



DCF OFFICE OF CIVIL RIGHTS COMPLIANCE CHECKLIST

[To see "INSTRUCTIONS," click paragraph symbol ¶ on standard toolbar at top of your computer screen.]

Provider Name CDS Family & Behavioral Health Services, Inc.		County Alachua	Region/Circuit 3,7,& 8
Corporate Mailing Address 3615 SW 13th St. Suite 7			
City, State, Zip Code Gainesville, Fl. 32608		Main Telephone Number (352)244-0628	
DCF Contract(s) Number(s) N/A	Total Contract(s) amount \$	Total amount of federal funding \$	Total amount of state funding \$
Are any of the contract numbers listed above a multi-year contract? If yes, state which one(s) and contract period.			
Completed By (name and title) Angela Lay, Human Resources		Telephone Number (352)244-0628, ext. 3812	Date Completed 01/17/2023

PART I.

1. Describe the geographic area served and the type of service(s) provided:

2. Population of Area Served. List source of data:

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male
419,860	69%	15%	10%	16%	51%	49%

3. Staff Currently Employed. Effective date:

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled
99	33%	55%	7%	4%	74%	25%	0

4. Number of Clients Participating or Served. Effective date: **7/01/2021-6/30/2022 (FY 2021-2022)**

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled
74	69%	28%	8%	2.7%	56.8%	43.2%	

5. Advisory or Governing Board, if applicable.

Total #	% White	% Black	% Hispanic	% Other	% Female	% Male	% Disabled
16	56.25%	37.5%	6.25%	0%	25%	75%	6.25%

PART II. (Use a separate sheet of paper for any explanations requiring more space.)

6. Compare staff composition (#3) to population of area served (#2). Is staff representative of the population served? If No or NA, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
7. Compare client composition (#4) to population of area served (#2). Are race/sex composition representative of populations served? If NO or NA, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
8. Do you inform employees, applicants, and clients of their protection against discrimination in employment practices and in the delivery of services? If YES, how (verbal, written, poster)? If NO or NA, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
9. Do recruitment and notification materials advise applicants, employees and clients of your non-discrimination policy? If NO, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
10. Do you have a grievance/complaint policy or procedure receive, investigate and resolve complaints regarding employment decisions and provision of services to clients? If NO, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
11. Does your grievance/complaint policy or procedure notify your employees and clients of their right to file a complaint with the appropriate external agency and provide contact information for these agencies (DOJ, HHS, EEOC, DCF)? If NO, please explain.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

<p>12. If applicable, does your grievance/complaint policy incorporate due process standards and provide for the prompt and equitable resolution of complaints alleging a violation of Section 504 of the Rehabilitation Act of 1973 (disability in employment practices and the delivery of services)? <i>[Applicable to providers with 50 or more employees and \$25,000 or more in DOJ funding.]</i> If NO, please explain.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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PART III. (Use a separate sheet of paper for any explanations requiring more space.)

<p>13. Provide the number and status of any service delivery and employment discrimination complaints filed against your organization within the last 12 months.</p>	
<p>14. Have you submitted any findings of discrimination issued by a court or administrative agency to both the DCF Office of Civil Rights and appropriate external agency (DOJ, USDA). If NO, please explain.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<p>15. Are program eligibility requirements applied to applicants and clients without regard to race, color, national origin, sex, age, marital status, religion, political affiliation, or disability? If NO or NA, please explain.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>16. Are benefits, services, and facilities available to applicants and participants in an equally effective manner regardless of race, color, national origin, sex, age, marital status, religion, political affiliation, or disability? If NO or NA, please explain.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>17. Are room assignments for in-patient services made without regard to race, color, national origin, sex, age, marital status, religion, political affiliation, or disability? If NO or NA, please explain.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>18. Are auxiliary aids available to assure accessibility of services to hearing and sight impaired individuals? If NO, please explain.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>19. Are the programs/facilities/services accessible to mobility, deaf or hard of hearing, and sight impaired individuals? If NO or NA, please explain.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>20. Are Limited-English Proficient (LEP) applicants and recipients provided equal access to benefits and services, including free interpreter services? If NO or NA, please explain. List below what steps are taken to ensure meaningful access to persons with LEP (written policy, outreach, etc.).</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>21. Have you conducted a self-evaluation to identify barriers to serving individuals with disabilities or LEP? If NO or NA, please explain.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>22. Provide the name and contact information for the individual designated as your organization's Section 504, ADA, and/or Title VI Coordinator for compliance activities.</p>	<p>Angela Lay (352)244-0628 X3812</p>
<p>23. Are you providing Civil Rights training (employment and service delivery) for staff? If YES, how often? If NO or NA, please explain. List all the civil rights training provided to staff within the last 12 months.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>24. If you conduct religious activities as part of your program or services, do you:</p> <p>a. Provide services to everyone regardless of religion or religious belief?</p> <p>b. Keep religious activity such as prayer and religious instruction separate from federally funded activities?</p> <p>c. Are religious activities voluntary?</p> <p>If NO or NA to any of the questions above, please explain.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

