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU015303	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
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4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) ARIZONA	6. Report Type ☐ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 03/31/2018	9. Reporting Period End Date (Month, Day, Year) December 31, 2017
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	113,967,329
b. Cash Disbursements	115,631,943
c. Cash on Hand (line a minus b)	-1,664,614

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	145,207,547
e. Federal share of expenditures	115,631,943
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	115,631,943
h. Unobligated balance of Federal funds (line d minus g)	29,575,604

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	14.4%	09/01/2015	08/31/2018	101,661,943	14,639,318	14,639,318
g. Totals:					101,661,943	14,639,318	14,639,318

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
---	--

b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 01/30/2018
---	--

14. Agency use only:

Standard Form 425 - Revised 8/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average .5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted G99-ADMINISTRATION FOR CHILDREN - HQ		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU015302		Page 1	of 1	
3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC. 3000 I-H 35, SUITE 410 AUSTIN, TX, 78704						
4a. DUNS Number 199778358	4b. EIN 1742481167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) AZ INTERIM REPORT	6. Report Type ☐ Quarterly ☒ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual		
8. Project/Grant Period From: (Month, Day, Year) OCTOBER 01, 2015		To: (Month, Day, Year) SEPTEMBER 30, 2016		9. Reporting Period End Date (Month, Day, Year) MARCH 31, 2016		
10. Transactions			Cumulative			
(Use lines a-c for single or multiple grant reporting)						
Federal Cash (To report multiple grants, also use FFR Attachment):						
a. Cash Receipts			37,830,980.00			
b. Cash Disbursements			39,877,523.00			
c. Cash on Hand (line a minus b)			-2,046,543.00			
(Use lines d-o for single grant reporting)						
Federal Expenditures and Unobligated Balance:						
d. Total Federal funds authorized			41,015,713.00			
e. Federal share of expenditures			39,877,523.00			
f. Federal share of unliquidated obligations						
g. Total Federal share (sum of lines e and f)			39,877,523.00			
h. Unobligated balance of Federal funds (line d minus g)			1,138,190.00			
Recipient Share:						
i. Total recipient share required						
j. Recipient share of expenditures						
k. Remaining recipient share to be provided (line i minus j)						
Program Income:						
l. Total Federal program income earned						
m. Program income expended in accordance with the deduction alternative						
n. Program income expended in accordance with the addition alternative						
o. Unexpended program income (line l minus line m or line n)						
11. Indirect Expense	a. Type PREDETERMINED PROVISIONAL	b. Rate 0.14400	c. Period From 09/01/2015	d. Base 34,857,974.65	e. Amount Charged 5,019,548.35	f. Federal Share 5,019,548.35
			g. Totals:	34,857,974.65	5,019,548.35	5,019,548.35
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:						
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)						
a. Typed or Printed Name and Title of Authorized Certifying Official (b)(6) (b)(6)				c. Telephone (Area code, number and extension) (b)(6)		
b. Signature of Authorized Certifying Official (b)(6)				d. Email address (b)(6)@swkey.org		
				e. Date Report Submitted (Month, Day, Year) APRIL 28, 2016		
14. Agency use only:						

Standard Form 425 - Revised 6/28/2010
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT (Additional Page)

Federal Agency and Organization : G99-ADMINISTRATION FOR CHILDREN - HQ**Federal Grant ID** : 90ZU015302**Recipient Organization** : SOUTHWEST KEY PROGRAMS, INC.
3000 I-H 35, SUITE 410
AUSTIN, TX, 78704**DUNS Number** : 199778358**EIN** : 1742481167A1**Reporting Period End Date** : MARCH 31, 2016

FFR Agency Review**Reviewer Name** :**Phone#** :**Email** :**Review Date** :**Status** : Pending agency review**Review Comments** :

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted OHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU015303	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC. 6002 JAIN LANE, AUSTIN, TX 78721

4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) ARIZONA	6. Report Type ☐ Quarterly ☐ Semi-Annual ☒ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 09/30/2017	9. Reporting Period End Date (Month, Day, Year) MARCH 31, 2016
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	49,463,706
b. Cash Disbursements	52,183,860
c. Cash on Hand (line a minus b)	-2,720,154

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	55,764,594
e. Federal share of expenditures	52,183,860
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	52,183,860
h. Unobligated balance of Federal funds (line d minus g)	3,580,734

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	14.4%	09/01/2015	08/31/2016	45,615,262	6,568,598	6,568,598
					g. Totals:	45,615,262	6,568,598

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 04/24/2017
14. Agency use only:	

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

(Follow form instructions)

Standard Form 425 - Revised 6/28/2010
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU015302	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
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4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) ARIZONA	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2015	To: (Month, Day, Year) 09/30/2016	9. Reporting Period End Date (Month, Day, Year) 06/30/2016
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	61,867,450
b. Cash Disbursements	64,369,607
c. Cash on Hand (line a minus b)	-2,502,157

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	79,333,865
e. Federal share of expenditures	64,369,607
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	64,369,607
h. Unobligated balance of Federal funds (line d minus g)	14,964,258

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	PREDETERMINED	14.4%	09/01/2015	08/31/2018	56,267,139	8,102,468	8,102,468
g. Totals:					56,267,139	8,102,468	8,102,468

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516
b. Signature of Authorized Certifying Official (b)(6)	d. Email address mchung@swkey.org
	e. Date Report Submitted (Month, Day, Year) 07/29/2016
14. Agency use only:	

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.
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FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU0-5303	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC. 6002 JAIN LANE, AUSTIN, TX 78721

4a. DUNS Number 199778358	4b. EIN 1742478-167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) ARIZONA	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 09/30/2017	9. Reporting Period End Date (Month, Day, Year) June 30, 2017
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	73,650,100
b. Cash Disbursements	75,990,296
c. Cash on Hand (line a minus b)	-2,340,196

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	84,632,529
e. Federal share of expenditures	75,990,296
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	75,990,296
h. Unobligated balance of Federal funds (line d minus g)	8,642,233

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	14.4%	09/01/2015	08/31/2018	66,425,084	9,565,212	9,565,212
g. Totals:					66,425,084	9,565,212	9,565,212

12. Remarks Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mcchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 7/25/2017 14. Agency use only:

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.
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Handwritten signature

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU0*5303	Page 1	of 1
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pages

3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
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4a. DUNS Number *99778358	4b. EIN 1742481167A*	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) ARIZONA	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 06/30/2018	9. Reporting Period End Date (Month, Day, Year) June 30, 2018
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	179,400,940
b. Cash Disbursements	184,042,116
c. Cash on Hand (line a minus b)	-4,641,176

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	258,599,100
e. Federal share of expenditures	184,042,116
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	184,042,116
h. Unobligated balance of Federal funds (line d minus g)	74,556,984

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	14.4%	09/01/2015	08/31/2018	161,666,023	23,278,466	23,278,466
g. Totals:					161,666,023	23,278,466	23,278,466

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) July 30, 2018

14. Agency use only:

Standard Form 425 Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU015302	Page 1	of 1
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pages

3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE AUSTIN TX 78721
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4a. DUNS Number 199778358	4b. FIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) ARIZONA	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2015	To: (Month, Day, Year) 09/30/2016	9. Reporting Period End Date (Month, Day, Year) SEPTEMBER 30, 2016
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	90,648,979
b. Cash Disbursements	96,322,595
c. Cash on Hand (line a minus b)	-5,673,616

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	97,392,900
e. Federal share of expenditures	96,322,595
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	96,322,595
h. Unobligated balance of Federal funds (line d minus g)	1,070,305

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	14.4%	09/01/2015	09/31/2016	84,198,073	12,124,522	12,124,522
					g. Totals	84,198,073	12,124,522

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 12/19/2016

14. Agency use only:

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement

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FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 902U015302	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE AUSTIN, TX 78721

4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) ARIZONA	6. Report Type ☐ Quarterly ☐ Semi-Annual ☒ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2015	To: (Month, Day, Year) 09/30/2016	9. Reporting Period End Date (Month, Day, Year) SEPTEMBER 30, 2016
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	96,322,595
b. Cash Disbursements	96,322,595
c. Cash on Hand (line a minus b)	0

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	97,392,900
e. Federal share of expenditures	96,322,595
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	96,322,595
h. Unobligated balance of Federal funds (line d minus g)	1,070,305

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	PREDETERMINED	14.4%	09/01/2015	08/31/2018	84,198,073	12,124,522	12,124,522
g. Totals					84,198,073	12,124,522	12,124,522

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 06/05/2017
14. Agency use only:	

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZUC15303	Page 1	of 1	pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
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4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) ARIZONA	6. Report Type ☐ Quarterly ☐ Semi-Annual ☐ Annual ☒ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 09/30/2017	9. Reporting Period End Date (Month, Day, Year) September 30, 2017
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	92,621,359
b. Cash Disbursements	96,422,831
c. Cash on Hand (line a minus b)	-3,801,472

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	104,212,781
e. Federal share of expenditures	96,422,831
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	96,422,831
h. Unobligated balance of Federal funds (line d minus g)	7,789,950

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	PREDETERMINED	14.4%	09/01/2015	08/31/2016	84,742,058	12,202,857	12,202,857
	g. Totals:					84,742,058	12,202,857

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 10/30/2017

14. Agency use only:

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU015302	Page 1	of 1	pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
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4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) ARIZONA	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2015	To: (Month, Day, Year) 09/30/2016	9. Reporting Period End Date (Month, Day, Year) 12/31/2015
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	22,956,678
e. Federal share of expenditures	17,566,536
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	17,566,536
h. Unobligated balance of Federal funds (line d minus g)	5,390,142

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	PREDETERMINED	14.4%	09/01/2015		15,355,364	2,211,172	2,211,172
g. Totals:							

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 01/27/2016
14. Agency use only:	

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU015303	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAN LANE, AUSTIN, TX 78721

4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) AR.ZONA	6. Report Type ☐ Quarterly ☐ Semi-Annual ☒ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2016	To: (Month, Day, Year) 09/30/2017	9. Reporting Period End Date (Month, Day, Year) DECEMBER 31, 2016
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	23,736,265
b. Cash Disbursements	24,774,016
c. Cash on Hand (line a minus b)	-1,037,751

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	24,774,016
e. Federal share of expenditures	24,774,016
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	24,774,016
h. Unobligated balance of Federal funds (line d minus g)	0

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	14.4%	09/01/2015	08/31/2016	21,655,608	3,118,408	3,118,408
					g. Totals:	21,655,608	3,118,408

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 01/30/2017
14. Agency use only:	

Standard Form 425 Revised 6/28/2010
 OMB Approval Number 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

(Follow form instructions)

Standard Form 425 Revised 6/28/2010
OMB Approval Number: 0340-0001
Expiration Date: 10/31/2011

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1 Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2 Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU021801	Page 1	of 1 pages
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3 Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721

4a. DUNS Number *99778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 953 -hs	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 02/01/2017	To: (Month, Day, Year) 03/31/2018	9. Reporting Period End Date (Month, Day, Year) December 31, 2018
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	3,278,594
b. Cash Disbursements	3,393,948
c. Cash on Hand (line a minus b)	-115,354

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	3,958,180
e. Federal share of expenditures	3,393,948
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	3,393,948
h. Unobligated balance of Federal funds (line d minus g)	564,232

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	PREDETERMINED	14.4%	09/01/2015	08/31/2018	2,966,738	427,210	427,210
					g. Totals:	2,966,738	427,210

12. Remarks. Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
---	--

b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 01/30/2018
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14. Agency use only:

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 15 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU021801	Page 1 of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, NC 6002 JAINI AVE, AUSTIN, TX 78721

4a. DUNS Number 19978358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 953 -hs	6. Report Type ☐ Quarterly ☐ Semi-Annual ☐ Annual ☒ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 02/01/2017	To: (Month, Day, Year) 01/31/2018	9. Reporting Period End Date (Month, Day, Year) January 31, 2018
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	3,710,950.00
b. Cash Disbursements	3,800,113.00
c. Cash on Hand (line a minus b)	-89,163.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	3,958,180.00
e. Federal share of expenditures	3,800,113.00
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	3,800,113.00
h. Unobligated balance of Federal funds (line d minus g)	158,067.00

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	PREDETERMINED	14.4%	09/01/2015	08/31/2018	3,321,777	478,336	478,336
					g. Totals: 3,321,777	478,336	478,336

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512 583-2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 2/27/2018
14. Agency use only: Standard Form 475 - Revised 6/28/2010 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011	

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU021802	Page 1	of 1 pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC. 6002 JAIN LANE, AUSTIN, TX 78721

4a. DUNS Number 99778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 953-HS	6. Report Type ☐ Quarterly ☒ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 02/01/2018	To: (Month, Day, Year) 01/31/2020	9. Reporting Period End Date (Month, Day, Year) April 30, 2018
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	811,678.00
b. Cash Disbursements	893,649.00
c. Cash on Hand (line a minus b)	81,971.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	989,545.00
e. Federal share of expenditures	893,649.00
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	893,649.00
h. Unobligated balance of Federal funds (line d minus g)	95,896.00

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	PREDETERMINED	14.4%	09/01/2015	08/31/2018	781,162	112,487	112,487
	g. Totals:					781,162	112,487

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512 583.2516 d. Email address mchung@swkey.org
b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 05/29/2018
14. Agency use only:	

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number 0348-0061
 Expiration Date 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU0218C1	Page 1	of 1
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721

