**Georgia Division of Family and Children Services (DFCS)**

**Well-Being Services Section**

**Afterschool Care Program**

**FFY 2022 Statement of Need Proposal Form**

**Form E – HEALTH AND WELL-BEING: Well-Being Options**

**The proposing agency should complete Form D for EACH site you have selected to implement a Well-Being Program Option. To ensure the fidelity of the program implementation, each site implementing a selected program must use the website and resources provided for each program. Please visit the program’s website to obtain information on resources and/or materials needed. If materials are not needed, please use the website and online information as a guide to creating a curriculum for youth.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Legal Name of Agency** | | | | | | **Program Site Name** | | | |
| **Site Address** | | | **County** | | **City** | | | **State** | **Zip Code** |
| Proposed Program | | | | | | | | | |
| **Program Topic** | **Selected Evidence Based Curriculum** | **# of implementation days per week** *(minimum of 1 day per week)* | | **Time allocated for each session – enter time in minutes (ie. 30, 120)**  *(minimum of 30 minutes per day)* | | | **# of youth to be recruited and expected to participate** | | **Day(s) and Time(s) of implementation for this site** |
| **Self Esteem** |  |  | |  | | |  | | Monday Time:       to  Tuesday Time:       to  Wednesday Time:       to  Thursday Time:       to  Friday Time:       to  Saturday Time:       to  Sunday Time:       to |
| **Suicide Prevention** |  |  | |  | | |  | |
| **Mental Health Services** |  |  | |  | | |  | |

**IMPORTANT NOTICE: Sites will have to submit additional activity plans and demographic reports during the contract period. The DFCS Afterschool Care Program will provide a copy of all reports before the contract is created and fully executed.**