

Annex A Part 1

**Family Connection
CONTRACT COVER PAGE**

FY 2017 Annual Plan
(July 01, 2016 - June 30, 2017)

County: **Spalding**

Region: **Region 4**

Name of Collaborative: Spalding County Collaborative Authority for Families and Children Inc.

Coordinator or Contact Person:	Collaborative Chairperson:
Name: Regina Abbott	Name: Carmen Caldwell
Title: Coordinator	Title: Youth Pastor
Mailing Address: P.O. Box 701	Mailing Address: New Mercy Community Development 742 Pimento Ave
City: Griffin 9 digit zip: 30224-0019	City: Griffin 9 digit zip: 30224-4107
Street Address (if different): 232 East Broad Street	Street Address (if different): 742 Pimento Ave
City: Griffin 9 digit zip: 30223-3306	City: Griffin 9 digit zip: 30224-4107
Phone: (678) 283-6360	Phone: (770) 584-6310
Fax:	Fax: 706-484-2764
Email: rabbott6360@gmail.com	Email: caldwellcarmen@gmail.com

Griffin-Spalding County School System

Legal Name of Fiscal Agent Entity

58-6003006

Federal Identification Number of Fiscal Agent
(Required)

June 30

Fiscal Agent's Fiscal Year End
Month & Day

\$47000

Fiscal Agent Information		County: Spalding	
<p>The Griffin-Spalding County School System agrees to serve as the fiscal agent for Spalding County Collaborative Authority for Families and Children Inc. for the period of July 01, 2016 - June 30, 2017.</p> <p>The fiscal agent certifies they 1) understand this is a 12 month commitment, 2) understand expenses are reimbursable on a quarterly basis, 3) agree to receive all financial correspondence and payments, and make all records available for any required financial audit, 4) have appropriate accounting and financial systems to document costs incurred and claims made, and 5) agree the local Family Connection collaborative board is the body responsible for all decisions associated with budgeting of these funds, but will ensure such decisions shall be in compliance with the fiscal agent's own policies and procedures.</p> <p>Reports are to be submitted to: Contract Manager Family Connection Partnership 235 Peachtree Street, Suite 1600 Atlanta, GA 30303-1422</p>			
<p>THIS PAGE IS PROVIDED FOR INFORMATIONAL USE ONLY.</p>		<p>Fiscal Agent Information</p>	
		<p>Fiscal Agent's Fiscal Year End: Month: <u>June</u> Day: <u>30</u></p> <p>Fiscal Agent's FEI#: 58-6003006</p> <p>Legal Name of Fiscal Agent Entity: <u>Griffin-Spalding County School System</u></p> <p>Street Address (cannot be a P.O. Box): <u>216 South 6th Street,</u></p> <p>City, State, 9 digit zip code: <u>Griffin, GA, 30224-3420</u></p> <p>Telephone: (770) 229-3700 Fax: (770) 229-3708</p> <p>Fiscal Agent Contact Person: Name: <u>Ryan McLemore</u> Title: <u>Director of Accounting</u> CFB</p> <p>Telephone: (770) 229-3700 Fax: (770) 229-3708 Email: ryan.mclemore@gscs.org</p> <p>Mailing Address if different from street address: <u>PO Box Drawer N,</u> <u>Griffin, GA, 30224-0074</u></p>	
<p>Person authorized to sign for Fiscal Agent: Name: <u>Ryan McLemore</u> Title: <u>Director of Accounting</u></p> <p>Contract will be emailed to: Name: <u>Ryan McLemore</u> Email: <u>ryan.mclemore@gscs.org</u></p>			

**Family Connection
PLAN SUMMARY for FY 2017**

County: Spalding

I. Core Collaborative Functions

The Spalding County Collaborative Authority for Families and Children Inc. collaborative agrees to facilitate the development and implementation of a plan to improve conditions for children and families; exercise fiscal responsibility; convene collaborative partners; collect and share data on the well-being of children and families in the above referenced county.

II. Results for Children and Families
Goal: Improved conditions for children and families in Spalding County
Outcome: Decreased low birthweight rates
Indicator
Low birthweight babies [HC11]
Strategy: Spalding Family Connection Collaborative will strategically engage partners to provide education and support, including but not limited to the Center Pregnancy model delivery of care and home visitation, to women of childbearing age in order to decrease the rate of low birthweight births.