4a. DUNS Number 199778358	4b. EIN 17424781-67A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 953 -hs	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From (Month, Day, Year) 02/01/2017	To: (Month, Day, Year) 03/31/2017	9. Reporting Period End Date (Month, Day, Year) June 30, 2017
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	1,299,036
b. Cash Disbursements	1,519,482
c. Cash on Hand (line a minus b)	-220,446

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	1,979,090
e. Federal share of expenditures	1,519,482
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	1,519,482
h. Unobligated balance of Federal funds (line d minus g)	459,608

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	PREDETERMINED	14.4%	09/01/2015	08/31/2018	1,328,219	191,263	191,263
g. Totals:					1,328,219	191,263	191,263

12. Remarks Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516
	d. Email address mchung@swkey.org

b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 7/25/2017
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14. Agency use only:

Standard Form 425 - Revised 6/28/2010
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement According to the Paperwork Reduction Act as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted G99-ADMINISTRATION FOR CHILDREN - HQ		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU021802		Page 1	of 1		
pages							
3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC. 3000 I-H 35, SUITE 410 AUSTIN, TX, 78704							
4a. DUNS Number 199778358	4b. EIN 1742481167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 953 - HS INTERIM REPORT	6. Report Type ☒ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final ☐ Month	7. Basis of Accounting ☒ Cash ☐ Accrual			
8. Project/Grant Period From: (Month, Day, Year) FEBRUARY 01, 2018		To: (Month, Day, Year) JANUARY 31, 2019		9. Reporting Period End Date (Month, Day, Year) JUNE 30, 2018			
10. Transactions					Cumulative		
(Use lines a-c for single or multiple grant reporting)							
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts					648,864.00		
b. Cash Disbursements					584,043.00		
c. Cash on Hand (line a minus b)					64,821.00		
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					2,968,635.00		
e. Federal share of expenditures					584,043.00		
f. Federal share of unliquidated obligations					.00		
g. Total Federal share (sum of lines e and f)					584,043.00		
h. Unobligated balance of Federal funds (line d minus g)					2,384,592.00		
Recipient Share:							
i. Total recipient share required							
j. Recipient share of expenditures							
k. Remaining recipient share to be provided (line i minus j)							
Program Income:							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)							
11. Indirect Expense	a. Type PREDETERMINED UNKNOWN	b. Rate 14.40000	c. Period From 09/01/2015	Period To 08/31/2018	d. Base 510,527.00	e. Amount Charged 73,515.89	f. Federal Share 73,515.89
			g. Totals:		510,527.00	73,515.89	73,515.89
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: A quarterly report was submitted on 5/29/18 for qtr.ending 4/30/18 (Feb-Apr 2018) with a cash on hand of -\$81, ...							
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Chung,Melody CFO					c. Telephone (Area code, number and extension) 512-583-2516		
b. Signature of Authorized Certifying Official Chung, Melody					d. Email address mchung@swkey.org		
					e. Date Report Submitted (Month, Day, Year) AUGUST 07, 2018		
					14. Agency use only:		

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT (Additional Page)

Federal Agency and Organization : G99-ADMINISTRATION FOR CHILDREN - HQ

Federal Grant ID : 90ZU021802

Recipient Organization : SOUTHWEST KEY PROGRAMS, INC.
3000 I-H 35, SUITE 410
AUSTIN, TX, 78704

DUNS Number : 199778358

EIN : 1742481167A1

Reporting Period End Date : JUNE 30, 2018

FFR Agency Review

Reviewer Name :

Phone# :

Email :

Review Date :

Status : Pending agency review

Review Comments :

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ADMINISTRATION FOR CHILDREN AND FAMILIES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90ZU021801	Page 1	of 1	pages
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3. Recipient Organization (Name and complete address including Zip code) SOUTHWEST KEY PROGRAMS, INC 6002 JAIN LANE, AUSTIN, TX 78721
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4a. DUNS Number 199778358	4b. EIN 17424781167A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 953 -hs	6. Report Type ☐ Quarterly ☐ Semi-Annual ☐ Annual ☒ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 02/01/2017	To: (Month, Day, Year) 01/31/2018	9. Reporting Period End Date (Month, Day, Year) September 30, 2017
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	2,327,791
b. Cash Disbursements	2,501,602
c. Cash on Hand (line a minus b)	-173,811

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	2,968,635
e. Federal share of expenditures	2,501,602
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	2,501,602
h. Unobligated balance of Federal funds (line d minus g)	467,033

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	PREDETERMINED	14.4%	09/01/2015	08/31/2018	2,186,715	314,887	314,887
				g. Totals:	2,186,715	314,887	314,887

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Melody Chung, CPA Chief Financial Officer	c. Telephone (Area code, number and extension) 512.583.2516 d. Email address mchung@swkey.org
---	--

b. Signature of Authorized Certifying Official (b)(6)	e. Date Report Submitted (Month, Day, Year) 10/30/2017
---	--

14. Agency use only:

Standard Form 425 - Revised 6/28/2010
OMB Approval Number 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement
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Staff Secure Addendum to Cooperative Agreement

This Addendum to the Cooperative Agreement between the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR), Division of Children Operations (DUCO) and **SOUTHWEST KEY PROGRAMS, INC.** is entered into this 1 day of **FEBRUARY, 2017**.

All requirements outlined in this Addendum are specific to the care provider program type and are supplemental to the requirements listed in Section IV: Description of Activities of the Cooperative Agreement. This Addendum, in addition to the Cooperative Agreement and the Terms and Conditions, listed in **SOUTHWEST KEY PROGRAMS, INC.** Notice of Grant Award (NGA), establish the responsibilities for providing **SOUTHWEST KEY PROGRAMS, INC.** residential services to UC.

Management of Personnel and Volunteers

1. In addition to the requirements outlined in *Part C. Management of Personnel and Volunteers, Number 1, Sub Section A*, **SOUTHWEST KEY PROGRAMS, INC.** must implement and maintain staff children ratios at a minimum of:
 - One (1) on-duty Youth Care Worker for every four (4) children or youth during waking hours; and
 - One (1) on-duty Youth Care Worker for every twelve (12) children or youth during sleeping hours.

The parties hereto have executed this Addendum as of the day and year first written above.

(b)(6)

MAY 02 2017

E. Scott Lloyd

Date

Director

Office of Refugee Resettlement

(b)(6)

4-13-17

Dr. Juan Sanchez

Date

President and CEO

SOUTHWEST KEY PROGRAMS, INC.

SWK-90ZU0148-ADD

COOPERATIVE AGREEMENT

BETWEEN

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES,

ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF),

OFFICE OF REFUGEE RESETTLEMENT (ORR)

DIVISION OF UNACCOMPANIED CHILDREN'S OPERATIONS (DUCO)

AND

SOUTHWEST KEY PROGRAMS, INC.

90ZU0148

SECTION I: Summary

The Director of the Office of Refugee Resettlement (ORR) of the Department of Health and Human Services (HHS) has responsibility for the care and placement of unaccompanied children (UC) in accordance with Section 462 of the Homeland Security Act of 2002 (HSA of 2002), 6 U.S.C. § 279. An unaccompanied child is defined under 6 U.S.C. § 279(g)(2) as a child who is: under 18 years old, who has no lawful immigration status in the United States, and no parent or legal guardian in the United States or no parent or legal guardian in the United States available to provide care and physical custody.

Within ORR, the Division of Unaccompanied Children's Operations (DUCO) has delegated authority for the care and placement of UC.

The DUCO's primary objectives are to provide a safe, appropriate, and placement in the least restrictive environment for UC, taking into consideration the risk of harm to the UC or others, the community and the risk of flight, while in ORR custody until they are released to a sponsor, obtain immigration legal relief, age out, or are discharged to the Department of Homeland Security (DHS).

ORR provides residential care and services through contracts or through the competitive or non-competitive grant process to organizations incorporated under State law which have demonstrated child welfare, social service, or related experience and are appropriately licensed to provide care and related services to dependent children. Recipients of ORR funding, that provide residential services for UC, must comply with State residential care licensing requirements; the Flores Settlement Agreement, Case No. CV85-4544-RJK (C.D. Cal. 1996) (Flores settlement agreement); pertinent federal laws and regulations, and all ORR policies and procedures.

Pursuant to 6 U.S.C. §279 the Director of the ORR, hereinafter called the Director, approves awards for residential services to UC. In accordance with this award and pursuant to the aforementioned laws, **SOUTHWEST KEY PROGRAMS, INC.** has funding approved to provide residential services for UC, which meets the requirements in the previous paragraph.

Pursuant to the aforementioned laws, **SOUTHWEST KEY PROGRAMS, INC.**, hereinafter called (**SWK**) has submitted an application and has been approved for funding to provide residential services for UC.

By signing this Cooperative Agreement, the Director agrees to make a grant award in accordance with approved annual continuation applications and quarterly reviews of program performance and financial reports for the project period of the grant. Under the terms of this agreement, **SOUTHWEST KEY PROGRAMS, INC.** will provide residential services for UC.

This Cooperative Agreement and the Terms and Conditions, listed in Grantee Name Notice of Award (NoA), establish the requirements and responsibilities for implementing **SOUTHWEST KEY PROGRAMS, INC.** residential services for UC. Continued funding is contingent upon

satisfactory performance, availability of funds, and determination that continuation is in the best interests of the Federal Government.

SECTION II: Purpose and Objective

The purpose of this agreement is to support the provision of residential services for UC according to the objectives and activities outlined in the application and consistent with State residential care licensing requirements.

In making decisions on placement and residential services provided to UC, the Director is governed by §462 of the HSA of 2002, 6 U.S.C. §279; § 235 of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA of 2008), 8 U.S.C. §1232, as amended¹; relevant portions of the Prison Rape Elimination Act of 2003 (PREA of 2003), 42 U.S.C. §15607, as amended²; and when it is not inconsistent with subsequent law, the Flores settlement agreement and the Perez-Olano Settlement Agreement, Case No. CV85-4544RJK (C. D. Cal. 1996) (Perez-Olano settlement agreement).

In December 2014, HHS released an Interim Final Rule (IFR) on standards to prevent, detect, and respond to sexual abuse and sexual harassment involving UC. The IFR sets forth standards to prevent, detect, and respond to sexual abuse and sexual harassment in ORR care provider facilities that house unaccompanied children (UCs) in accordance with section 1101(c) of the Violence Against Women Reauthorization Act of 2013, Pub. L. 113-4 (VAWA 2013). VAWA 2013 directed the Secretary of the Department of Health and Human Services (HHS) to adopt national standards for the detection, prevention, reduction, and punishment of rape and sexual assault in facilities that maintain custody of UCs. The standards apply to all ORR care provider facilities housing UCs except secure care provider facilities and individual foster care homes. The standards build upon and enhance existing State and local laws, regulations, and licensing standards.

¹ Section 235 of the TVPRA of 2008 was amended in part by section 1262 of the Violence Against Women Reauthorization Act of 2013.

² Section 8 of PREA of 2003, was amended in part by section 1101(c) of the Violence Against Women Reauthorization Act of 2013.

SECTION III: Authority

As provided by the terms of the Federal Grant and Cooperative Agreement Act of 1977 (FGCAA), 31 U.S.C. §6301, as amended, the grant awarded establishes a Cooperative Agreement between the Office of Refugee Resettlement (ORR) and **SOUTHWEST KEY PROGRAMS, INC.** Pursuant to the FGCAA, this cooperative agreement (hereinafter “agreement”) provides for substantial involvement and collaboration of ORR in activities related to cooperative agreements for residential services.

Furthermore, ORR is authorized to enter into this agreement under 6 U.S.C. §279 and 8 U.S.C. §1232(i) of the TVPRA of 2008.

SECTION IV: Description of Activities

A. Residential and Other Services

1. **SOUTHWEST KEY PROGRAMS, INC.** must provide residential shelter and services for UC in compliance with respective State residential care licensing requirements, the Flores settlement agreement, pertinent federal laws and regulations, and the ORR policies and procedures, unless otherwise expressly waived (in writing) by authorized ORR staff.
2. Under the terms of the Flores settlement agreement, care providers must provide the following services for each UC in their care:
 - Proper physical care and maintenance, including suitable living accommodations, food, appropriate clothing and personal grooming items.
 - Appropriate routine medical and dental care, family planning services, and emergency health care services, including a complete medical examination (including screenings for infectious disease) within 48 hours of admission, excluding weekends and holidays, unless the UC was recently examined at another ORR care provider facility; appropriate immunizations in accordance with recommendations of the U.S. Department of Health and Human Services / U.S. Public Health Service (PHS), Centers for Disease Control and Prevention (CDC) Advisory Committee on

Immunization Practices; administration of prescribed medication and special diets; appropriate mental health interventions when necessary.

