



GEORGIA'S CHILDREN'S JUSTICE ACT PROGRAM

FFY2027 Funding Opportunity Announcement Grant Application & Proposal Instructions

Contract Period: October 1, 2026 – September 30, 2027

Release Date:
February 20, 2026

Mandatory Informational Webinar:
March 6, 2026
10:00am-11:00am
[Click here to register.](#)
Pre-registration is required.

Proposal Submission Deadline:
Wednesday, April 8, 2026,
12:00 p.m. (EST)

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CHILDREN'S JUSTICE ACT

The Children's Justice Act (CJA) provides grants to States and territories to improve their approach and response to child abuse and neglect. The focus of the funding is to create systemic changes that prevent additional trauma to child victims, and to protect their rights more effectively.

Section 107(a) of CAPTA outlines the purpose of CJA funding, which is to assist states developing, establishing, and operating programs designed to improve:

- a. The assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child's family.
- b. The assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities.
- c. The investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and
- d. The assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect.

Since fiscal year 2000, \$17 million in CJA funds as authorized by the Child Abuse Prevention and Treatment Act (CAPTA) have been made available annually for distribution to the 50 states, the District of Columbia, Puerto Rico, American Samoa, Guam, the Northern Mariana Islands, and the Virgin Islands.

Funding for CJA comes from the Crime Victims Fund, which collects fines and fees charged to persons convicted of federal crimes. The fund is administered by the U.S. Department of Justice, Office for Victims of Crime (OVC), and the grants are awarded by the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, as outlined in Section 107 of the Child Abuse Prevention and Treatment Act (CAPTA), as amended, by the Keeping Children and Families Safe Act of 2003.

For more information on the Children's Justice Act:
[Children's Bureau: Office of Administration for Children and Families](#)

INELIGIBLE PROJECTS

Because CJA grants focus on general systemic improvements specifically for children's justice, funding for direct treatment services or prevention programs is not an appropriate use of CJA funding.

GEORGIA'S CHILDREN'S JUSTICE ACT PROGRAM

As a recipient of a state CAPTA grant, Georgia is eligible for a CJA grant. State CJA grant recipients are responsible for implementing the requirements of the CJA grant program to reform state processes for responding to child abuse and neglect. In accordance with Section 107(a) of CAPTA, CJA grants are used to support projects and activities designed to:

1. Improve the investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities, in a manner which reduces additional trauma to the child victim and the victim's family, and which also ensures procedural fairness to the accused.
2. Support of experimental, model, and demonstration programs for testing innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases, including the enhancement of performance of court appointed attorneys and Guardians Ad Litem for children, and which also ensure procedural fairness to the accused.
3. Reform of State laws, ordinances, regulations, protocols, and procedures to provide comprehensive protection for children from child abuse and neglect, including child sexual abuse and exploitation, while ensuring fairness to all affected persons.

For more information on the Children's Justice Act:

[Visit the Child Welfare Information Gateway](#)

Georgia's Department of Human Services, Division of Family and Children Services (DHS/DFCS), in collaboration and consultation with its Children's Justice Act Task Force (Task Force), is seeking proposals from non-profit agencies and public entity/state agency organizations for projects or activities that are responsive to both CJA goals and objectives, and Task Force priorities and/or opportunities identified in the [2024 Three-Year Assessment](#) to improve the quality of legal representation. Eligible applicants are agencies, organizations, or professional disciplines involved in the handling of civil and/or criminal cases when child abuse and neglect is suspected or has occurred.

The deadline for submitting a grant application is Wednesday, April 8, 2026, 12:00 p.m. (EST)

To learn more about Georgia's CJA Task Force, visit our website at

[Georgia DHS/DFCS: Children's Justice Act Task Force](#)

If you have any questions about the CJA grant process, please contact: cjagrants@dhs.ga.gov.

PART I - OVERVIEW**A. Introduction**

These instructions provide the information and documents necessary to prepare a proposal for a Children's Justice Act (CJA) grant. The terms and conditions described in these instructions supersede conflicting provisions stated in previous iterations of the CJA grantee guide or previous requests or instructions.

B. Contact Information

Questions concerning these instructions, the application process, proposal requirements or programmatic issues should be submitted by email to: cjagrants@dhs.ga.gov

C. Application, Submission and Due Date All CJA proposal applications MUST include:**PROPOSAL DOCUMENTS**

- Application Cover
- Proposal Narrative
- Project Timeline
- Logic Model Worksheet
- Contract Budget/Quarterly Cumulative Expenditure Report
- Budget Worksheet and Narrative
- Additional Proposal Attachments, if applicable

ADDITIONAL APPLICATION DOCUMENTS

See Application Checklist for information on other required forms, documents, and screenshots.

Grant applications must be submitted electronically through the secure submission portal at: <https://theproposalsolution.com/>. **Applications are due Wednesday, April 8, 2026, 12:00 p.m. (EST).**

D. Eligibility

This program is open to Georgia state agencies, local governments including courts, nonprofit organizations, and educational institutions who meet Georgia DHS contract eligibility criteria*. For-profit agencies and individuals are ineligible. Previous grantees are not guaranteed CJA funding.

Mandatory Information Webinar:

Attendance by potential applicants at the informational webinar on Friday, March 6, 2026, 10:00 a.m.-11:00 a.m. is mandatory. Information regarding CJA goals and objectives, Georgia's CJA Task Force priorities and interests, the application process, and technical assistance will be provided during the webinar. Pre-registration for the webinar is required.

[Click here to register.](#)

**No organization may participate in this project in any capacity or be a recipient of Federal funds designated for this project if the organization has been debarred or suspended or otherwise found to be ineligible for participation in federal assistance programs or prohibited from receiving a state contract.*

E. Source of Funds

The Children's Justice Act (CJA) program is supported by the Federal Crime Victim's Fund. The Crime Victim's Fund is administered by the United States Department of Justice, Office of Victims of Crime (OVC). CJA grants are awarded by the Administration on Children, Youth, and Families, United States Department of Health and Human Services in accordance with Section 107 (a)(1), (2), and (3) of Public Law 104-235 (Grants to States for Programs Relating to the Investigations and Prosecution of Child Abuse Cases) of the Child Abuse Prevention and Treatment Act (CAPTA). The CFDA number is 93.643.