<p>25. If you are a sub-recipient of <i>DOJ funding and operate an educational program or activity</i>, have you taken the following actions:</p> <p>a. Adopted grievance procedures that provide for prompt and equitable resolution of complaints that allege sex discrimination in violation of Title IX of the Education Amendments of 1972?</p> <p>b. Designated a person to coordinate compliance with Title IX?</p> <p>c. Notified applicants, employees, students, parents, and clients that you do not discriminate on the basis of sex in your educational programs or activities?</p> <p>If applicable and you answered NO to any of the questions above, please explain.</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
<p>26. If applicable, do you have an Equal Employment Opportunity Plan (EEOP)? If you are a sub-recipient of DOJ funding, have you filed the appropriate EEOP certification with Office of Civil Rights, Office of Justice Programs? If YES, provide a copy of the EEOP and/or certification.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA</p>

PART IV.

DEPARTMENT OF CHILDREN AND FAMILIES USE ONLY			
Date Received by DCF Contract Manager		Date Reviewed by Contract Manager	
Contract Manager Name/Signature		Telephone Number	
Is the contract information (contract number, amount of contract, etc.) correct?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did contracted services provider answer/complete all three sections? If YES, submit to Civil Rights Officer (CRO). If NO, return to provider for completion.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Submitted to Civil Rights Officer (CRO)	Date Received by CRO	Date Reviewed by CRO	In Compliance? <input type="checkbox"/> YES <input type="checkbox"/> NO
Comments			
Type of Compliance Review: <input type="checkbox"/> On-Site Limited Review <input type="checkbox"/> On-Site Full Review <input type="checkbox"/> Desk Limited Review			
Date of Compliance/No-Compliance Notice	Response Due Date	Response Received Date	
Compliant? <input type="checkbox"/> YES <input type="checkbox"/> NO	Civil Rights Officer Name/Signature		



5950 NW 1st Place, Suite A, Gainesville, FL 32607 • Phone 352-244-1500 • Fax 352-244-1636 • www.pfsf.org

AFFIDAVIT

I (CEO NAME) Philip N. Karler hereby affirm on behalf of (PROVIDER) CDS Family & Behavioral Health Services, Inc. attest that one or more of the five (5) disqualifying conditions listed below does not exist.

(PROVIDER) CDS Family & Behavioral Health Services, Inc.

1. Is barred, suspended, or otherwise prohibited from doing business with any government entity, or has been barred, suspended, or otherwise prohibited from doing business with any government entity within the last 5 years;
2. Is under investigation or indictment for criminal conduct, or has been convicted of any crime which would adversely reflect on their ability to provide services to vulnerable populations, including, but not limited to, abused, neglected children, or which adversely reflects their ability to properly handle public funds;
3. Is currently involved, or has been involved within the last 5 years, with any litigation, regardless of whether as a plaintiff or defendant, which might pose a conflict of interest to the department, the state or its subdivisions, or a federal entity providing funds to the department;
4. Has had a contract terminated by the department for a failure to satisfactorily perform or for cause; or
5. Has failed to implement a corrective action plan approved by the department or any other governmental entity, after receiving due notice

By signing this AFFIDAVIT, (PROVIDER) is providing assurances that the above disqualifying conditions does not exist.

[Signature] (Signature)
Philip N. Karler (CEO NAME)
CDS Family & Behavioral Health Services, Inc. (PROVIDER) HEALTH SERVICES, INC.

State of FLORIDA

County of Alachua

On this, the 13 day of January, ~~2022~~ ²⁰²³, before me a notary public, the undersigned, personally appeared.

Philip N. Karler (CEO NAME), known to me (or satisfactorily proven) to be the person whose signature is subscribed to this document, and acknowledged that he/she is the person that has executed this Affidavit for the purpose therein.

In witness hereof, I hereunto set my hand and official seal.

Tiffany Malphrus
 Notary Public





AFFIDAVIT OF COMPLIANCE WITH FINGERPRINTING AND BACKGROUND SCREENING REQUIREMENTS

FOR A FOSTER HOME, PUBLIC OR PRIVATE CHILD PLACING AGENCY, OR RESIDENTIAL CARING FACILITY

State of FLORIDA County of ALACHUA License # CONTRACT PCM770

I, PHILIP N. KAGUER as CEO of CDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC., a child placing agency or a residential child care agency, licensed pursuant to Florida Statute 409.175, do hereby affirm, under penalty of perjury, that all new and current personnel at this agency and/or all new and current residents at this foster home have been fingerprinted and screened and are in compliance with the background screening requirements as stated in Florida Statute 409.175.

CDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC.

Print Name of Agency or Foster Home

3615 SW 13TH STREET, GAINESVILLE, FLORIDA 32608

Location of Foster Home or Agency

[Signature]

Signature

1/13/23

Date

State of FLORIDA County of ALACHUA The undersigned certifies that the information submitted herein is true and correct.
Sworn and subscribed to before me
This 13 day of January, 2023
By Tiffany Malphrus
NOTARY PUBLIC
Title Notary
Tiffany Malphrus
Date 1-13-2023
My commission expires: 2-12-2024



ASSURANCE OF CIVIL RIGHTS COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND THE OMNIBUS BUDGET RECONCILIATION ACT OF 1981.