- An individualized needs assessment, which includes the various initial intake forms, collection of essential data relating to the identification and history of the child and his or her family, identification of the UC's special needs including any specific problems which appear to require immediate intervention, an educational assessment and plan, an assessment of family relationships and interaction with adults, peers and authority figures; a statement of religious preference and practice; an assessment of the unaccompanied child's personal goals, strengths and weaknesses; identifying information regarding immediate family members, other relatives, godparents or friends who may be residing in the United States and may be able to assist in connecting the child with family members.
- Educational services appropriate to the unaccompanied child's level of development and communication skills in a structured classroom setting Monday through Friday, which concentrates primarily on the development of basic academic competencies and secondarily on English Language Training. The educational program must include instruction and educational and other reading materials in such languages as needed. Basic academic areas should include Science, Social Studies, Math, Reading, Writing and Physical Education. The program must provide unaccompanied children with appropriate reading materials in languages other than English and spoken by the UC in care for use during leisure time.
- Activities according to a recreation and leisure time plan that include daily outdoor activity, weather permitting, with at least one hour per day of large muscle activity and one hour per day of structured leisure time activities (that should not include time spent watching television). Activities should be increased to a total of three hours on days when school is not in session.
- At least one individual counseling session per week conducted by trained social work staff with the specific objective of reviewing the child's progress, establishing new short term objectives, and addressing both the developmental and crisis-related needs of each child.

- Group counseling sessions at least twice a week.
- Acculturation and adaptation services which include information regarding the development of social and inter-personal skills which contribute to those abilities necessary to live independently and responsibly.
- A comprehensive orientation regarding program intent, services, rules (written and verbal), expectations and the availability of legal assistance.
- Whenever possible, access to religious services of the child's choice, and in an environment that ensures children feel free to ask for such access.
- Visitation and contact with family members (regardless of their immigration status), which is structured to encourage such visitation.
- A reasonable right to privacy, which includes (1) the right to wear his or her own clothes when available, (2) retain a private space in the residential facility, group or foster home for the storage of personal belongings, (3) talk privately on the phone and visit privately with guests, as permitted by ORR policy and applicable regulations, (4) receive and send uncensored mail unless there is a reasonable belief that the mail contains contraband.
- Services designed to identify relatives in the United States as well as in foreign countries and assistance in obtaining legal guardianship when necessary for the release of the unaccompanied child.
- Legal services information, including the availability of free legal assistance, the right to be represented by counsel at no expense to the government, the right to a removal hearing before an immigration judge, the right to apply for asylum or to request voluntary departure in lieu of deportation.

B. Organizational Capacity and Structure

1. **SOUTHWEST KEY PROGRAMS, INC.** must have the infrastructure and organizational capacity (governance structure, procedures, standards, and accountability

controls) to meet all ORR program requirements and to properly manage all program resources (finances, personnel, physical plant structures, technology) and other provisions within the scope of this agreement.

2. Unless waived by ORR, **SOUTHWEST KEY PROGRAMS, INC.** should be accredited by a nationally recognized accreditation organization, at ORR's discretion.³
3. **SOUTHWEST KEY PROGRAMS, INC.** must have an effective program management structure that designates clear lines of authority and responsibility and promotes the effective use of organizational resources and positive outcomes, including the safe and timely release of unaccompanied children.
4. **SOUTHWEST KEY PROGRAMS, INC.** must have internal policies and procedures in place for monitoring and evaluating their program and conducting ongoing quality assurance activities to identify areas in need of improvement and/or modification.
5. **SOUTHWEST KEY PROGRAMS, INC.** must provide services in a culturally sensitive and knowledgeable manner. The majority of staff responsible for direct service delivery must be bilingual in English and Spanish. Staff who routinely work with unaccompanied children who speak other languages must be proficient in that language. Care providers must have access to interpreters for other languages that unaccompanied children in their care may speak.
6. **SOUTHWEST KEY PROGRAMS, INC.** must maintain internal policies and procedures in electronic and hard copy form and readily accessible for all care provider and ORR staff. Internal policies and procedures are subject to ORR approval and must comply with all applicable federal law, regulations, and ORR's policies and procedures. The care provider's internal policies and procedures must address the following:

³ As applicable: The Council on Accreditation (COA), the Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF) or the American Correctional Association (ACA).

- Provision of services that is specific to the type/level of care;
- State mandated placement criteria, including licensing-related restrictions;
- Population of children and youth served and facility capacity;
- Personnel policies and procedures⁴, including training requirements;
- Emergency and evacuation policies and procedures;
- Physical plant requirements and maintenance policies and procedures (inspections for safety and maintenance, review of heating and cooling systems, plumbing, etc.);
- Health policies and procedures for unaccompanied children;
- Procedures for meeting mandated reporting requirements (reporting suspected neglect, maltreatment and/or abuse and sexual abuse and/or sexual harassment);
- Zero tolerance policy for sexual abuse and harassment;
- Grievance policies and procedures for both unaccompanied children and staff;
- Financial management policies and procedures (including internal controls for errors, mismanagement or fraud and provisions for regular audits performed by an outside, independent auditor)⁵;
- Internal monitoring, evaluation, and continued quality assurance policies and procedures;
- Relationships with key external stakeholders; and,

⁴ Including equal employment policies, prohibitions against nepotism and favoritism, policies on benefits, insurance protections, promotions and professional development, reporting requirements, sanctions and discipline of staff, working conditions, wage, time-off and lay off policies, activities and behaviors that require immediate suspension and possible termination.

⁵ All modifications to award budgets require prior approval from both the Administration for Children and Families Office of Grants Management (ACF/OGM) and an ORR PO.

- “Drug Free Workplace” policies.

7. **SOUTHWEST KEY PROGRAMS, INC.** must maintain or attempt to enter into memoranda of understanding (MOUs) or other agreements with local child advocacy centers, rape crisis centers, immigrant victim service providers, and/or other community service providers to provide services to victims of sexual abuse and sexual harassment that occurred at the care provider facility. If local service providers are not available, **SOUTHWEST KEY PROGRAMS, INC.** must maintain or attempt to enter into MOUs or other agreements with national service provider organizations. All agreements must have provisions that require the community or immigrant service provider to report any allegations of mistreatment or abuse to ORR. Care provider facilities must maintain copies of its agreements or documentation showing attempts to enter into such agreements and provide copies to ORR upon request.

C. Management of Personnel and Volunteers

1. **SOUTHWEST KEY PROGRAMS, INC.** must develop, implement, and document a staffing plan based on the populations served, the scope and type of provided services, anticipated requirements, current and projected staff vacancies, and project budgets. The staffing plan must:
 - a. Include staffing ratios in accordance with State licensing requirements, and as required by ORR’s policies and guidelines;
 - b. Include a UC to Case Manager ratio of 8:1, unless waived by ORR; and,
 - c. Include a UC to Clinician ratio of 12:1, unless waived by ORR.
2. **SOUTHWEST KEY PROGRAMS, INC.** must complete background investigations on all staff, contractors, and volunteers prior to hire to ensure the candidate is suitable for employment to work with minors in a residential setting. Background checks must be completed in accordance with ORR’s minimum standards and State licensing requirements. The results must be included in the employee’s personnel file. If State

licensing requirements do not require a national criminal history fingerprint check, **SOUTHWEST KEY PROGRAMS, INC.** must complete the check using a public or private vendor. If there is an additional cost associated with this fingerprint check, the cost may be included in **SOUTHWEST KEY PROGRAMS, INC.** budget plan.

3. Requirements for all hired staff. All staff must:

- Be at least 21 years of age;
- Exhibit integrity and good moral character to provide appropriate care to UC;
- Possess the relevant experience and/or qualifications to work with UC and UC with special needs; and,
- Be properly trained and licensed, as necessary.

4. **SOUTHWEST KEY PROGRAMS, INC.** may not hire, continue employment, or enlist the services of any contractor or volunteer who:

- Has engaged in any form of child abuse or neglect, including domestic violence;
- Has been convicted of engaging or attempting to engage in sexual abuse facilitated by force, overt or implied threats of force, coercion or if the victim did not consent or was unable to consent or refused; and/or,
- Is undergoing civil or administrative adjudication or has been civilly or administratively adjudicated for engaging in an activity listed above.

5. **SOUTHWEST KEY PROGRAMS, INC.** must consider incidents of sexual harassment in determining whether to hire anyone or to enlist the services of any contractor or volunteer. **SOUTHWEST KEY PROGRAMS, INC.** must ask all applicants about previous misconduct in written applications or interviews for hiring. Applicants or employees must disclose any misconduct, whether the conduct occurs on or off duty. **SOUTHWEST KEY PROGRAMS, INC.** personnel policies and procedures must provide that material omissions regarding such misconduct or providing materially false information will be grounds for termination.

6. **SOUTHWEST KEY PROGRAMS, INC.** must have job descriptions and selection criteria for all staff positions that state the qualifications, performance standards, and responsibilities for each position. (Each job description must include a section on Essential Functions as mandated by the Americans with Disabilities Act).
7. **SOUTHWEST KEY PROGRAMS, INC.** must obtain prior approval for the positions noted in the table below. The table also includes job descriptions and minimum qualifications for positions that require ORR approval as well as those that do not. Exceptions to the minimum qualifications require ORR's explicit written approval prior to hire and ORR may require supervision plans and additional training.

Positions Requiring ORR Prior Approval		
Position	Job Description	Minimum Qualifications
Program Director	Overall management of the programmatic, administrative, financial, and operational systems related to the provision of care and services; provision of regular and timely reports to ORR regarding operations, services, and finances; establishing a respectful and supportive workplace environment; elevating any issues or concerns to ORR.	Master's degree in social work or an equivalent degree in education, psychology, sociology, or other relevant behavioral science degree or bachelor's degree plus 5 years' experience in child welfare administration, child protective services; and, 2 years of experience in program management or as director of a licensed child care program. Possess the administrator's license for the care provider's facility.
Assistant Program Director	Serves as secondary liaison with ORR. The need for an Assistant Program Director will vary depending on the number of unaccompanied children served at a care provider facility.	Bachelor's degree in education, psychology, sociology or other relevant behavioral science plus 5 years of progressive employment experience with a social services or childcare agency or organization.

Clinician	Conducts mental health assessments; provides ongoing individual and group counseling services, screens for human trafficking concerns, and provides crisis intervention services.	Master's degree in social work with clinical experience in the program, or Master's degree in psychology, sociology, or other relevant behavioral science in which direct clinical experience is a program requirement, or a bachelor's degree plus 5 years clinical employment experience. Must be licensed or eligible for licensure.
Lead Clinician	Coordinating clinical services, training new clinicians, and supervising the clinical staff.	Master's degree in social work, 2 years of postgraduate direct service delivery experience or a Master's degree or Ph.D. in psychology, sociology, or other relevant behavioral science in which clinical experience is a program requirement, plus 2 years of postgraduate direct service delivery experience/or bachelor's degree plus 5 years clinical employment experience in the behavioral sciences. Must have supervisory experience and be licensed to provide clinical services in the State where the care provider is located.
Lead Case Manager	Responsible for coordinating case management and safe and timely release services, training new case managers, and supervising the work of other case manager.	Master's degree in the behavioral sciences, human services or social services fields or bachelor's degree and at least 3 years progressive employment experience that demonstrates supervisory and case management experience.
Prevention of Sexual Abuse (PSA) Compliance Manager	Oversees implementation and ongoing compliance with the Interim Final Rule on UC Sexual Abuse and Sexual Harassment standards at care provider facilities.	Bachelor's degree in behavioral sciences, human services, or social service fields and at least 1 year experience working with child welfare standards, best practices, and compliance issues.

Positions NOT Requiring ORR Prior Approval		
Position	Job Description	Minimum Qualifications
Case Manager ⁶	Assesses the needs of unaccompanied children in care, develops Individual Service Plans, screens for human trafficking concerns, facilitates the safe and timely release or discharge of children and youth, documents the provision of services in case files.	Bachelor's degree in the behavioral sciences, human services or social services fields. Child welfare and/or case management experience is strongly encouraged.
Medical Coordinator	Arrange or partners with other health professionals regarding health and safety standards for out-of-home child care, child care licensing requirements, disease reporting requirements for care providers, immunizations for children, injury prevention for children, medication management and knowledge of community health and mental health resources for children. If the size of the program does not justify hiring a full time Medical Coordinator, the responsibilities may be combined with another position.	High school diploma or equivalent degree and a minimum of 1 year employment experience in the child welfare field working with children and/or adolescents in a social service setting.
Teacher	Provides educational services and assessments, including curriculum building meeting <u>Flores</u> standards for education requirements.	Bachelor's degree; certification by the relevant governing authority, Teaching English as a Second Language/Teaching English to Speakers of Other Languages certification or other appropriate accrediting body and additional training to meet the special needs of unaccompanied children.

⁶ This position may require ORR approval if the Case Manager is conducting clinical assessments.

Trainer	Conduct trainings, select or develop training materials; maintain records on training program attendance, trainings offered, and evaluation measures. This position does not have to be full time and the responsibilities may be combined with another position.	Bachelor's degree.
Youth Care Worker	Provide direct supervision of children in care, and maintain line-of-sight at all times	High school diploma or equivalent degree and a minimum of 1 year employment experience in the child welfare field working with children and/or adolescents in a social service setting.