Recipient states must be eligible for the CAPTA Basic State Grant and establish and maintain a multidisciplinary task force on children's justice issues. The Georgia Department of Human Services, Division of Family and Children Services has been designated by the Governor's Office to administer CJA funds and provide support for the CJA Task Force.

The CJA Task Force collaborates with Georgia's child welfare agency on the administration of its CJA grant and is responsible for identifying projects and activities that are responsive to CJA objectives and support Task Force and state agency priorities.

F. Grant Period

The grant period will begin October 1, 2026, and will end September 30, 2027. All proposed activities must be completed by September 30, 2027.

G. Funding Amount

Approximately \$600,000 (estimated) is available for grants. The maximum award per project is \$100,000.

H. Reimbursement Requests

Payment under the CJA contract will be on a reimbursement basis upon completion of identified deliverable(s) listed on the Scope of Services (required document). Grantee must submit, at a minimum, a quarterly programmatic report within ten (10) days after the end of each quarter, and an invoice supported by appropriate documentation. Grantee agrees to use the Standard Contract Quarterly Expenditure Report Template that will be provided by DHS/DFCS. To be eligible for reimbursement under the CJA contract, a cost must be incurred in accordance with the approved budget, applicable Cost Principles, and within the grant period. Final expenditure reports are due October 10, 2027.

I. Programmatic Reporting

Programmatic reports describing completed deliverables during the period must be submitted quarterly with the Quarterly Cumulative Expenditure Report and are due on January 10, 2027, April 10, 2027, July 10, 2027, October 10, 2027.

A final performance report covering all twelve months' activities and outcomes **MUST** be submitted no later than November 15, 2027, following the close of the grant period. Additional instructions and guidelines for final performance report will be distributed in September 2027.

The final performance report must also include a final Financial Status Report, covering all twelve months of expenses and reimbursements.

J. Use of Funds

CJA GOALS

CJA funds should be used to support systemic reform and improve the processes by which the State responds to cases of child abuse and neglect. Proposal must identify and support one or more of following CJA goals:

1. Improve the investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation, as well as cases involving suspected child maltreatment-related fatalities and cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect, in a manner which reduces additional trauma to the child victim and the victim's family and which also ensures procedural fairness to the accused.
2. Support of experimental, model, and demonstration (pilot) programs for testing innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases, including the enhancement of performance of court appointed attorneys and Guardians Ad Litem for children, and which also ensure procedural fairness to the accused.
3. Reform of state laws, ordinances, regulations, protocols, and procedures to provide comprehensive protection for children from child abuse and neglect, including child sexual abuse and exploitation, while ensuring fairness to all affected persons.

CJA OBJECTIVES

Proposal must identify and target one or more of the following four CJA objectives and demonstrate potential for improvement in the system-level response to child abuse and neglect at the front end from the initial identification and assessment of maltreatment in dependency cases to the investigation and criminal prosecution of cases of maltreatment with special emphasis on child victims with special needs or complex medical conditions and maintaining fairness to the accused. This includes legal representation of children and/or parents, the subject of the [CJA Task Force Three-Year Assessment in 2024](#).

- a. Improving the assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child's family
- b. Improving the assessment and investigation of cases of suspected child abuse and neglect-related fatalities
- c. Improving the investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation
- d. Improving the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect

CJA funds may not be used for prevention, treatment or direct services to child abuse victims and their families.

K. Task Force Priorities & Interests

The Task Force endeavors to support projects and activities that are responsive to CJA goals and objectives, as well as Task Force and state agency priorities and interests. The Task Force prioritizes projects and activities that emphasize advocacy, multidisciplinary approaches, collaboration, and address Task Force special interests including the objectives of each standing Task Force Committee.

This includes projects and activities, including training, that:

- Demonstrate collaboration between Georgia's child welfare agency, its partners and community stakeholders
- Demonstrate collaboration with the Court Improvement Program
- Improve the alignment of legislation, policy, and practice among state agencies with child-caring or child protection responsibilities
- Utilize a multidisciplinary approach in proposal development and/or in the design, delivery, and/or evaluation of projects and activities, and/or target a multidisciplinary audience
- Improve the quality and consistency of the multidisciplinary response to child abuse and neglect
- Reduce trauma to child victims of abuse
- Ensure that the handling of cases involving child victims with special needs is developmentally and culturally appropriate
- Utilize innovative approaches or evidence-based strategies and practices
- Promote and support the field of child welfare advocacy
- Improve the quality and consistency of reports of child abuse and neglect
- Improve the quality and consistency of legal representation of children and parents
- Increase the number of law enforcement and legal professionals that specialize in cases of child abuse and neglect
- Can demonstrate potential for long-term sustainability

Additional consideration is given to projects that are responsive to both CJA goals and objectives, and Task Force priorities and/or opportunities identified in the 2024 Three-Year Assessment to improve the quality of legal representation.

All projects or activities MUST meet federal requirements and be responsive to the CJA legislative mandate.

PART II – COMPLETING A PROPOSAL

Terms that occur frequently in the process:

- Goal – A broad statement that answers the question, “What does your organization hope to accomplish?”
- Objective – Answers the question, “What steps do you intend to take to accomplish your goal?”
- Outcome – Transformative change in behavior, conditions and/or understanding that demonstrates that you have met stated objective.
- Output – Tangible product, service, and/or knowledge resulting from a grant’s activities
- Activities – Actions and processes employed to produce outputs and/or outcomes

COMPLETING REQUIRED PROPOSAL DOCUMENTS

- Required forms and templates can be downloaded at <https://theproposalsolution.com/>
- Use 11-point Arial font.
- Do not exceed any specified page limits.
- Follow required naming convention for each document, also see checklist for naming conventions.