The Subcontractor provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other Federal financial assistance to programs or activities receiving or benefiting from Federal financial assistance.

The Subcontractor assures Partnership for Strong Families (PSF) that it will comply with:

1. Title VI of Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving or benefiting from Federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from Federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving for benefiting from Federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from Federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from Federal financial assistance.
6. All regulations, guidelines, and standards lawfully adopted under the above statutes.

The Subcontractor agrees that continued compliance with this assurance constitutes a condition of continued receipt of or benefit from Federal financial assistance, and that it is binding upon the Subcontractor, its successors, transferees, and assignees for the period during which such assistance is provided. The Subcontractor further assures that all contractors, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the Subcontractor understands that PSF may, at its discretion, terminate the subcontract; seek a court order requiring compliance with the terms of this assurance; seek other appropriate judicial or administrative action requiring compliance with the terms of this assurance; or seek other appropriate judicial or administrative relief, to include Federal financial assistance being terminated and further such assistance being denied.

The person whose signature appears below is authorized to sign this assurance, and to commit the Subcontractor to the above provisions.

Philip N. Karber, CEO  1/13/23
Subcontractor's Authorized Official Date

CDS Family & Behavioral Health Services, Inc. Partnership for Strong Families, Inc.
Subcontractor (CBC / Circuits 3 and 8)

3615 SW 13th Street GAINESVILLE FL 32608
Subcontractor's Address City State Zip Code

Contract No. Pcm 770

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION CONTRACTS/SUBCONTRACTS


This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360 - 20369).

INSTRUCTIONS

1. Each provider whose contract/subcontract equals or exceeds \$25,000 in federal moneys must sign this certification prior to execution of each contract/subcontract. Additionally, providers who audit federal programs must also sign, regardless of the contract amount. The Department of Children and Families cannot contract with these types of providers if they are debarred or suspended by the federal government.
2. This certification is a material representation of fact upon which reliance is placed when this contract/subcontract is entered into. If it is later determined that the signer knowingly rendered an erroneous certification, the Federal Government may pursue available remedies, including suspension and/or debarment.
3. The provider shall provide immediate written notice to the contract manager at any time the provider learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "debarred", "suspended", "ineligible", "person", "principal", and "voluntarily excluded", as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the department's contract manager for assistance in obtaining a copy of those regulations.
5. The provider agrees by submitting this certification that, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract/subcontract unless authorized by the Federal Government.
6. The provider further agrees by submitting this certification that it will require each subcontractor of this contract/subcontract, whose payment will equal or exceed \$25,000 in federal moneys, to submit a signed copy of this certification.
7. The Department of Children and Families may rely upon a certification of a provider that it is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.
8. This signed certification must be kept in the contract manager's contract file. Subcontractor's certification must be kept at the provider's business location.

CERTIFICATION

- (1) The prospective provider certifies, by signing this certification, that neither he nor his principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department or agency.
- (2) Where the prospective provider is unable to certify to any of the statements in this certification, such prospective provider shall attach an explanation to this certification.



 Signature

 Date

1/12/23

Philip N. Karcus

 Name (type or print)

CEO

 Title

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



Signature

1/13/23

Date

PHILIP N. KABLER

Name of Authorized Individual

PCM 770

Application or Contract Number

CDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC.

Name of Organization

3615 SW 13th STREET, GAINESVILLE, FL 32608

Address of Organization

CONFLICT OF INTEREST DECLARATION

for CDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC.
(name of subcontracted agency/organization)

- | | YES | NO |
|---|-----|-------------------------------------|
| 1. Do you, your immediate family, or your business partner have financial or other interests in Partnership for Strong Families (PSF) or the recipient(s) of the proposed services? | ___ | <input checked="" type="checkbox"/> |
| 2. Have gratuities or anything of monetary value been offered or exchanged between you, your immediate family, or your business partner and any employee of PSF? | ___ | <input checked="" type="checkbox"/> |
| 3. Within the last 24 months, have you been employed by, or do you plan to seek or accept future employment with, PSF or the recipient(s) of the proposed services? | ___ | <input checked="" type="checkbox"/> |
| 4. Are there any other conditions which may cause a conflict of interest? | ___ | <input checked="" type="checkbox"/> |

If you checked "yes" after any of the above questions, please explain your answer.
Please attach additional sheets as necessary.

I declare that my answers and any related explanation(s) are true, correct and complete to the best of my knowledge and belief, and I will notify PSF's Manager of Contract Administration in writing in the event of any change affecting such correctness or completeness.



PHILIP N. KAR CER
Name

1/13/23
Date

CEO
Title

CDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC.
Company

Reviewed by PSF: Name _____

Date _____