8. **SOUTHWEST KEY PROGRAMS, INC.** must maintain a personnel file for each employee, whether part-time or full-time, that documents the employee's credentials, competencies, and performance, and provide access to ORR upon request. The employee personnel file must be up-to-date and must include the criteria for the employee's selection, hiring, suspension, or termination.

a. Personnel files must include at the minimum:

- Resume;
- Job Description
- Employment application;
- Professional references;
- Educational records/diploma;
- Professional licensure (if applicable);
- Form I-9, Employment Eligibility Verification, and appropriate identification documentation;

- Results of medical examination (as required by State licensing, including results of TB tests and immunization records);
 - Child Abuse Mandated Reporter agreement (signed);
 - Confidentiality policy acknowledgement;
 - Most recent performance review (signed);
 - Child abuse and neglect record check results (for all jurisdictions lived in for the past 5 years);
 - National FBI criminal background check and State repository check results (for all jurisdictions lived in for the past 5 years);
 - Driver's Record and Clearance (if transporting children and youth); and,
 - Record of completion of mandated trainings and required acknowledgements.
- b. **SOUTHWEST KEY PROGRAMS, INC.** must have policies and procedures for using and managing volunteers and interns (this includes those working in foster care).⁷ This includes:
- Establishing requirements for their selection;
 - Ensuring that each volunteer and intern complete pre-service and annual training, if applicable;
 - Using paid staff to supervise all volunteers and interns;
 - Requiring authorization for any volunteers or interns to accompany unaccompanied children and care provider staff outside the facility for trips, medical appointments, or other visits;

⁷ Family and friends of the foster family may interact with unaccompanied children as they would in a normal community setting without having to complete the volunteer requirements listed above.

- Requiring all volunteers and interns to complete a volunteer application, provide disclosures, and references; and,
- Conducting background checks on all volunteers and interns.

D. Code of Conduct and Conflict of Interest Requirements

1. Code of Conduct

- a. **SOUTHWEST KEY PROGRAMS, INC.** must create and implement a Code of Conduct that reflects the ethical standards of a reputable professional organization, such as the National Association of Social Workers, Child Welfare League of America, or the American Public Health Human Services Association. The Code of Conduct must specifically address the employee's obligations with respect to interactions and interventions with unaccompanied children, staff, and external stakeholders.
- b. **SOUTHWEST KEY PROGRAMS, INC.** must train all employees on the Code of Conduct and have a "whistleblower policy" that provides staff an opportunity to report suspicious unethical, inappropriate or illegal activities without negative consequence. **SOUTHWEST KEY PROGRAMS, INC.** must include proof in the employee's file that the employee has received training in the Code of Conduct. **SOUTHWEST KEY PROGRAMS, INC.** must have policies and procedures for the discipline or termination of personnel who violate the Code of Conduct.
- c. The Code of Conduct is required to indicate that staff must:
 - Respect the boundaries inherent in the relationship between unaccompanied children and care provider staff both while in ORR care and after release (for example staff should not take an unaccompanied child to his or her home (with the exception of community-based foster care parents) or the home of the employee's personal acquaintances);

- Enforce zero tolerance and other policies to prevent, detect and respond to sexual abuse and harassment by not engaging in any kind of sexual activity or personal relationship with unaccompanied children, or former unaccompanied children; or parents, guardians, or sponsors of unaccompanied children;
- Not provide legal advice to UC;
- Only provide therapeutic counseling if properly licensed and authorized;
- Maintain professional standards and manner when dealing with children and youth, visitors or fellow employees by dressing appropriately and refraining from giving money or gifts, using inappropriate language, proselytizing religion or making unauthorized disclosures of confidential information, or campaigning on behalf of a political party, politician or interest group;
- Not discriminate against any person on the basis of race, color, religion, national origin, or sex; lesbian, gay, bisexual, transgender, questioning or intersex status; veteran status, age, or disability;
- Employ strength-based behavior management approaches and never hit, harass, humiliate or degrade an unaccompanied child or other staff member;
- Cooperate with official investigations (Child Protective Services, State licensing, etc.) as well as other legally sanctioned investigations, such as those conducted by law enforcement;
- Report any criminal or inappropriate conduct of other staff and never participate in the activities of a criminal gang; and,
- Protect fellow care provider staff and unaccompanied children from retaliation if they disclose or threaten to disclose the existence of an illegal or unsafe practice.

2. **SOUTHWEST KEY PROGRAMS, INC.** staff are required to timely report to care provider management any misconduct (on or off duty). Failure to report misconduct or reporting false information will be grounds for termination.

- a. Misconduct may include but is not limited to:
 - Any criminal arrests and/or convictions;
 - Any child abuse and/or neglect allegations, adjudications, or convictions (whether criminal, civil or administrative); and,
 - Any engagement or attempt to engage in sexual activities facilitated by force, overt or implied threats of force or coercion; or if the victim did not consent or was unable to consent or refuse.
- b. Timely reporting is defined as no later than 24 hours from when a subject has knowledge of an arrest, conviction, or allegation, or earlier if the subject has unsupervised access to unaccompanied children. Other unethical conduct may also be the basis for disciplinary action and/or termination. Program Directors or other care provider management officials must report any disciplinary action and/or termination of any employee to ORR.

3. **Conflict of Interest**

- a. **SOUTHWEST KEY PROGRAMS, INC.** staff are prohibited from taking unfair advantage of any professional or personal relationship or from exploiting their position to further their personal, religious, political, financial, or business interests.
- b. **SOUTHWEST KEY PROGRAMS, INC.** must establish and maintain a written Conflict of Interest policy applicable to all staff, board members, contractors, sub-contractors, sub-grantees, volunteers, and other internal stakeholders. The policy must:
 - Identify and define conduct that creates a conflict of interest or a potential conflict of interest;
 - Prohibit employees from having any direct or indirect financial interests in the transactions of services of the program;

- Require staff to recuse themselves from the decision-making process if there is a conflict of interest or a potential conflict of interest;
- Require staff to disclose any conflicts of interest prior to their involvement in a decision related to or affected by the conflict; and,
- State that failure to disclose conflicts of interest or potential conflicts of interest may result in discipline or termination of employment.

E. Training

1. **SOUTHWEST KEY PROGRAMS, INC.** must ensure all prospective employees meet all required educational and professional experience qualification and demonstrate that ability to provide culturally competent services and all employees, contractors, and volunteers complete pre-service training prior to having direct contact with UC and complete the required annual training.
2. Newly hired employees must complete pre-service training prior to having direct contact with unaccompanied children. **SOUTHWEST KEY PROGRAMS, INC.** must provide pre-training on the following:
 - ORR's Standards to Prevent, Detect, and Respond to Sexual Abuse and Sexual Harassment involving Unaccompanied Children;
 - All State and local licensing requirements; and,
 - State license required trainings (for example, CPR, first aid, mandatory reporting).
3. Staff who are required to have professional certifications must abide by continuing education requirements necessary to maintain licensure. In addition, all care provider staff must complete 40 hours of training annually of which 2 hours must involve training on the Flores settlement agreement, the HSA of 2002, the TVPRA of 2008, the Perez-Olano settlement agreement, and 10 hours on ORR policies and procedures. Foster care providers and foster families are subject to all ORR training and documentation

requirements. In addition, the foster care providers must ensure that foster parents meet the competencies required at the time of licensing and focus the foster parent pre-service and ongoing training on developing these competencies.

4. SOUTHWEST KEY PROGRAMS, INC. must develop annual staff trainings based on the following areas⁸:

- State licensing requirements, laws, regulations, and policies relevant to the ORR UC Program;
- ORR operational policies and relevant guidance⁹;
- The Safe and Timely Release process;
- Cultural competency, including awareness of and sensitivity to different cultural backgrounds;
- Prohibition against providing legal advice or counsel;
- Strength-based behavior management approaches, such as using conflict resolution, problem solving skills, using rewards and consequences and de-escalation techniques and helping children and youth learn accountability and self-control;
- Prohibition against conflicts of interest;
- Crisis/intervention procedures and techniques;
- Immigration and child welfare systems (local, national, international);
- Child development theory;
- Issues related to loss and family separation;
- Common health and mental health issues;

⁸ Care providers have two years to complete. They are not required to cover all topic areas within the same year.

⁹ Care providers must have policies and procedures for the prompt dissemination, training, and implementation of new or updated ORR policies and procedures.

- First aid and cardiopulmonary resuscitation (CPR);
 - Medication management;
 - Infection control procedures and Occupational Safety and Health Administration (OSHA) or equivalent course that covers blood borne pathogens, airborne pathogens, and employee safety;
 - Working with victims of human trafficking and other crimes;
 - Mandatory child abuse and neglect reporting requirements: prevention, signs, and reporting;
 - Professional boundaries;
 - Emergency and disaster preparedness;
 - Code of Conduct and Conflicts of Interest;
 - Grievance policies and procedures; and,
 - Incident reporting.
5. **SOUTHWEST KEY PROGRAMS, INC.** must provide training to all new contractors and volunteers, where the level and type of training provided is based on the services they provide and the level of contact they have with unaccompanied children. Contractors hired for a term that is expected to last one year or more must undergo the standard 40 hours of training required for all care provider employees. All contractors and volunteers must undergo pre-service training prior to having direct contact with UC.
6. **SOUTHWEST KEY PROGRAMS, INC.** must document all trainings completed by staff and place a copy in the staff's personnel file, including:
- The date, number of hours, and subject-matter of the employee's orientation training;

- The date and number of hours of in-service training completed by the employee in each topic area listed above;
- A confirmation that the employee understood each training that he/she completed; and,
- The name of the individual and/or entity providing the training.

F. Grant Administration

1. **SOUTHWEST KEY PROGRAMS, INC.** must submit a detailed project plan of the approach, activities, staffing, and timelines which is approved by ORR and is in compliance with respective State residential care licensing requirements, the Flores settlement agreement, applicable federal laws and regulations, and the ORR policies and procedures. Any modifications must be discussed with the ORR Project Officer prior to implementation.
2. **SOUTHWEST KEY PROGRAMS, INC.** must submit a program budget for ORR and ACF's Office of Grants Management (OGM) approval that accurately reflects proposed activities as described in the project plan.
3. **SOUTHWEST KEY PROGRAMS, INC.** must notify the ORR Project Officer of any significant delays or issues regarding implementation of grant activities.
4. **SOUTHWEST KEY PROGRAMS, INC.** must regularly consult with the ORR Project Officer and other ORR staff while implementing grant activities during each phase of the project. Consultation shall include, but is not limited to, participation in status meetings by telephone to review project implementation or as required by ORR.
5. **SOUTHWEST KEY PROGRAMS, INC.** must provide ORR with unrestricted access to clear, timely, and accurate information about all aspects of the program. This access includes, but is not limited to: activities, policies, and financial information;

documentation on individual UC and provided services; and unrestricted physical access to **SOUTHWEST KEY PROGRAMS, INC.**'s premises, buildings, staff and UC in the programs physical custody; and any physical property on the premises, such as video monitoring equipment and footage.

6. **SOUTHWEST KEY PROGRAMS, INC.** must ensure that all Sub-Recipients comply with respective state residential care licensing requirements, the Flores settlement agreement, pertinent federal laws and regulations, and the ORR policies and procedures, unless otherwise expressly waived (in writing) by authorized ORR staff.
7. **SOUTHWEST KEY PROGRAMS, INC.** must submit the following documents to the ORR Project Officer:
 - a. All applicable State and local licensures, incorporations, and/or authorizations for **SOUTHWEST KEY PROGRAMS, INC.** and any Sub-Recipient at the beginning of each Federal fiscal year.
 - b. A description of responsibilities and activities of all organizations, individuals, or Sub- Recipients providing services to UC within 30 days of ORR's award date. All Sub- Recipients are subject to approval by the ORR Project Officer and must include the following considerations:
 - o Memoranda of Understanding (MOU) or similar instrument, with organizations or individuals selected for receipt of sub-awarded funds;
 - o A detailed description of the Sub-Recipients' activities, if not adequately described in the MOUs (or similar instrument) or project plan (may include a monitoring tool jointly developed by Project Officer and Grantee);
 - o Complete budget for each Sub-Recipient;
 - o Schedule for monitoring Sub-Awardees with respect to location, dates, and agenda will be reported in **SOUTHWEST KEY PROGRAMS, INC.** quarterly reports to ORR;

- Reports following monitoring visits of sub-awardees and immediately notifies the ORR Project Officer of any serious concerns and will submit the final report within 30 days following the monitoring visit; and,
 - Prompt notification to ORR Project Officer of any changes regarding Sub-Recipient.
- c. Report of all State defined residential care placement restrictions to be submitted within 7 days of date of ORR award.
 - d. Notify the ORR Project Officer immediately but no later than 24 hours after the care provider, service provider/contractor or Sub- Recipient receives a revocation or suspension of a license, incorporation or authorization to provide services.
 - e. Notify the ORR Project Officer immediately but no later than 24 hours after the care provider, service provider/contractor or Sub-Recipient receives any citation from a State or local licensing agency or other accrediting agency and any citation for health, safety or environmental code violations violations.
 - f. List of all State mandated staff trainings, including required timeline for completion dates within 30 days of date of ORR award.
 - g. All materials (e.g., forms and other tools) used or created for residential services for UC. Materials are subject to approval by ORR Project Officer and must be submitted to the Project Officer 30 days prior to being implemented.
 - h. Quarterly performance and financial reports are to be uploaded into GrantSolutions unless otherwise directed by OGM or ORR..

8. SOUTHWEST KEY PROGRAMS, INC. also agrees:

- a. To comply with HHS policy and regulations, unless otherwise expressly waived in the approved application and all other applicable Federal statutes and regulations in effect during the time that it is receiving grant funding.

- b. To amend the approved project plan as needed to comply with standards, goals, and priorities established by the Director;
- c. To submit quarterly performance and financial reports in a timely fashion based on the schedule that is described in Section VIII of this agreement.
- d. To abide by provisions of the Service Contract Act, Code of Federal Regulations (CFR) Title 29 and abide by applicable State wage determination guidelines in its program.