P1: Application Cover: Scan signed document and save pdf as identified on checklist.

Information reported on Cover will be used to develop the contract if the provided proposal receives an award.

- Complete as directed ensuring that all fields are complete, and information is consistent with other documents.
- Document MUST be signed by the Authorized Authority identified and meet organization’s contract authority requirements as defined on public entity Authorization or non-profit Corporate Resolution.
- Electronic or digital signatures are acceptable.

P2: Proposal Narrative: Save Word document identified as identified on checklist.

The Proposal Narrative is the main body of information describing the issue or opportunity to be addressed, the plan to address the identified problem through appropriate and achievable objectives and activities, and the ability of the applicant to implement the plan.

Complete as directed. Applicant MUST respond to all questions in the Narrative ensuring that information included in responses is consistent with information provided on other forms or documents.

The following forms are required, in addition to responses in the Proposal Narrative.

1. *P3: Project Timeline: See Proposal Narrative Question 3b.*

- Complete form as directed.
- Identify milestones and key project elements to be completed each month and describe associated tasks. *This will be used to define the contract Scope of Services, should project be funded.*
- Bullet points are acceptable.
- Save Word document identified as identified on checklist.

2. *P4: Logic Model: See Proposal Narrative Question 6a.*

- Complete form as directed.
- Design logic model that includes key elements/deliverables for proposed project and will

provide a foundation for your evaluation plan. See 'Create a Roadmap Worksheet' and 'Sample Crosswalk Logic Model with Evaluation', that has been provided as a resource.

3. Save document identified as identified on checklist.

P5: Contract Budget/Quarterly Cumulative Expenditure Report: Save Word document as identified on checklist.

- Complete Word document provided to prepare budget.
- Project costs must be directly related to the objectives and activities of the project or activities.
- Only expenses necessary to implement project activities are eligible.
- Total Expenses should match the amount of funds requested on the Application Cover.
- Please note that the indirect cost rate is limited to a maximum of 10%, unless otherwise approved.

Please note: Use of CJA funds to cover food costs is prohibited as Federal funds should not be used to cover food costs, such as meals at a conference or training. Only minimal consumer support expenses will be considered.

P6: Budget Worksheet and Narrative: Save Excel Document as identified on checklist.

- Complete Budget Worksheet and Narrative form as directed.
- Refer to worksheet tabs for budget narrative example, and guidelines for allowable and unallowable expenses.
- The Budget Narrative MUST provide sufficient details for each itemized expense on the budget to justify expense and amount to support project expense and explain how you arrived at the projected costs.
- Each description on the Budget Narrative must have a corresponding line-item expense on the Budget.
- All individuals who will be compensated with funds from this grant should also be identified as staff, contractor or sub-contractor as additional documentation may be required to facilitate the preparation of a contract, if proposal is awarded a CJA grant.
- The Budget Narrative should also include a description of any anticipated program income, if applicable, and its impact on the Budget.
- For expenses shared between CJA and other funding sources, applicants should include the total expense, the percentage budgeted to CJA activities, and a description of the methodology used to allocate each shared expense.

Additional Application Documents

Additional attachments are limited to those specified in Proposal Narrative such as:

- Copy of agenda or schedule
- Copy of evaluation tool(s)
- Copy of training outline or curriculum Identify each attachment and save as identified on checklist.

PART III – ADDITIONAL GRANT APPLICATION DOCUMENTATION

Additional Documentation Requirements

Consult Application Checklist to determine additional documentation required with your proposal. Failure to submit all required documents may result in disqualification.

- Required forms and templates can be downloaded at <https://theproposalsolution.com/>
- Applicants must use authorization code to obtain access.
- All forms, documents and screenshots must be current.
- Documents submitted with previous proposals will not be accepted.
- All screenshots must be current.
- Forms must be current and dated no more than 6 months prior to the date of application submission.
- Documents that require a corporate seal or notarization MUST have original signatures.

The following documents are REQUIRED for ALL proposals.

C1 – Tax Compliance *(Use form provided.)*

- Download form and complete as directed, providing responses to all applicable questions.
- Record legal name of Applicant as reported on Application Cover.
- Ensure that information reported on form, such as the Federal Identification # (FEI), is consistent with information reported on Application Cover.
- Save final Word document identified as identified on checklist.

C2 – Supplier Change Request Form *(Use form provided.)*

- Download form and complete as directed. Document includes instructions.
- Record legal name of Applicant as reported on Application Cover.
- Ensure that information reported on form, such as the Federal Identification Number (FEI), is consistent with information reported on Application Cover.
- Electronic or digital signatures are allowed.
- Print first two pages only, sign as required and scan pages saving pdf as identified on checklist.

C3 – W9 Form *(Use form provided.)*

- Download form and complete as directed. Document includes instructions.
- Record legal name of Applicant as reported on Application Cover.
- Ensure that Federal Identification Number (FEI) reported is consistent with FEI# reported on Application Cover.
- Document includes instructions. Electronic or digital signatures are allowed.
- Print page one only, sign as required and scan saving pdf as identified on checklist.

C4 - CRIMINAL RECORDS CERTIFICATION *(Use form provided.)*

Applicant must register with the Georgia Applicant Processing Services (GAPS) at: www.ga.cogentid.com and conduct fingerprint background checks to obtain *OIS Fitness Determinations* on all staff, volunteers and/or subcontractors pursuant to the provisions of O.C.G.A. §49-2-14.

Applicant **MUST certify that it conducts criminal records investigations** in accordance with its DHS/DFCS contract requirements.

