**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.**