G. Adherence to ACF Policy on Grants to Faith-Based Organizations

Consistent with the ACF Policy on Grants to Faith-Based, ACF is mindful that potential grantees may have religious objections to providing certain kinds of services. ACF is committed to providing the full range of legally permissible services to people who need them, and to do so in a timely fashion and in a manner that respects the diverse religious and cultural backgrounds of those we serve. At the same time, ACF is also committed to exploring ways for organizations to partner with ACF and other grantees even if they object to providing specific services on religious grounds.

The following are ways in which organizations with such objections may be able to participate in human services programs:

- Serve as subgrantees: In many cases, subgrantees do not need to provide every service for which the grantee is responsible, so long as all clients served have access to all services required under the grant in a timely and respectful manner. Grantees must ensure that their overall program provides all of the required services, but grantees can use subgrantees to provide some services. Under this arrangement, as long as other subgrantees are readily available to provide clients with the objected-to services, a subgrantee may participate in the grant program while declining to provide services to which they have religious objection.

- Apply in a consortium: A second possibility is for faith-based organizations to apply in a consortium with one or more partners. The consortium would allow for a division of responsibility consistent with each organization's principles. Again, as long as clients have timely access to all required services, different organizations could divide up the services provided.
- Notify grantor: A third possibility in some circumstances would be for the grantee to notify the federal program office responsible for the grant if a client's needs or circumstances may require services, including referrals, to which the organization has a religious objection. It would then be the federal agency's responsibility to follow through with the needed services, or, if appropriate, transfer the case to another provider.

ACF will consider any combination of these approaches and is open to considering other approaches that would accomplish the goal of ensuring that people have access to a full range of services while enabling qualified faith-based organizations to participate in the delivery of those services in a manner consistent with their principles.

H. Responsibilities of ORR

ORR hereby agrees to the following:

1. To confirm project plan (which includes approach, activities, timelines, and results expected) and budget, and discuss minor modifications;
2. To submit and/or review FFR SF-425 to be sure it accurately reflects proposed activities;
3. To participate in status meetings by telephone to review project implementation (monthly, or as required by the ORR Project Officer or other ORR staff);
4. To keep **SOUTHWEST KEY PROGRAMS, INC.** informed of policy, regulatory and legal developments as they affect the implementation of the project;
5. To review and approve SOUTHWEST KEY PROGRAMS, INC. Sub-awards of organizations providing residential services;

6. To review and approve additions or hiring of key personnel, including those of Sub-Awardee of organizations providing residential services, in a timely manner;
7. To review all internal policies, procedures, and protocols used or created for the residential services for DUCO in a timely fashion;
8. To provide training and technical assistance, as needed, regarding project implementation, and residential service delivery; and,
9. To promptly review written requests for prior approval of deviations from the project plan or approved budget. Any changes that affect the terms and conditions of the grant award or revisions/amendments to the Cooperative Agreement or to the approved scope of activities will require prior approval by the ORR Project Officer and the Grants Management Specialist in the Office of Grants Management (OGM).

SECTION V: Budget and Financial Arrangement

The approved budget is reflected in the Notice of Award (NoA). The award will be based on the ORR and the OGM approved negotiated budget and project plan.

The Government shall not be obligated to reimburse the recipient for costs incurred in excess of the total amount allotted to this project, and the recipient shall not be obligated to continue performance under the Agreement (including actions under the termination clause) or otherwise to incur costs in excess of the amount allotted to this Agreement unless and until ORR and the OGM have notified the recipient in writing that additional funds have been awarded. No notice, communication, or representation from any person other than the Grants Management Specialist shall authorize the expenditure of additional funds. The United States Government will not be obligated for any excess costs in the absence of a written notice of authorization from the Grants Management Officer. Changes issued pursuant to this Agreement shall not be considered an authorization to the recipient to exceed the allotted amount of this Agreement unless specifically stated by the Grants Management Officer.

SECTION VI: Monitoring

ORR will conduct announced and unannounced monitoring activities throughout the project period. The purpose of ORR monitoring is to ensure compliance with the Flores settlement agreement, pertinent federal laws and regulations, and ORR policies and procedures.

Performance and compliance measures are reflected in:

- The grant application, as funded;
- Program requirements contained in the authorizing statutes;
- Program regulations and guidelines incorporated in the grant award;
- Program grant and administrative requirements contained in regulations and policy;
- Relevant public policy requirements (assurances, certifications);
- This agreement;
- The ORR Policy Guide and relevant procedures; and,
- Special programmatic terms and conditions, if any .

ORR monitoring activities will include desk and on-site (announced and unannounced) monitoring and site visits. ORR will monitor or conduct site visits on programs based on some of the following factors:

- Costs and Total Support – high cost projects
- Complexity – projects with multiple service components;
- Age and Experience of Program – newly established program, one receiving Federal funds for the first time, one with inexperienced key personnel, or one whose legislation has recently undergone substantial change, may require closer scrutiny than a long established program;
- Prior Indication of Compliance issues – available audit or evaluation findings, recipient requests for assistance, or data on financial stability of an organization;

- Length of Grant – multi-year award, particularly one up for continuation awards that have never been visited may take precedent over new ones;
- Time Since Last Visit – if program has not been recently or previously visited;
- Geographic Location – proximity to other recipients, accessibility to program office;
- Agency Priority – high priority / visibility projects within the agency, high interest to Congress, the executive branch, or the public; and,
- Potential for Dissemination – programs / projects that show potential for developing exemplary practices suitable for dissemination.

ORR will provide **SOUTHWEST KEY PROGRAMS, INC.** with a monitoring report following formal monitoring visits or if required site visits, that will include citations for noncompliance, recommendations, a corrective action plan if needed, timelines for reporting, and consequences for not responding.

The monitoring report is not exhaustive of all that is reviewed during the monitoring visit. Rather, the report highlights the key issues in need of attention, as determined by the monitor and based on the review of all ORR policies and procedures. After review of the monitoring report, a formal corrective action plan should be submitted to the designated Project Officer within 30 business days. The corrective action plan will identify objectives, specific actions, persons responsible and date of completion for each monitoring citation.

SECTION VII: Continuation Applications

SOUTHWEST KEY PROGRAMS, INC. must submit an ORR provided continuation application by June 1, or a later date determined by ORR. For continuation applications, **SOUTHWEST KEY PROGRAMS, INC.** will provide the following information:

1. Standard Forms: SF 424 Application for Federal Assistance, SF 424A Budget Information for Non-Construction Programs, and SF 424B Assurances for Non-Construction Programs;
2. Certification Regarding Lobbying
3. Budget worksheets and narrative;

4. Program Description and Work plan;
5. Current State Residential Care License;
6. Proof of Insurance;
7. Facility lease or bank mortgage note on property (as applicable);
8. Indirect Cost Rate approval, if any;
9. Current Program Organizational Chart;
10. Staffing and Volunteer Roster;
11. Copy of all Child Protective Services reports, allegations and CPS investigations;
12. Property/Inventory List;
13. Project/Performance Site Location(s) form

SOUTHWEST KEY PROGRAMS, INC. must use the current version of all standard applications and reporting forms.

Current versions of the forms are available at: <https://www.grants.gov>
http://www.whitehouse.gov/omb/grants_forms/

SECTION VIII: Applicable Regulations

SOUTHWEST KEY PROGRAMS, INC. must provide all residential services for UC in compliance with respective state residential care licensing, the Flores settlement agreement, pertinent federal laws and regulations, including Standards to Prevent, Detect, and Respond to Sexual Abuse and Sexual Harassment involving Unaccompanied Children, 45 C.F.R. 411, and ORR policies and procedures. Other applicable federal regulations are discussed in the attached Standard Terms and Conditions.

SECTION IX: Records and Reports

For quarterly performance reports, **SOUTHWEST KEY PROGRAMS, INC.** will use the ACF Performance Progress Report ACF-OGM SF-PPR form. Performance Reports are due quarterly based on the project period start date.

For financial status reports, **SOUTHWEST KEY PROGRAMS, INC.** will use the SF-425 form, which will include report of expenditures and unliquidated obligations. Quarterly financial

reports are due every 90 days based on the project period start date. The Annual Financial Status and Performance report is due 90 days after the end of the budget period. The Final Financial Status and Performance report is due 90 days after the end of the project period.

Funds awarded under this Cooperative Agreement shall be accounted for and reported upon separately from all other grant activities.

SOUTHWEST KEY PROGRAMS, INC. must use the current version of all reporting forms. Current versions of the forms are available at: <https://www.grants.gov>

All correspondence and reports related to this agreement must include the Grant Number and should be uploaded to GrantSolutions at <https://home.grantsolutions.gov/home/>. Notification of submission should be sent via email to the ORR Project Officer.

SECTION X: Project Contacts

SOUTHWEST KEY PROGRAMS, INC. designates the following person as project contact for this cooperative agreement:

Name: Dr. Juan Sanchez
Title: President and CEO
Address: 6002 Jain Lane, Austin, TX 78721-3104
Telephone: 512-462-2181
Email: JSanchez@swkey.org

ORR designates the following person as ORR Project Officer for this cooperative agreement:

Name: Mark Boss
Address: 330 C St, SW., # 5123, Switzer Bldg., Washington DC 20201
Telephone: 202-401-4620
Email: Mark.Boss@ACF.hhs.gov

SECTION XI: Duration of Agreement

This agreement will be effective April 12, 2017- September 31, 2017. Annual continuations will be entertained on a non-competitive basis, subject to availability of funds, satisfactory performance of the project, capacity needs and a determination that continued funding is in the best interest of the Federal Government.

(b)(6)

MAY 02 2017

E. Scott Lloyd

Date

Director

Office of Refugee Resettlement

(b)(6)

4-13-17

Dr. Juan Sanchez

Date

President and CEO

SOUTHWEST KEY PROGRAMS, INC.

COOPERATIVE AGREEMENT

BETWEEN

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES,

ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF),

OFFICE OF REFUGEE RESETTLEMENT (ORR)

DIVISION OF UNACCOMPANIED CHILDREN'S OPERATIONS (DUCO)

AND

SOUTHWEST KEY PROGRAMS, INC.

90ZU0149

SECTION I: Summary

The Director of the Office of Refugee Resettlement (ORR) of the Department of Health and Human Services (HHS) has responsibility for the care and placement of unaccompanied children (UC) in accordance with Section 462 of the Homeland Security Act of 2002 (HSA of 2002), 6 U.S.C. § 279. An unaccompanied child is defined under 6 U.S.C. § 279(g)(2) as a child who is: under 18 years old, who has no lawful immigration status in the United States, and no parent or legal guardian in the United States or no parent or legal guardian in the United States available to provide care and physical custody.

Within ORR, the Division of Unaccompanied Children's Operations (DUCO) has delegated authority for the care and placement of UC.

The DUCO's primary objectives are to provide a safe, appropriate, and placement in the least restrictive environment for UC, taking into consideration the risk of harm to the UC or others, the community and the risk of flight, while in ORR custody until they are released to a sponsor, obtain immigration legal relief, age out, or are discharged to the Department of Homeland Security (DHS).

ORR provides residential care and services through contracts or through the competitive or non-competitive grant process to organizations incorporated under State law which have demonstrated child welfare, social service, or related experience and are appropriately licensed to provide care and related services to dependent children. Recipients of ORR funding, that provide residential services for UC, must comply with State residential care licensing requirements; the Flores Settlement Agreement, Case No. CV85-4544-RJK (C.D. Cal. 1996) (Flores settlement agreement); pertinent federal laws and regulations, and all ORR policies and procedures.

Pursuant to 6 U.S.C. §279 the Director of the ORR, hereinafter called the Director, approves awards for residential services to UC. In accordance with this award and pursuant to the aforementioned laws, **SOUTHWEST KEY PROGRAMS, INC.** has funding approved to provide residential services for UC, which meets the requirements in the previous paragraph.

Pursuant to the aforementioned laws, **SOUTHWEST KEY PROGRAMS, INC.**, hereinafter called (**SWK**) has submitted an application and has been approved for funding to provide residential services for UC.

By signing this Cooperative Agreement, the Director agrees to make a grant award in accordance with approved annual continuation applications and quarterly reviews of program performance and financial reports for the project period of the grant. Under the terms of this agreement, **SOUTHWEST KEY PROGRAMS, INC.** will provide residential services for UC.

This Cooperative Agreement and the Terms and Conditions, listed in Grantee Name Notice of Award (NoA), establish the requirements and responsibilities for implementing **SOUTHWEST KEY PROGRAMS, INC.** residential services for UC. Continued funding is contingent upon

satisfactory performance, availability of funds, and determination that continuation is in the best interests of the Federal Government.

SECTION II: Purpose and Objective

The purpose of this agreement is to support the provision of residential services for UC according to the objectives and activities outlined in the application and consistent with State residential care licensing requirements.

In making decisions on placement and residential services provided to UC, the Director is governed by §462 of the HSA of 2002, 6 U.S.C. §279; § 235 of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA of 2008), 8 U.S.C. §1232, as amended¹; relevant portions of the Prison Rape Elimination Act of 2003 (PREA of 2003), 42 U.S.C. §15607, as amended²; and when it is not inconsistent with subsequent law, the Flores settlement agreement and the Perez-Olano Settlement Agreement, Case No. CV85-4544RJK (C. D. Cal. 1996) (Perez-Olano settlement agreement).