- Download form and complete as directed.
- Record legal name of Applicant as reported on Application Cover.
- Record ORI or OAC# verifying agency registration with Georgia Applicant Processing Service (GAPS). Ensure that number reported is consistent with the corresponding field reported on the Application Cover.
- Form must be signed in accordance with the authority identified on the Application Cover as the authorized authority and be consistent with:
 - For public entities
 - Authorized individual identified on the Authorization.
 - For non-profits
 - Officer(s) identified by corresponding title on Georgia Secretary of State website screenshot and authorized by the Corporate Resolution to sign contracts.
- Electronic or digital signatures are not allowed.
- Signed document **MUST** be notarized.

Please note:

 - Details of imprinted notary seal must be evident.
 - Expiration date of notary's commission must be included.
- Scan signed document, save as identified on checklist.
- *Keep original for your records in the event that it is requested at a later date.*

Update C5 OR C6 SECURITY IMMIGRATION & COMPLIANCE AFFIDAVIT (e-Verify)
(use one of the two forms provided)

- Applicant **MUST** certify that it meets security and immigration compliance in accordance with DHS/DFCS contracts. Complete either the exemption or affidavit, only one of the two forms. Download form and complete as directed.
- Record legal name of applicant in "Name of Contractor" field as reported on Application Cover.
- Record Federal Work Authorization User Identification number (E-Verify #). Ensure that number reported is consistent with corresponding field reported on the Application Cover.
- Record Date of Authorization (date that E-Verify # was issued to agency).
- Form must be signed in accordance with the authority identified on the Application Cover as the Authorized Authority and be consistent with:
 - For public entities
 - Authorized individual identified on the Authorization.
 - For non-profits
 - Officer(s) identified by corresponding title on Georgia Secretary of State website screenshot and authorized by the Corporate Resolution to sign contracts.
- Electronic or digital signatures are not allowed.
- Signed document **MUST** be notarized.

Please note:

 - Details of imprinted notary seal must be evident.
 - Expiration date of notary's commission must be included.
- Scan signed document, save as a pdf, identifying it as identified on checklist.
- Keep original on file in the event it is requested at a later date.

C7 – PRE-AWARD RISK ASSESSMENT *(Use form provided.)*

- Download form and complete as directed. Document includes instructions.
- Record legal name of Applicant as reported on Application Cover.
- Record grant amount (total amount of proposed service costs and/or budget).
- Applicant provides/selects responses to questions.
- *The remaining information will be updated by the Division based on prior year(s)' contract performance, if applicable.*
- Score will calculate automatically based on your responses.
- Do not alter form in any way. Do not complete any information on second page.
- Form is not signed by the applicant.
- Save completed Excel document saving as identified on checklist.

C8 – SYSTEM AWARD MANAGEMENT (SAM) Screenshot

ALL Applicants MUST obtain a current screenshot from the Federal System for Award Management (SAM) demonstrating that the Applicant (non-profit or public entity):

1. Is registered (new or renewed) in the federal system (Expiration date fall within contract period)
2. Is identified as having an "active registration" and
3. Has no "active exclusions" that renders them ineligible for awards that include federal funds.

- Go to: <https://www.sam.gov/SAM/>
- Select 'Search' option from menu bar.
- Select 'Domain: Entity Information/All Entity Information'
- Select 'Filter By/Keyword Search/Exact Phrase' and enter full legal name of Applicant.

Search results MUST confirm:

- 'Active' registration
- Expiration date within the FY2027 contract year (October 1, 2026-September 30, 2027).
- Unique Entity Identifier should be consistent with number reported on Application Cover.
- Date of search results MUST be displayed on screenshot.
- From a laptop or desktop, print a pdf of the search results. Save pdf as identified on checklist.

Screenshots taken with a mobile device or tablet may not upload properly to the submission site and may result in a 'failure to upload' error.

Using a name that is not consistent with your state and federal registration will result in 'no matches found' message. *This result does not satisfy the requirement and may result in disqualification.*

If search indicates that there is an exclusion, Applicant is not eligible for award consideration until exclusion has been resolved. An updated screenshot would be required to confirm resolution of exclusion.

SAM Registration Example Screenshot

		
<div style="background-color: black; height: 20px; width: 100%;"></div> INC.		
Unique Entity ID <div style="background-color: black; height: 15px; width: 100%;"></div>	CAGE / NCAGE <div style="background-color: black; height: 15px; width: 100%;"></div>	Purpose of Registration Federal Assistance Awards Only
Registration Status Active Registration	Expiration Date Mar 4, 2025	
Physical Address <div style="background-color: black; height: 20px; width: 100%;"></div> Georgia 30188-6403 United States	Mailing Address <div style="background-color: black; height: 20px; width: 100%;"></div> Georgia 30188 United States	
Business Information		
Doing Business as <div style="background-color: black; height: 15px; width: 100%;"></div>	Division Name (blank)	Division Number (blank)
Congressional District Georgia 11	State / Country of Incorporation Georgia / United States	URL <div style="background-color: black; height: 15px; width: 100%;"></div>
Registration Dates		
Activation Date Mar 6, 2024	Submission Date Mar 4, 2024	Initial Registration Date Jul 15, 2005
Entity Dates		
Entity Start Date Jan 1, 1989	Fiscal Year End Close Date Sep 30	
Immediate Owner		
CAGE (blank)	Legal Business Name (blank)	
Highest Level Owner		
CAGE (blank)	Legal Business Name (blank)	
Executive Compensation		

C9 - CERTIFICATE OF LIABILITY INSURANCE

- ALL applicants must submit a Certificate of Insurance (COI) confirming current liability coverage in effect. In the event that coverage expires prior to the commencement of the contract year, proof of renewal will be required.
- Applicants who receive an award, whose coverage is insufficient will be required to obtain additional coverage and provide an updated certificate to demonstrate full coverage prior to receiving a contract.
- COI can be obtained through your insurance agent or carrier identifying applicant as insured and describing general liability, professional liability, automobile liability, and workers compensation coverage in effect. Facsimile of required certificate is posted at the bottom of this section. No other document will be accepted.
- DHS/DFCS MUST be identified as the certificate holder (47 Trinity Ave SW, 2nd floor, Atlanta, GA 30334)
- Applicant is responsible for ensuring that any approved Subcontractor (s) also maintain required liability coverage.