Budget Proposal FY17

County: Spalding

Expense Type	GaFC State Funds Budget	Description of Expenses							
Personal Services	\$ 0	<table border="1"> <thead> <tr> <th>Position Title</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Position Title	Cost				
Position Title	Cost								
Regular Operating	\$ 6501	<table border="1"> <thead> <tr> <th>List of expenses</th> <th>Total Cost</th> </tr> </thead> <tbody> <tr> <td>Annual financial review \$2,000, Insurance-D&O \$800, Insurance-General Liability \$800, Postage \$80, Change dues \$100, GA Center for Nonprofits \$130, Annual Corp renewal \$30, Charitable Org renewal \$20 QuickBooks online \$489, Office 365 \$120, Carbonite \$240, Adobe Acrobat \$90, Survey Monkey \$150, Dropbox \$99, Form 990 tax prep \$850, supplies & materials \$488</td> <td>\$6,501.00</td> </tr> </tbody> </table>	List of expenses	Total Cost	Annual financial review \$2,000, Insurance-D&O \$800, Insurance-General Liability \$800, Postage \$80, Change dues \$100, GA Center for Nonprofits \$130, Annual Corp renewal \$30, Charitable Org renewal \$20 QuickBooks online \$489, Office 365 \$120, Carbonite \$240, Adobe Acrobat \$90, Survey Monkey \$150, Dropbox \$99, Form 990 tax prep \$850, supplies & materials \$488	\$6,501.00			
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Travel	\$ 0	<table border="1"> <thead> <tr> <th>List of expenses</th> <th>Total Cost</th> </tr> </thead> <tbody> <tr> <td> </td> <td>\$0.00</td> </tr> </tbody> </table>	List of expenses	Total Cost		\$0.00			
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Equipment	\$ 0	<table border="1"> <thead> <tr> <th>Equipment</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Equipment	Cost					
Equipment	Cost								
Per Diem, Fees & Contracts	\$ 39990	<table border="1"> <thead> <tr> <th>Legal Name of Contractor</th> <th>Description of Services/Deliverables</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td>Alpha2 Omega Center for Organizational Excellence</td> <td>Executive & administrative services provider</td> <td>\$39,990.00</td> </tr> </tbody> </table>	Legal Name of Contractor	Description of Services/Deliverables	Cost	Alpha2 Omega Center for Organizational Excellence	Executive & administrative services provider	\$39,990.00	
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Tele-communications	\$ 309	<table border="1"> <thead> <tr> <th>List of expenses</th> <th>Total Cost</th> </tr> </thead> <tbody> <tr> <td>GoPhone cell phone \$25.75 per month for 12 months</td> <td>\$309.00</td> </tr> </tbody> </table>	List of expenses	Total Cost	GoPhone cell phone \$25.75 per month for 12 months	\$309.00			
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Other	\$ 200	<table border="1"> <thead> <tr> <th>List of expenses</th> <th>Total Cost</th> </tr> </thead> <tbody> <tr> <td>Annual Eggs & Issues Breakfast \$100, Annual Senior Olympics \$100</td> <td>\$200.00</td> </tr> </tbody> </table>	List of expenses	Total Cost	Annual Eggs & Issues Breakfast \$100, Annual Senior Olympics \$100	\$200.00			
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TOTAL	\$ 47000								

Quarterly Expenditure Report FY17

County: Spalding	Contract #:
Fiscal Agent: Griffin-Spalding County School System	Quarter #:

Sign and date report, and submit any other required quarterly reports. Reimbursement for quarterly expenditures will be delayed until all required reports are received.

Mail to: Contract Manager, Georgia Family Connection Partnership, 235 Peachtree St., Suite 1600, Atlanta, GA 30303-1422. Questions? Call Contract Manager (404) 527-7394

EXPENSE TYPE	Family Connection Approved Budget	Expenditures for reimbursement for Quarter # ___	Prior Cumulative Expenditures	Total Year to Date Expenditures	Budget Remainder
Personal Services	\$0				
Regular Operating	\$6501				
Travel (staff)	\$0				
Equipment	\$0				
Per Diem, Fees & Contracts	\$39990				
Telecommunications	\$309				
Other:	\$200				
TOTAL	\$47000				

We, the undersigned, certify that the expenditures reported have been made for program accomplishments within the approved budgeted items.

Fiscal Agent Signature

Collaborative Chairperson Signature

Print Name

Print Name

Date: _____

Date: _____

For Office Use Only:	
Date Received at Georgia Family Connection Partnership _____	Initials _____

Note: REPORTS SUBMITTED USING THIS FORM WILL NOT BE ACCEPTED. ENTER DATA INTO CLIX THEN PRINT, SIGN AND MAIL AS INDICATED ABOVE.