In December 2014, HHS released an Interim Final Rule (IFR) on standards to prevent, detect, and respond to sexual abuse and sexual harassment involving UC. The IFR sets forth standards to prevent, detect, and respond to sexual abuse and sexual harassment in ORR care provider facilities that house unaccompanied children (UCs) in accordance with section 1101(c) of the Violence Against Women Reauthorization Act of 2013, Pub. L. 113-4 (VAWA 2013). VAWA 2013 directed the Secretary of the Department of Health and Human Services (HHS) to adopt national standards for the detection, prevention, reduction, and punishment of rape and sexual assault in facilities that maintain custody of UCs. The standards apply to all ORR care provider facilities housing UCs except secure care provider facilities and individual foster care homes. The standards build upon and enhance existing State and local laws, regulations, and licensing standards.

¹ Section 235 of the TVPRA of 2008 was amended in part by section 1262 of the Violence Against Women Reauthorization Act of 2013.

² Section 8 of PREA of 2003, was amended in part by section 1101(c) of the Violence Against Women Reauthorization Act of 2013.

SECTION III: Authority

As provided by the terms of the Federal Grant and Cooperative Agreement Act of 1977 (FGCAA), 31 U.S.C. §6301, as amended, the grant awarded establishes a Cooperative Agreement between the Office of Refugee Resettlement (ORR) and **SOUTHWEST KEY PROGRAMS, INC.** Pursuant to the FGCAA, this cooperative agreement (hereinafter “agreement”) provides for substantial involvement and collaboration of ORR in activities related to cooperative agreements for residential services.

Furthermore, ORR is authorized to enter into this agreement under 6 U.S.C. §279 and 8 U.S.C. §1232(i) of the TVPRA of 2008.

SECTION IV: Description of Activities

A. Residential and Other Services

1. **SOUTHWEST KEY PROGRAMS, INC.** must provide residential shelter and services for UC in compliance with respective State residential care licensing requirements, the Flores settlement agreement, pertinent federal laws and regulations, and the ORR policies and procedures, unless otherwise expressly waived (in writing) by authorized ORR staff.
2. Under the terms of the Flores settlement agreement, care providers must provide the following services for each UC in their care:
 - Proper physical care and maintenance, including suitable living accommodations, food, appropriate clothing and personal grooming items.
 - Appropriate routine medical and dental care, family planning services, and emergency health care services, including a complete medical examination (including screenings for infectious disease) within 48 hours of admission, excluding weekends and holidays, unless the UC was recently examined at another ORR care provider facility; appropriate immunizations in accordance with recommendations of the U.S. Department of Health and Human Services / U.S. Public Health Service (PHS), Centers for Disease Control and Prevention (CDC) Advisory Committee on

Immunization Practices; administration of prescribed medication and special diets; appropriate mental health interventions when necessary.

- An individualized needs assessment, which includes the various initial intake forms, collection of essential data relating to the identification and history of the child and his or her family, identification of the UC's special needs including any specific problems which appear to require immediate intervention, an educational assessment and plan, an assessment of family relationships and interaction with adults, peers and authority figures; a statement of religious preference and practice; an assessment of the unaccompanied child's personal goals, strengths and weaknesses; identifying information regarding immediate family members, other relatives, godparents or friends who may be residing in the United States and may be able to assist in connecting the child with family members.
- Educational services appropriate to the unaccompanied child's level of development and communication skills in a structured classroom setting Monday through Friday, which concentrates primarily on the development of basic academic competencies and secondarily on English Language Training. The educational program must include instruction and educational and other reading materials in such languages as needed. Basic academic areas should include Science, Social Studies, Math, Reading, Writing and Physical Education. The program must provide unaccompanied children with appropriate reading materials in languages other than English and spoken by the UC in care for use during leisure time.
- Activities according to a recreation and leisure time plan that include daily outdoor activity, weather permitting, with at least one hour per day of large muscle activity and one hour per day of structured leisure time activities (that should not include time spent watching television). Activities should be increased to a total of three hours on days when school is not in session.
- At least one individual counseling session per week conducted by trained social work staff with the specific objective of reviewing the child's progress, establishing new short term objectives, and addressing both the developmental and crisis-related needs of each child.

- Group counseling sessions at least twice a week.
- Acculturation and adaptation services which include information regarding the development of social and inter-personal skills which contribute to those abilities necessary to live independently and responsibly.
- A comprehensive orientation regarding program intent, services, rules (written and verbal), expectations and the availability of legal assistance.
- Whenever possible, access to religious services of the child's choice, and in an environment that ensures children feel free to ask for such access.
- Visitation and contact with family members (regardless of their immigration status), which is structured to encourage such visitation.
- A reasonable right to privacy, which includes (1) the right to wear his or her own clothes when available, (2) retain a private space in the residential facility, group or foster home for the storage of personal belongings, (3) talk privately on the phone and visit privately with guests, as permitted by ORR policy and applicable regulations, (4) receive and send uncensored mail unless there is a reasonable belief that the mail contains contraband.
- Services designed to identify relatives in the United States as well as in foreign countries and assistance in obtaining legal guardianship when necessary for the release of the unaccompanied child.
- Legal services information, including the availability of free legal assistance, the right to be represented by counsel at no expense to the government, the right to a removal hearing before an immigration judge, the right to apply for asylum or to request voluntary departure in lieu of deportation.

B. Organizational Capacity and Structure

1. **SOUTHWEST KEY PROGRAMS, INC.** must have the infrastructure and organizational capacity (governance structure, procedures, standards, and accountability

controls) to meet all ORR program requirements and to properly manage all program resources (finances, personnel, physical plant structures, technology) and other provisions within the scope of this agreement.

2. Unless waived by ORR, **SOUTHWEST KEY PROGRAMS, INC.** should be accredited by a nationally recognized accreditation organization, at ORR's discretion.³
3. **SOUTHWEST KEY PROGRAMS, INC.** must have an effective program management structure that designates clear lines of authority and responsibility and promotes the effective use of organizational resources and positive outcomes, including the safe and timely release of unaccompanied children.
4. **SOUTHWEST KEY PROGRAMS, INC.** must have internal policies and procedures in place for monitoring and evaluating their program and conducting ongoing quality assurance activities to identify areas in need of improvement and/or modification.
5. **SOUTHWEST KEY PROGRAMS, INC.** must provide services in a culturally sensitive and knowledgeable manner. The majority of staff responsible for direct service delivery must be bilingual in English and Spanish. Staff who routinely work with unaccompanied children who speak other languages must be proficient in that language. Care providers must have access to interpreters for other languages that unaccompanied children in their care may speak.
6. **SOUTHWEST KEY PROGRAMS, INC.** must maintain internal policies and procedures in electronic and hard copy form and readily accessible for all care provider and ORR staff. Internal policies and procedures are subject to ORR approval and must comply with all applicable federal law, regulations, and ORR's policies and procedures. The care provider's internal policies and procedures must address the following:

³ As applicable: The Council on Accreditation (COA), the Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF) or the American Correctional Association (ACA).

- Provision of services that is specific to the type/level of care;
- State mandated placement criteria, including licensing-related restrictions;
- Population of children and youth served and facility capacity;
- Personnel policies and procedures⁴, including training requirements;
- Emergency and evacuation policies and procedures;
- Physical plant requirements and maintenance policies and procedures (inspections for safety and maintenance, review of heating and cooling systems, plumbing, etc.);
- Health policies and procedures for unaccompanied children;
- Procedures for meeting mandated reporting requirements (reporting suspected neglect, maltreatment and/or abuse and sexual abuse and/or sexual harassment);
- Zero tolerance policy for sexual abuse and harassment;
- Grievance policies and procedures for both unaccompanied children and staff;
- Financial management policies and procedures (including internal controls for errors, mismanagement or fraud and provisions for regular audits performed by an outside, independent auditor)⁵;
- Internal monitoring, evaluation, and continued quality assurance policies and procedures;
- Relationships with key external stakeholders; and,

⁴ Including equal employment policies, prohibitions against nepotism and favoritism, policies on benefits, insurance protections, promotions and professional development, reporting requirements, sanctions and discipline of staff, working conditions, wage, time-off and lay off policies, activities and behaviors that require immediate suspension and possible termination.

⁵ All modifications to award budgets require prior approval from both the Administration for Children and Families Office of Grants Management (ACF/OGM) and an ORR PO.

- “Drug Free Workplace” policies.
7. **SOUTHWEST KEY PROGRAMS, INC.** must maintain or attempt to enter into memoranda of understanding (MOUs) or other agreements with local child advocacy centers, rape crisis centers, immigrant victim service providers, and/or other community service providers to provide services to victims of sexual abuse and sexual harassment that occurred at the care provider facility. If local service providers are not available, **SOUTHWEST KEY PROGRAMS, INC.** must maintain or attempt to enter into MOUs or other agreements with national service provider organizations. All agreements must have provisions that require the community or immigrant service provider to report any allegations of mistreatment or abuse to ORR. Care provider facilities must maintain copies of its agreements or documentation showing attempts to enter into such agreements and provide copies to ORR upon request.

C. Management of Personnel and Volunteers

1. **SOUTHWEST KEY PROGRAMS, INC.** must develop, implement, and document a staffing plan based on the populations served, the scope and type of provided services, anticipated requirements, current and projected staff vacancies, and project budgets. The staffing plan must:
 - a. Include staffing ratios in accordance with State licensing requirements, and as required by ORR’s policies and guidelines;
 - b. Include a UC to Case Manager ratio of 8:1, unless waived by ORR; and,
 - c. Include a UC to Clinician ratio of 12:1, unless waived by ORR.
2. **SOUTHWEST KEY PROGRAMS, INC.** must complete background investigations on all staff, contractors, and volunteers prior to hire to ensure the candidate is suitable for employment to work with minors in a residential setting. Background checks must be completed in accordance with ORR’s minimum standards and State licensing requirements. The results must be included in the employee’s personnel file. If State

licensing requirements do not require a national criminal history fingerprint check, **SOUTHWEST KEY PROGRAMS, INC.** must complete the check using a public or private vendor. If there is an additional cost associated with this fingerprint check, the cost may be included in **SOUTHWEST KEY PROGRAMS, INC.** budget plan.

3. Requirements for all hired staff. All staff must:

- Be at least 21 years of age;
- Exhibit integrity and good moral character to provide appropriate care to UC;
- Possess the relevant experience and/or qualifications to work with UC and UC with special needs; and,
- Be properly trained and licensed, as necessary.

4. **SOUTHWEST KEY PROGRAMS, INC.** may not hire, continue employment, or enlist the services of any contractor or volunteer who:

- Has engaged in any form of child abuse or neglect, including domestic violence;
- Has been convicted of engaging or attempting to engage in sexual abuse facilitated by force, overt or implied threats of force, coercion or if the victim did not consent or was unable to consent or refused; and/or,
- Is undergoing civil or administrative adjudication or has been civilly or administratively adjudicated for engaging in an activity listed above.

5. **SOUTHWEST KEY PROGRAMS, INC.** must consider incidents of sexual harassment in determining whether to hire anyone or to enlist the services of any contractor or volunteer. **SOUTHWEST KEY PROGRAMS, INC.** must ask all applicants about previous misconduct in written applications or interviews for hiring. Applicants or employees must disclose any misconduct, whether the conduct occurs on or off duty. **SOUTHWEST KEY PROGRAMS, INC.** personnel policies and procedures must provide that material omissions regarding such misconduct or providing materially false information will be grounds for termination.

6. **SOUTHWEST KEY PROGRAMS, INC.** must have job descriptions and selection criteria for all staff positions that state the qualifications, performance standards, and responsibilities for each position. (Each job description must include a section on Essential Functions as mandated by the Americans with Disabilities Act).
7. **SOUTHWEST KEY PROGRAMS, INC.** must obtain prior approval for the positions noted in the table below. The table also includes job descriptions and minimum qualifications for positions that require ORR approval as well as those that do not. Exceptions to the minimum qualifications require ORR's explicit written approval prior to hire and ORR may require supervision plans and additional training.

Positions Requiring ORR Prior Approval		
Position	Job Description	Minimum Qualifications
Program Director	Overall management of the programmatic, administrative, financial, and operational systems related to the provision of care and services; provision of regular and timely reports to ORR regarding operations, services, and finances; establishing a respectful and supportive workplace environment; elevating any issues or concerns to ORR.	Master's degree in social work or an equivalent degree in education, psychology, sociology, or other relevant behavioral science degree or bachelor's degree plus 5 years' experience in child welfare administration, child protective services; and, 2 years of experience in program management or as director of a licensed child care program. Possess the administrator's license for the care provider's facility.
Assistant Program Director	Serves as secondary liaison with ORR. The need for an Assistant Program Director will vary depending on the number of unaccompanied children served at a care provider facility.	Bachelor's degree in education, psychology, sociology or other relevant behavioral science plus 5 years of progressive employment experience with a social services or childcare agency or organization.