ACORD® CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 03/01/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: Dawson-Taylor & Company, P. O. Box 14729, 3510 Roundabout Rd., Augusta, GA 30919

CONTACT: Christine Account, PHONE (A/C No. Ext): (706) 733-6111, FAX (A/C No.): (706) 738-4063, EMAIL: emailagent@insurance.com, ADDRESS: [Redacted]

INSURERS AFFORDING COVERAGE: INSURER A: American States Ins Co, INSURER B: Wesco Insurance Co, INSURER C: General Insurance Co of Americ, INSURER D: [Redacted], INSURER E: [Redacted], INSURER F: [Redacted]

COVERAGES: CERTIFICATE NUMBER: 19-20, REVISION NUMBER: [Redacted]

TYPE	TYPE OF INSURANCE	ADDRESS	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPI. DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	[Redacted]	BKW2060158715	10/20/202X	10/20/202X	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					ADVISE TO RENTED PREMISES (Per occurrence) \$ 1,000,000
	GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PERIOD <input type="checkbox"/> LOCATION					MED EXP (Any one person) \$ 20,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY		BKW2060158715	10/20/202X	10/20/202X	PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> OWNED <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> SCHEDULED <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> RENTED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> AUTO ONLY					PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB					COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					BODILY INJURY (Per person) \$ [Redacted]
	<input type="checkbox"/> EXTENSION A					BODILY INJURY (Per accident) \$ [Redacted]
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	N/A	WVC3441091	10/18/202X	10/18/202X	PROPERTY DAMAGE (Per accident) \$ [Redacted]
	<input checked="" type="checkbox"/> STATUTE <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ [Redacted]
	<input type="checkbox"/> MANDATORY IN NH					AGGREGATE \$ [Redacted]
C	Professional Liability		LP7740074C	10/20/202X	10/20/202X	E.L. EACH ACCIDENT \$ 100,000
						E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
						Each Occurrence \$ 1,000,000
						General Aggregate \$ 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER: Georgia DHS/DFCS, 47 Trinity Ave SW, 2nd Floor, Atlanta, GA 30334

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE: [Signature]

ACORD 25 (2016/03) © 1988-2015 ACORD CORPORATION. All rights reserved.

There are several options for meeting liability coverage requirements. Applicant should consult insurance agent to determine the appropriate coverage and limits to meet business and contract requirements.

Minimum Insurance Coverage: Contractor will be required to maintain the following limits and types of insurance coverage for the duration of the DHS/DFCS Contract:

- Workers Compensation Insurance (Occurrence) in the amounts of the statutory limits established by the General Assembly of the State of Georgia in Title 34, Chapter 9 of the O.C.G.A. (A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that Contractor qualifies to pay its own workers compensation claims). Contractor shall require all subcontractors that are required by statute to hold workers compensation insurance and that occupy the premises or perform work under this Contract to obtain an insurance certificate showing proof of Workers Compensation Coverage.
- Commercial General Liability Policy (Occurrence) to include contractual liability. \$1 million per occurrence/\$3 million aggregate policy limits.
- Business Auto Policy (Occurrence) to include but not be limited to liability coverage on any owned, non-owned and hired vehicle used by Contractor or Contractor's personnel in the performance of this Contract. \$1 million per occurrence.
- Malpractice/Professional Liability Policy (Claims Based) with Errors and Omissions Coverage. \$1 million per occurrence/\$3 million aggregate policy limits. (Directors and Officers coverage does not satisfy this requirement.)
- Commercial Umbrella Policy (Occurrence). An umbrella policy may cover the aggregate policy limits required herein. There must be no gap between the \$1 million and \$3 million policy limits and the umbrella policy must follow the form of the underlying \$1 million primary policy. Additional umbrella coverage is not required if all other limits are satisfied.

Please note: Expiration dates for all coverage must fall within the contract period. If any coverage expires between submission of the proposal and preparation of the contract, an updated certificate will be required. During the contract period, the Contractor is responsible for submitting Certificate of Insurance when renewals are complete to demonstrate that required coverages remain in effect.

The following document is REQUIRED for proposals submitted by PUBLIC ENTITIES applicants ONLY.

PE1- Authorization (use template provided)

Public entities (state agencies, school boards, board of regents institutions, county governments, community service boards, etc.) must provide a scanned copy of the Authorization passed by the governing body of public entity authorizing a designated representative to enter into an agreement with DHS/DFCS, if an award is approved.

- Prepare Authorization on official letterhead using template provided as a guideline.
- If Authorization stipulates proposal amount, the amount MUST exactly match amount listed on Application Cover.
- Document must identify a representative who is authorized to act on behalf of the public entity to sign the contract and must be signed by a public entity official.
- Representative identified on the Authorization MUST be consistent with individual identified as Authorized Authority on the Application Cover.
- Electronic or digital signatures are not allowed.
- Must include the date of when the authorization was approved.
- Signed document MUST be notarized Please note:
 - Details of imprinted notary seal must be evident.
 - Expiration date of notary's commission must be included.
- Scan notarized/sealed authorization, saving pdf as identified on checklist.
- Keep original on file.

The following documents are **REQUIRED** for proposals submitted by **NON-PROFIT** applicants only.

NP1 - CORPORATE RESOLUTION (Template provided.)

ALL Non-profit applicants **MUST** provide a certified or notarized copy of resolution passed by its governing board authorizing an officer(s) of the non-profit organization to enter into an agreement with DHS/DFCS, if an award is approved.