Clinician	Conducts mental health assessments; provides ongoing individual and group counseling services, screens for human trafficking concerns, and provides crisis intervention services.	Master's degree in social work with clinical experience in the program, or Master's degree in psychology, sociology, or other relevant behavioral science in which direct clinical experience is a program requirement, or a bachelor's degree plus 5 years clinical employment experience. Must be licensed or eligible for licensure.
Lead Clinician	Coordinating clinical services, training new clinicians, and supervising the clinical staff.	Master's degree in social work, 2 years of postgraduate direct service delivery experience or a Master's degree or Ph.D. in psychology, sociology, or other relevant behavioral science in which clinical experience is a program requirement, plus 2 years of postgraduate direct service delivery experience/or bachelor's degree plus 5 years clinical employment experience in the behavioral sciences. Must have supervisory experience and be licensed to provide clinical services in the State where the care provider is located.
Lead Case Manager	Responsible for coordinating case management and safe and timely release services, training new case managers, and supervising the work of other case manager.	Master's degree in the behavioral sciences, human services or social services fields or bachelor's degree and at least 3 years progressive employment experience that demonstrates supervisory and case management experience.
Prevention of Sexual Abuse (PSA) Compliance Manager	Oversees implementation and ongoing compliance with the Interim Final Rule on UC Sexual Abuse and Sexual Harassment standards at care provider facilities.	Bachelor's degree in behavioral sciences, human services, or social service fields and at least 1 year experience working with child welfare standards, best practices, and compliance issues.

Positions NOT Requiring ORR Prior Approval		
Position	Job Description	Minimum Qualifications
Case Manager ⁶	Assesses the needs of unaccompanied children in care, develops Individual Service Plans, screens for human trafficking concerns, facilitates the safe and timely release or discharge of children and youth, documents the provision of services in case files.	Bachelor's degree in the behavioral sciences, human services or social services fields. Child welfare and/or case management experience is strongly encouraged.
Medical Coordinator	Arrange or partners with other health professionals regarding health and safety standards for out-of-home child care, child care licensing requirements, disease reporting requirements for care providers, immunizations for children, injury prevention for children, medication management and knowledge of community health and mental health resources for children. If the size of the program does not justify hiring a full time Medical Coordinator, the responsibilities may be combined with another position.	High school diploma or equivalent degree and a minimum of 1 year employment experience in the child welfare field working with children and/or adolescents in a social service setting.
Teacher	Provides educational services and assessments, including curriculum building meeting <u>Flores</u> standards for education requirements.	Bachelor's degree; certification by the relevant governing authority, Teaching English as a Second Language/Teaching English to Speakers of Other Languages certification or other appropriate accrediting body and additional training to meet the special needs of unaccompanied children.

⁶ This position may require ORR approval if the Case Manager is conducting clinical assessments.

Trainer	Conduct trainings, select or develop training materials; maintain records on training program attendance, trainings offered, and evaluation measures. This position does not have to be full time and the responsibilities may be combined with another position.	Bachelor's degree.
Youth Care Worker	Provide direct supervision of children in care, and maintain line-of-sight at all times	High school diploma or equivalent degree and a minimum of 1 year employment experience in the child welfare field working with children and/or adolescents in a social service setting.

8. **SOUTHWEST KEY PROGRAMS, INC.** must maintain a personnel file for each employee, whether part-time or full-time, that documents the employee's credentials, competencies, and performance, and provide access to ORR upon request. The employee personnel file must be up-to-date and must include the criteria for the employee's selection, hiring, suspension, or termination.

a. Personnel files must include at the minimum:

- Resume;
- Job Description
- Employment application;
- Professional references;
- Educational records/diploma;
- Professional licensure (if applicable);
- Form I-9, Employment Eligibility Verification, and appropriate identification documentation;

- Results of medical examination (as required by State licensing, including results of TB tests and immunization records);
 - Child Abuse Mandated Reporter agreement (signed);
 - Confidentiality policy acknowledgement;
 - Most recent performance review (signed);
 - Child abuse and neglect record check results (for all jurisdictions lived in for the past 5 years);
 - National FBI criminal background check and State repository check results (for all jurisdictions lived in for the past 5 years);
 - Driver's Record and Clearance (if transporting children and youth); and,
 - Record of completion of mandated trainings and required acknowledgements.
- b. **SOUTHWEST KEY PROGRAMS, INC.** must have policies and procedures for using and managing volunteers and interns (this includes those working in foster care).⁷ This includes:
- Establishing requirements for their selection;
 - Ensuring that each volunteer and intern complete pre-service and annual training, if applicable;
 - Using paid staff to supervise all volunteers and interns;
 - Requiring authorization for any volunteers or interns to accompany unaccompanied children and care provider staff outside the facility for trips, medical appointments, or other visits;

⁷ Family and friends of the foster family may interact with unaccompanied children as they would in a normal community setting without having to complete the volunteer requirements listed above.

- Requiring all volunteers and interns to complete a volunteer application, provide disclosures, and references; and,
- Conducting background checks on all volunteers and interns.

D. Code of Conduct and Conflict of Interest Requirements

1. Code of Conduct

- a. **SOUTHWEST KEY PROGRAMS, INC.** must create and implement a Code of Conduct that reflects the ethical standards of a reputable professional organization, such as the National Association of Social Workers, Child Welfare League of America, or the American Public Health Human Services Association. The Code of Conduct must specifically address the employee's obligations with respect to interactions and interventions with unaccompanied children, staff, and external stakeholders.
- b. **SOUTHWEST KEY PROGRAMS, INC.** must train all employees on the Code of Conduct and have a "whistleblower policy" that provides staff an opportunity to report suspicious unethical, inappropriate or illegal activities without negative consequence. **SOUTHWEST KEY PROGRAMS, INC.** must include proof in the employee's file that the employee has received training in the Code of Conduct. **SOUTHWEST KEY PROGRAMS, INC.** must have policies and procedures for the discipline or termination of personnel who violate the Code of Conduct.
- c. The Code of Conduct is required to indicate that staff must:
 - Respect the boundaries inherent in the relationship between unaccompanied children and care provider staff both while in ORR care and after release (for example staff should not take an unaccompanied child to his or her home (with the exception of community-based foster care parents) or the home of the employee's personal acquaintances);

- Enforce zero tolerance and other policies to prevent, detect and respond to sexual abuse and harassment by not engaging in any kind of sexual activity or personal relationship with unaccompanied children, or former unaccompanied children; or parents, guardians, or sponsors of unaccompanied children;
- Not provide legal advice to UC;
- Only provide therapeutic counseling if properly licensed and authorized;
- Maintain professional standards and manner when dealing with children and youth, visitors or fellow employees by dressing appropriately and refraining from giving money or gifts, using inappropriate language, proselytizing religion or making unauthorized disclosures of confidential information, or campaigning on behalf of a political party, politician or interest group;
- Not discriminate against any person on the basis of race, color, religion, national origin, or sex; lesbian, gay, bisexual, transgender, questioning or intersex status; veteran status, age, or disability;
- Employ strength-based behavior management approaches and never hit, harass, humiliate or degrade an unaccompanied child or other staff member;
- Cooperate with official investigations (Child Protective Services, State licensing, etc.) as well as other legally sanctioned investigations, such as those conducted by law enforcement;
- Report any criminal or inappropriate conduct of other staff and never participate in the activities of a criminal gang; and,
- Protect fellow care provider staff and unaccompanied children from retaliation if they disclose or threaten to disclose the existence of an illegal or unsafe practice.

2. **SOUTHWEST KEY PROGRAMS, INC.** staff are required to timely report to care provider management any misconduct (on or off duty). Failure to report misconduct or reporting false information will be grounds for termination.

- a. Misconduct may include but is not limited to:
 - Any criminal arrests and/or convictions;
 - Any child abuse and/or neglect allegations, adjudications, or convictions (whether criminal, civil or administrative); and,
 - Any engagement or attempt to engage in sexual activities facilitated by force, overt or implied threats of force or coercion; or if the victim did not consent or was unable to consent or refuse.
- b. Timely reporting is defined as no later than 24 hours from when a subject has knowledge of an arrest, conviction, or allegation, or earlier if the subject has unsupervised access to unaccompanied children. Other unethical conduct may also be the basis for disciplinary action and/or termination. Program Directors or other care provider management officials must report any disciplinary action and/or termination of any employee to ORR.

3. **Conflict of Interest**

- a. **SOUTHWEST KEY PROGRAMS, INC.** staff are prohibited from taking unfair advantage of any professional or personal relationship or from exploiting their position to further their personal, religious, political, financial, or business interests.
- b. **SOUTHWEST KEY PROGRAMS, INC.** must establish and maintain a written Conflict of Interest policy applicable to all staff, board members, contractors, sub-contractors, sub-grantees, volunteers, and other internal stakeholders. The policy must:
 - Identify and define conduct that creates a conflict of interest or a potential conflict of interest;
 - Prohibit employees from having any direct or indirect financial interests in the transactions of services of the program;

- Require staff to recuse themselves from the decision-making process if there is a conflict of interest or a potential conflict of interest;
- Require staff to disclose any conflicts of interest prior to their involvement in a decision related to or affected by the conflict; and,
- State that failure to disclose conflicts of interest or potential conflicts of interest may result in discipline or termination of employment.

E. Training

1. **SOUTHWEST KEY PROGRAMS, INC.** must ensure all prospective employees meet all required educational and professional experience qualification and demonstrate that ability to provide culturally competent services and all employees, contractors, and volunteers complete pre-service training prior to having direct contact with UC and complete the required annual training.
2. Newly hired employees must complete pre-service training prior to having direct contact with unaccompanied children. **SOUTHWEST KEY PROGRAMS, INC.** must provide pre-training on the following:
 - ORR's Standards to Prevent, Detect, and Respond to Sexual Abuse and Sexual Harassment involving Unaccompanied Children;
 - All State and local licensing requirements; and,
 - State license required trainings (for example, CPR, first aid, mandatory reporting).
3. Staff who are required to have professional certifications must abide by continuing education requirements necessary to maintain licensure. In addition, all care provider staff must complete 40 hours of training annually of which 2 hours must involve training on the Flores settlement agreement, the HSA of 2002, the TVPRA of 2008, the Perez-Olano settlement agreement, and 10 hours on ORR policies and procedures. Foster care providers and foster families are subject to all ORR training and documentation

requirements. In addition, the foster care providers must ensure that foster parents meet the competencies required at the time of licensing and focus the foster parent pre-service and ongoing training on developing these competencies.

4. SOUTHWEST KEY PROGRAMS, INC. must develop annual staff trainings based on the following areas⁸:

- State licensing requirements, laws, regulations, and policies relevant to the ORR UC Program;
- ORR operational policies and relevant guidance⁹;
- The Safe and Timely Release process;
- Cultural competency, including awareness of and sensitivity to different cultural backgrounds;
- Prohibition against providing legal advice or counsel;
- Strength-based behavior management approaches, such as using conflict resolution, problem solving skills, using rewards and consequences and de-escalation techniques and helping children and youth learn accountability and self-control;
- Prohibition against conflicts of interest;
- Crisis/intervention procedures and techniques;
- Immigration and child welfare systems (local, national, international);
- Child development theory;
- Issues related to loss and family separation;
- Common health and mental health issues;

⁸ Care providers have two years to complete. They are not required to cover all topic areas within the same year.

⁹ Care providers must have policies and procedures for the prompt dissemination, training, and implementation of new or updated ORR policies and procedures.

- First aid and cardiopulmonary resuscitation (CPR);
 - Medication management;
 - Infection control procedures and Occupational Safety and Health Administration (OSHA) or equivalent course that covers blood borne pathogens, airborne pathogens, and employee safety;
 - Working with victims of human trafficking and other crimes;
 - Mandatory child abuse and neglect reporting requirements: prevention, signs, and reporting;
 - Professional boundaries;
 - Emergency and disaster preparedness;
 - Code of Conduct and Conflicts of Interest;
 - Grievance policies and procedures; and,
 - Incident reporting.
5. **SOUTHWEST KEY PROGRAMS, INC.** must provide training to all new contractors and volunteers, where the level and type of training provided is based on the services they provide and the level of contact they have with unaccompanied children. Contractors hired for a term that is expected to last one year or more must undergo the standard 40 hours of training required for all care provider employees. All contractors and volunteers must undergo pre-service training prior to having direct contact with UC.
6. **SOUTHWEST KEY PROGRAMS, INC.** must document all trainings completed by staff and place a copy in the staff's personnel file, including:
- The date, number of hours, and subject-matter of the employee's orientation training;

- The date and number of hours of in-service training completed by the employee in each topic area listed above;
- A confirmation that the employee understood each training that he/she completed; and,
- The name of the individual and/or entity providing the training.

F. Grant Administration

1. **SOUTHWEST KEY PROGRAMS, INC.** must submit a detailed project plan of the approach, activities, staffing, and timelines which is approved by ORR and is in compliance with respective State residential care licensing requirements, the Flores settlement agreement, applicable federal laws and regulations, and the ORR policies and procedures. Any modifications must be discussed with the ORR Project Officer prior to implementation.
2. **SOUTHWEST KEY PROGRAMS, INC.** must submit a program budget for ORR and ACF's Office of Grants Management (OGM) approval that accurately reflects proposed activities as described in the project plan.
3. **SOUTHWEST KEY PROGRAMS, INC.** must notify the ORR Project Officer of any significant delays or issues regarding implementation of grant activities.
4. **SOUTHWEST KEY PROGRAMS, INC.** must regularly consult with the ORR Project Officer and other ORR staff while implementing grant activities during each phase of the project. Consultation shall include, but is not limited to, participation in status meetings by telephone to review project implementation or as required by ORR.
5. **SOUTHWEST KEY PROGRAMS, INC.** must provide ORR with unrestricted access to clear, timely, and accurate information about all aspects of the program. This access includes, but is not limited to: activities, policies, and financial information;

documentation on individual UC and provided services; and unrestricted physical access to **SOUTHWEST KEY PROGRAMS, INC.**'s premises, buildings, staff and UC in the programs physical custody; and any physical property on the premises, such as video monitoring equipment and footage.