- Prepare Resolution on official letterhead using template provided as a guideline.
- Form must be signed in accordance with the authority identified on the Application Cover as the Authorized Authority and be consistent with:
 - Officer(s) identified by corresponding title on Georgia Secretary of State website screenshot and authorized by the Corporate Resolution to sign contracts.
- Please note:
 - The officer who signs the corporate resolution is prohibited from being identified as one of the officers who is authorized to sign the contract.
 - Any individual identified as an “Agent” of the corporation on the registration screenshot is NOT considered an “Officer” and cannot be designated as the signatory for any proposal or contract documents.
- Electronic signatures are not allowed.
- Must include the date of when the resolution was approved.
- Signed document **MUST** be sealed or notarized (if corporate seal is not available).
 - Please note:
 - Details of imprinted corporate or notary seal must be evident.
 - Expiration date of notary’s commission must be included.
- Scan notarized/sealed authorization, saving pdf as identified on checklist.
- Keep original on file.

NP2 - GA SECRETARY OF STATE REGISTRATION Screenshot

- Go to the Georgia Secretary of State website: <https://ecorp.sos.ga.gov/BusinessSearch>
- Enter full legal name of Applicant. Click on “Business Search.”
- Click on agency name to expand record.
- Eligible ‘Business Type’ must be ‘Domestic Non-Profit’.
- ‘Business Status’ must be Active/Compliance.
- Please note: A “Business Status” that says ‘Owes Current Year’ is not acceptable and does not satisfy this requirement.
- Applicants **MUST** have completed a 2026 filing. ‘Last Annual Registration Year’ **MUST** be 2026.
- Please note: 2026 filing is due by April 1, 2026; however, filing can be completed on the website at any time.
- Take a screenshot of the above screen, copy and paste into a Word document. Save as a pdf or print, scan and save as identified on checklist.
- OR Select “Print” from your dropdown menu. Save as identified on checklist.
- Screenshots taken with a mobile device or tablet may not upload to the submission site and may result in a ‘failure to upload’ error.
- It is required that officers signing any application documents are identified on the registration screenshot and are identified on the documents they sign with the same title. Officers signing the corporate resolution or are authorized by the corporate resolution must also be identified similarly.

SOS Registration Example



GEORGIA
CORPORATIONS DIVISION

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: [REDACTED] Control Number: [REDACTED]
INC.
 Business Type: **Domestic Nonprofit Corporation** Business Status: **Active/Compliance**
 Business Purpose: **NONE**
 Principal Office Address: [REDACTED] Date of Formation / Registration Date: **11/30/1987**
USA
 State of Formation: **Georgia** Last Annual Registration Year: **2024**

REGISTERED AGENT INFORMATION

Registered Agent Name: [REDACTED]
 Physical Address: [REDACTED]
 County: [REDACTED]

OFFICER INFORMATION

Name	Title	Business Address
[REDACTED]	CFO	[REDACTED]
[REDACTED]	CEO	[REDACTED]
[REDACTED]	Secretary	[REDACTED]

[Back](#) [Filing History](#) [Name History](#)
[Return to Business Search](#)

Office of the Georgia Secretary of State Attn: 2 MLK, Jr. Dr. Suite 313, Floyd West Tower Atlanta, GA 30334-1530,
 Phone: (404) 656-2817 Toll-free: (844) 753-7825, WEBSITE: <https://sos.ga.gov/>
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PART IV – PROPOSAL REVIEW, AWARD DECISIONS AND CONTRACTS

A. Application Review and Initial Screening

An initial screening of application will be conducted to determine whether:

- i. The application is complete.
- ii. The applicant is an eligible entity.
- iii. The application demonstrates the potential for statewide, system-level improvement and does not request funding for prevention, treatment or direct services to child abuse victims and their families.
- iv. The application is responsive to one or more CJA goals and objectives, address one or more Task Force priority, or is responding to a specified opportunity.

Failure to meet the above criteria may result in disqualification.

B. Proposal Review and Award Recommendations

A peer review will be conducted on all applications by the Proposal Review Committee composed of CJA Task Force members. The Proposal Review Committee will consider each application and either approve, request revisions, or reject the proposal based on its merits and responsiveness to the Statement of Need. Based on available grant funds and review results, the Proposal Review Committee will draft funding recommendations for each proposal it advances for final review and consideration by the Task Force.

Applications may be recommended for funding in whole or in part. Successful applicants may be funded at an amount lower than that requested. CJA reserves the right to consider a preference to fund activities or distinctive project elements based on Task Force priorities and interests in its funding decisions.

C. Notification

Applicants will be notified of their application status by email May 1-15, 2026.

D. CJA Grant Contract Process

1. Approval of the Application - Task Force funding recommendations are submitted to Georgia's Division of Family and Children Services for review and final approval. The DHS/DFCS contract must be fully executed before expenditures can be reimbursed. Expenditures incurred prior to authorization are made at the applicant's own risk and may be disallowed. When notified that contract has been fully executed, the applicant may commence activities and is then eligible for reimbursement of expenses.
2. CJA Grant Conditions – DHS/DFCS or the Task Force may request proposal revisions and/or add conditions to the CJA Grant Contract prior to or after funding. If conditions are added, these will be discussed with the applicant and followed up by email.
3. Additional Contract Documentation - Award notification to successful applicants will include instructions on any document revisions or additional documents required to prepare a contract. This includes revised project deliverables and/or budget/budget narrative.

4. CJA Grant Contract – An electronic copy of the fully executed CJA Grant Contract and pertinent attachments will be sent to the grantee's Primary Project Contact following its execution.

E. General Terms and Conditions

The following requirements apply to projects selected for funding and are explained below for recipients' planning purposes. Failure to comply with these terms and conditions may result in the loss of Federal funds and may be considered grounds for the suspension or termination of the grant award.

1. Program Standards

Section 107(a),(b),(c),(d),(e), and (f) of the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106c et seq.) as amended by Public Law (P.L.) 111-320 enacted December 20, 2010; and the Victims of Crime Act of 1984, as amended (42 U.S.C. 10603 et seq.).

2. Drug-Free Workplace Requirements

In accordance with provisions of Title V, Subtitle D of Public Law 100-690 (41 USC 701 et. seq.), the "Drug-Free of Workplace Act of 1988," all grantees must maintain a drug-free workplace and must publish a statement informing employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and establish the actions that will be taken against employees violating these prohibitions. The Grantee must notify ACF if an employee is convicted of violating a criminal drug statute. Failure to comply with these requirements may be cause for debarment. (See 2 CFR Part 382).

3. Prohibition Against Lobbying

Federal grant funds provided under this award may not be used by the grantee or any grantee to support lobbying activities to influence proposed or pending federal or state legislation or appropriations. This prohibition is related to the use of federal grant funds and is not intended to affect an individual's right or that of any organization, to petition Congress, or any other level of government, through the use of other resources. (See 45 CFR Part 93.)

4. Monitoring

CJA Task Force Coordinator and the Division's Director of Federal Plans will monitor Grantee's compliance with the performance obligations and fiscal requirements of their contract using appropriate and necessary monitoring and inspections.

5. Source Documentation

Grantee agrees to maintain disbursement records supported by appropriate documentation. Documentation may include copies of contracts, invoices, purchase orders, canceled checks, etc. and must be kept in accordance with generally accepted accounting principles and state and federal procurement and purchasing requirements. Staff salaries and wages must be supported by personnel activity reports, as prescribed in the applicable Cost Principles.

6. Other Reporting

Grantee shall promptly advise CJA Task Force Coordinator and the Division's Federal Plans Director in writing of events that will have a significant impact upon the CJA Grant Contract, including:

- (1) Problems, delays, or adverse conditions, including a change of project director or other changes in Grantee personnel, that will materially affect the ability to attain objectives and performance measures, prevent the meeting of time schedules and objectives, or preclude the attainment of project objectives or performance measures by the established time periods. This disclosure shall be accompanied by a statement of the action taken or contemplated and any assistance needed to resolve the situation; and
- (2) Favorable developments or events that enable meeting time schedules and objectives sooner than anticipated or achieving greater performance measure output than originally projected.

7. Publicity:

Grantees shall ensure that any publicity given to the program or services provided herein identifies the Department as a sponsoring agency. Publicity materials include, but are not limited to, signs, notices, information pamphlets, press releases, brochures, radio or television announcements, or similar information prepared by or for the Grantee. Prior written approval for the materials must be received from the Department's managing programmatic division/office. All media and public information materials must also be approved by the Department's Office of Communication. In addition, the Grantee shall not display the Department's name or logo in any manner, including, but not limited to, display on Contractor's letterhead or physical plant, without the prior written authorization of the Department.

8. Amendments

The CJA Grant Contract may be amended by mutual written consent of both parties.

9. Records

Grantee agrees to maintain all reports, documents, papers, accounting records, books, and other evidence pertaining to costs incurred and work performed hereunder, for three (3) years from the date of final payment under this Contract, or until completion of all audits or pending litigation has been completely and fully resolved, whichever occurs last.

10. Program Income

Program income earned during the grant period shall be reported and retained by the Grantee.

PART V – RESOURCES, CHECKLIST, FORMS & TEMPLATES

The remaining pages of this packet contain the following resources:

1. Logic Model:
 - Creating a Roadmap Worksheet
 - Sample Crosswalk Logic Model with Evaluation Questions, Indicators and Data Sources
2. Preparing and Submitting a Proposal
3. Application Checklist
4. Sample form/templates

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Overview

This worksheet provides a process for stakeholders to create a logic model or “roadmap” for their strategies. Developing an evaluation approach begins with creating a roadmap for each strategy. At a high level, this roadmap depicts what you want to accomplish with your strategies, including what practice, program, or policy changes you want to change or improve and how you want to achieve these improvements. The development of this worksheet was informed by the “Tearless Logic Model” framework and the Capacity Building Center for States’ brief, *Change and Implementation in Practice: Monitoring, Evaluating, and Applying Findings*.

Brainstorming

To create this roadmap, task groups should work through these questions for each strategy. This should be a brainstorming session in which all input is recorded and responses for each question are summarized and synthesized.

1. If we really got our strategy right, what would it look like in 1, 2, or 3 years?
2. Who do your strategies serve or help?
3. Thinking about #1, what changes in programs, policies, or practices do you need to achieve that?
4. What changes do you expect to see in the behaviors of those you serve?
5. What changes do you expect to see in knowledge, beliefs, and attitudes of those you serve?
6. What do you need to do to carry out these strategies?
7. What can you “count” (e.g., #people served with strategies) when you have successfully done #6?
8. What do you already have and what do you need to make #1 through #7 happen?

Developing the Logic Model

From the synthesized responses developed in brainstorming, the task force should record its responses in the table below to create a logic model. Each question in the brainstorming part of the work aligns with a component of the logic model. Once the table is completed, the task force should meet again to discuss and make any additional changes to ensure the logic model reflects stakeholder perspectives.

Logic Model Worksheet

Target Population (2)	Inputs (8)	Activities (6)	Outputs (7)	Short-term Outcomes (5)	Intermediate Outcomes (4)	Long-term Outcomes (3)	Anticipated Impacts (1)
Who do your strategies serve or help?	What do you already have and what do you need to make all this happen?	What do you need to do to carry out your strategies?	What can you “count” (e.g., number of people served with strategies) when you have successfully carried out your strategies?	What changes do you expect to see in the knowledge, beliefs, and attitudes of those you serve?	What changes do you expect to see in the behaviors of those you serve?	Thinking about what you want things to look like down the road, what changes in programs, policies, or practices do you need in order to achieve that?	If we really got our strategy right, what would it look like in 1, 2, or 3 years?