6. **SOUTHWEST KEY PROGRAMS, INC.** must ensure that all Sub-Recipients comply with respective state residential care licensing requirements, the Flores settlement agreement, pertinent federal laws and regulations, and the ORR policies and procedures, unless otherwise expressly waived (in writing) by authorized ORR staff.
7. **SOUTHWEST KEY PROGRAMS, INC.** must submit the following documents to the ORR Project Officer:
 - a. All applicable State and local licensures, incorporations, and/or authorizations for **SOUTHWEST KEY PROGRAMS, INC.** and any Sub-Recipient at the beginning of each Federal fiscal year.
 - b. A description of responsibilities and activities of all organizations, individuals, or Sub- Recipients providing services to UC within 30 days of ORR's award date. All Sub- Recipients are subject to approval by the ORR Project Officer and must include the following considerations:
 - Memoranda of Understanding (MOU) or similar instrument, with organizations or individuals selected for receipt of sub-awarded funds;
 - A detailed description of the Sub-Recipients' activities, if not adequately described in the MOUs (or similar instrument) or project plan (may include a monitoring tool jointly developed by Project Officer and Grantee);
 - Complete budget for each Sub-Recipient;
 - Schedule for monitoring Sub-Awardees with respect to location, dates, and agenda will be reported in **SOUTHWEST KEY PROGRAMS, INC.** quarterly reports to ORR;

- Reports following monitoring visits of sub-awardees and immediately notifies the ORR Project Officer of any serious concerns and will submit the final report within 30 days following the monitoring visit; and,
 - Prompt notification to ORR Project Officer of any changes regarding Sub-Recipient.
- c. Report of all State defined residential care placement restrictions to be submitted within 7 days of date of ORR award.
 - d. Notify the ORR Project Officer immediately but no later than 24 hours after the care provider, service provider/contractor or Sub- Recipient receives a revocation or suspension of a license, incorporation or authorization to provide services.
 - e. Notify the ORR Project Officer immediately but no later than 24 hours after the care provider, service provider/contractor or Sub-Recipient receives any citation from a State or local licensing agency or other accrediting agency and any citation for health, safety or environmental code violations violations.
 - f. List of all State mandated staff trainings, including required timeline for completion dates within 30 days of date of ORR award.
 - g. All materials (e.g., forms and other tools) used or created for residential services for UC. Materials are subject to approval by ORR Project Officer and must be submitted to the Project Officer 30 days prior to being implemented.
 - h. Quarterly performance and financial reports are to be uploaded into GrantSolutions unless otherwise directed by OGM or ORR..

8. SOUTHWEST KEY PROGRAMS, INC. also agrees:

- a. To comply with HHS policy and regulations, unless otherwise expressly waived in the approved application and all other applicable Federal statutes and regulations in effect during the time that it is receiving grant funding.

- b. To amend the approved project plan as needed to comply with standards, goals, and priorities established by the Director;
- c. To submit quarterly performance and financial reports in a timely fashion based on the schedule that is described in Section VIII of this agreement.
- d. To abide by provisions of the Service Contract Act, Code of Federal Regulations (CFR) Title 29 and abide by applicable State wage determination guidelines in its program.

G. Adherence to ACF Policy on Grants to Faith-Based Organizations

Consistent with the ACF Policy on Grants to Faith-Based, ACF is mindful that potential grantees may have religious objections to providing certain kinds of services. ACF is committed to providing the full range of legally permissible services to people who need them, and to do so in a timely fashion and in a manner that respects the diverse religious and cultural backgrounds of those we serve. At the same time, ACF is also committed to exploring ways for organizations to partner with ACF and other grantees even if they object to providing specific services on religious grounds.

The following are ways in which organizations with such objections may be able to participate in human services programs:

- Serve as subgrantees: In many cases, subgrantees do not need to provide every service for which the grantee is responsible, so long as all clients served have access to all services required under the grant in a timely and respectful manner. Grantees must ensure that their overall program provides all of the required services, but grantees can use subgrantees to provide some services. Under this arrangement, as long as other subgrantees are readily available to provide clients with the objected-to services, a subgrantee may participate in the grant program while declining to provide services to which they have religious objection.

- Apply in a consortium: A second possibility is for faith-based organizations to apply in a consortium with one or more partners. The consortium would allow for a division of responsibility consistent with each organization's principles. Again, as long as clients have timely access to all required services, different organizations could divide up the services provided.
- Notify grantor: A third possibility in some circumstances would be for the grantee to notify the federal program office responsible for the grant if a client's needs or circumstances may require services, including referrals, to which the organization has a religious objection. It would then be the federal agency's responsibility to follow through with the needed services, or, if appropriate, transfer the case to another provider.

ACF will consider any combination of these approaches and is open to considering other approaches that would accomplish the goal of ensuring that people have access to a full range of services while enabling qualified faith-based organizations to participate in the delivery of those services in a manner consistent with their principles.

H. Responsibilities of ORR

ORR hereby agrees to the following:

1. To confirm project plan (which includes approach, activities, timelines, and results expected) and budget, and discuss minor modifications;
2. To submit and/or review FFR SF-425 to be sure it accurately reflects proposed activities;
3. To participate in status meetings by telephone to review project implementation (monthly, or as required by the ORR Project Officer or other ORR staff);
4. To keep **SOUTHWEST KEY PROGRAMS, INC.** informed of policy, regulatory and legal developments as they affect the implementation of the project;
5. To review and approve **SOUTHWEST KEY PROGRAMS, INC.** Sub-awards of organizations providing residential services;

6. To review and approve additions or hiring of key personnel, including those of Sub-Awardee of organizations providing residential services, in a timely manner;
7. To review all internal policies, procedures, and protocols used or created for the residential services for DUCO in a timely fashion;
8. To provide training and technical assistance, as needed, regarding project implementation, and residential service delivery; and,
9. To promptly review written requests for prior approval of deviations from the project plan or approved budget. Any changes that affect the terms and conditions of the grant award or revisions/amendments to the Cooperative Agreement or to the approved scope of activities will require prior approval by the ORR Project Officer and the Grants Management Specialist in the Office of Grants Management (OGM).

SECTION V: Budget and Financial Arrangement

The approved budget is reflected in the Notice of Award (NoA). The award will be based on the ORR and the OGM approved negotiated budget and project plan.

The Government shall not be obligated to reimburse the recipient for costs incurred in excess of the total amount allotted to this project, and the recipient shall not be obligated to continue performance under the Agreement (including actions under the termination clause) or otherwise to incur costs in excess of the amount allotted to this Agreement unless and until ORR and the OGM have notified the recipient in writing that additional funds have been awarded. No notice, communication, or representation from any person other than the Grants Management Specialist shall authorize the expenditure of additional funds. The United States Government will not be obligated for any excess costs in the absence of a written notice of authorization from the Grants Management Officer. Changes issued pursuant to this Agreement shall not be considered an authorization to the recipient to exceed the allotted amount of this Agreement unless specifically stated by the Grants Management Officer.

SECTION VI: Monitoring

ORR will conduct announced and unannounced monitoring activities throughout the project period. The purpose of ORR monitoring is to ensure compliance with the Flores settlement agreement, pertinent federal laws and regulations, and ORR policies and procedures.

Performance and compliance measures are reflected in:

- The grant application, as funded;
- Program requirements contained in the authorizing statutes;
- Program regulations and guidelines incorporated in the grant award;
- Program grant and administrative requirements contained in regulations and policy;
- Relevant public policy requirements (assurances, certifications);
- This agreement;
- The ORR Policy Guide and relevant procedures; and,
- Special programmatic terms and conditions, if any.

ORR monitoring activities will include desk and on-site (announced and unannounced) monitoring and site visits. ORR will monitor or conduct site visits on programs based on some of the following factors:

- Costs and Total Support – high cost projects
- Complexity – projects with multiple service components;
- Age and Experience of Program – newly established program, one receiving Federal funds for the first time, one with inexperienced key personnel, or one whose legislation has recently undergone substantial change, may require closer scrutiny than a long established program;
- Prior Indication of Compliance issues – available audit or evaluation findings, recipient requests for assistance, or data on financial stability of an organization;

- Length of Grant – multi-year award, particularly one up for continuation awards that have never been visited may take precedent over new ones;
- Time Since Last Visit – if program has not been recently or previously visited;
- Geographic Location – proximity to other recipients, accessibility to program office;
- Agency Priority – high priority / visibility projects within the agency, high interest to Congress, the executive branch, or the public; and,
- Potential for Dissemination – programs / projects that show potential for developing exemplary practices suitable for dissemination.

ORR will provide **SOUTHWEST KEY PROGRAMS, INC.** with a monitoring report following formal monitoring visits or if required site visits, that will include citations for noncompliance, recommendations, a corrective action plan if needed, timelines for reporting, and consequences for not responding.

The monitoring report is not exhaustive of all that is reviewed during the monitoring visit. Rather, the report highlights the key issues in need of attention, as determined by the monitor and based on the review of all ORR policies and procedures. After review of the monitoring report, a formal corrective action plan should be submitted to the designated Project Officer within 30 business days. The corrective action plan will identify objectives, specific actions, persons responsible and date of completion for each monitoring citation.

SECTION VII: Continuation Applications

SOUTHWEST KEY PROGRAMS, INC. must submit an ORR provided continuation application by June 1, or a later date determined by ORR. For continuation applications, **SOUTHWEST KEY PROGRAMS, INC.** will provide the following information:

1. Standard Forms: SF 424 Application for Federal Assistance, SF 424A Budget Information for Non-Construction Programs, and SF 424B Assurances for Non-Construction Programs;
2. Certification Regarding Lobbying
3. Budget worksheets and narrative;

4. Program Description and Work plan;
5. Current State Residential Care License;
6. Proof of Insurance;
7. Facility lease or bank mortgage note on property (as applicable);
8. Indirect Cost Rate approval, if any;
9. Current Program Organizational Chart;
10. Staffing and Volunteer Roster;
11. Copy of all Child Protective Services reports, allegations and CPS investigations;
12. Property/Inventory List;
13. Project/Performance Site Location(s) form

SOUTHWEST KEY PROGRAMS, INC. must use the current version of all standard applications and reporting forms.

Current versions of the forms are available at: <https://www.grants.gov>

http://www.whitehouse.gov/omb/grants_forms/

SECTION VIII: Applicable Regulations

SOUTHWEST KEY PROGRAMS, INC. must provide all residential services for UC in compliance with respective state residential care licensing, the Flores settlement agreement, pertinent federal laws and regulations, including Standards to Prevent, Detect, and Respond to Sexual Abuse and Sexual Harassment involving Unaccompanied Children, 45 C.F.R. 411, and ORR policies and procedures. Other applicable federal regulations are discussed in the attached Standard Terms and Conditions.

SECTION IX: Records and Reports

For quarterly performance reports, **SOUTHWEST KEY PROGRAMS, INC.** will use the ACF Performance Progress Report ACF-OGM SF-PPR form. Performance Reports are due quarterly based on the project period start date.

For financial status reports, **SOUTHWEST KEY PROGRAMS, INC.** will use the SF-425 form, which will include report of expenditures and unliquidated obligations. Quarterly financial

reports are due every 90 days based on the project period start date. The Annual Financial Status and Performance report is due 90 days after the end of the budget period. The Final Financial Status and Performance report is due 90 days after the end of the project period.

Funds awarded under this Cooperative Agreement shall be accounted for and reported upon separately from all other grant activities.

SOUTHWEST KEY PROGRAMS, INC. must use the current version of all reporting forms. Current versions of the forms are available at: <https://www.grants.gov>

All correspondence and reports related to this agreement must include the Grant Number and should be uploaded to GrantSolutions at <https://home.grantsolutions.gov/home/>. Notification of submission should be sent via email to the ORR Project Officer.

SECTION X: Project Contacts

SOUTHWEST KEY PROGRAMS, INC. designates the following person as project contact for this cooperative agreement:

Name: Dr. Juan Sanchez
Title: President and CEO
Address: 6002 Jain Lane, Austin, TX 78721-3104
Telephone: 512-462-2181
Email: JSanchez@swkey.org

ORR designates the following person as ORR Project Officer for this cooperative agreement:

Name: Mark Boss
Address: 330 C St, SW., # 5123, Switzer Bldg., Washington DC 20201
Telephone: 202-401-4620
Email: Mark.Boss@ACF.hhs.gov

SECTION XI: Duration of Agreement

This agreement will be effective April 12, 2017- September 31, 2017. Annual continuations will be entertained on a non-competitive basis, subject to availability of funds, satisfactory performance of the project, capacity needs and a determination that continued funding is in the best interest of the Federal Government.

(b)(6)	MAY 02 2017
E. Scott Lloyd Director Office of Refugee Resettlement	Date

(b)(6)	4-13-17
Dr. Juan Sanchez President and CEO SOUTHWEST KEY PROGRAMS, INC.	Date