Adapted from Tearless Logic Model (Lien et al., 2011)

References

Lien, A. D., Greenleaf, J. P., Lemke, M. K., Hakim, S. M., Swink, N. P., Wright, R., & Meissen, G. (2011). Tearless logic model. *Global Journal of Community Psychology Practice*, 2(2), 1–12. <http://www.gjcpp.org/pdfs/2011-0010-tool.pdf>

Capacity Building Center for States. (2019). *Change and implementation in practice: Monitoring, evaluating, and applying findings*. Washington, DC: Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.



Sample Crosswalk Logic Model with Evaluation Questions, Indicators, and Data Sources



Capacity Building
CENTER FOR STATES

This crosswalk provides examples of logic model inputs cross-walked with evaluation questions, indicators, and data sources. Using a training on an interview protocol for child welfare investigations and assessments as an example strategy, this crosswalk is intended to illustrate how the different steps of the evaluation process can be pulled into a big picture document that can be used to communicate and collaborate with agency staff and stakeholders. Purposes of this document include a way for the task group to communicate and solicit buy-in from staff about the training program and create a plan to leverage agency CQI resources to support and evaluate the program. The format and content for this crosswalk was informed by the “Tearless Logic Model” framework and the Capacity Building Center for States’ brief, *Change and Implementation in Practice: Monitoring, Evaluating, and Applying Findings*.

Steps in the Evaluation Process	Target Population (2)	Inputs (8)	Activities (6)	Outputs (7)	Short-term Outcomes (5)	Intermediate Outcomes (4)	Long-term Outcomes (3)	Anticipated Impacts (1)
Create a Roadmap Questions to ask stakeholders about strategies	Who do your strategies serve or help?	What do you already have and what do you need to make all this happen?	What do you need to do to carry out your strategies?	What can you “count” (e.g., #people served with strategies) when you have successfully done your strategies?	What changes do you expect to see in knowledge, beliefs, and attitudes of those you serve?	What changes do you expect to see in the behaviors of those you serve?	Thinking about anticipated impacts, what changes in programs, policies, or practices do you need to achieve that?	If we really got our strategies right, what would it look like in 1, 2, or 3 years?
Create a Roadmap Example answers from asking questions in previous row	Staff who conduct child sexual abuse investigations	Trainers, curriculum for sex abuse investigation	Conduct trainings for investigation workers	Number of staff completed training	Increased knowledge and skill with interview protocols.	Consistent and proper use of interview protocols during investigations.	Improved consistency with investigations across the state.	Improvement in CFSR outcomes

<p>Pick Your Stops</p> <p>Question for Stakeholders:</p> <p>What are you most interested in learning about?</p>	<p>How many staff do we need to train?</p>	<p>How many trainers do we have hired and onboarded?</p>	<p>How many trainings did we conduct?</p>	<p>How many staff did we train in each region?</p>	<p>Which (if any) areas of knowledge improved as a result of staff's participation in training?</p>	<p>How are staff incorporating interview protocols with investigations?</p>	<p>What improvements have been made with the investigative, handling of investigations?</p>	<p>How have improvements in practice contributed to improved CFSR outcomes?</p>
<p>Make a Plan for the Stops</p> <p>Questions for Stakeholders:</p> <p>How will you know that you have achieved your goals? (Indicators)</p> <p>What information or data do you need to understand whether you have achieved your goals? (Data Sources)</p>	<p>Indicator: Total number of investigation frontline staff that conduct sex abuse investigations</p> <p>Data Source: HR records; child welfare state office distribution lists</p>	<p>Indicator: Number of trainers hired and onboarded</p> <p>Data Source: Email from training manager)</p>	<p>Indicator: Number of trainings completed</p> <p>Data Source: Learning Management System reports, Zoom meeting reports</p>	<p>Indicator: Number/type staff trained</p> <p>Data Source: Learning Management System reports, Zoom meeting reports</p>	<p>Indicator: Number/percentage training participants self-report "strongly agree" or "agree" there were gains in targeted competencies, increases in pre-post test scores</p> <p>Data Source: Post training surveys, pre-post tests</p>	<p>Indicator: Number/percentage investigations new interview protocol is used, number/percentage of investigations completed in accordance with standards</p> <p>Data Source: Focus groups with investigation staff, case record reviews</p>	<p>Indicator: Decreases in number/percentage of investigation dispositions reversed on appeal</p> <p>Data Source: CWIS data, case record reviews</p>	<p>Indicator: Number/percentage of cases reviewed with Safety Outcome rated as "achieved"</p> <p>Data Source: Case Record Review</p>



FFY2027 GEORGIA'S CHILDREN'S JUSTICE ACT PROGRAM

PREPARING AND SUBMITTING A PROPOSAL

All proposals **MUST** be submitted electronically via upload to The Proposal Solution. Only complete proposals will be considered. All required documents must be uploaded, to be considered complete

Applicant identification on all forms should be consistent with its full legal name. Applicant and authorized officers and their titles **MUST** be identified consistently on all required documents, forms, and screenshots.

To obtain a unique proposal ID and submit a proposal:

1. Go to: <http://theproposalsolution.com>
2. Select "Request Password and Proposal ID#"
3. Enter Authorization Code for project

FFY2027 Georgia's Children's Justice Act Program
Authorization Code: Available at Informational Meeting

4. Complete registration using Applicant legal name, organization status, contact information, fiscal agent information (if applicable)

If an applicant plans on submitting multiple proposals, multiple requests using the same authorization code should be submitted.

FFY2027 FOA and all proposal or compliance forms and templates are available on the site, after logging in as instructed above and selecting the green "upload documents" button.

Questions regarding proposals should be directed to: cjagrants@dhs.ga.gov

PROPOSAL SUBMISSION DEADLINE

Wednesday, April 8, 2026, at 12:00p.m. (EST)

Application Checklist

FFY2027 Children’s Justice Act

Do not include the Application Checklist in your proposal.

When saving final documents, include proposal prefix and ID number followed by an underscore and the designated document name. No spaces.

<u>ALL APPLICANTS: REQUIRED PROPOSAL DOCUMENTS</u>			
	<u>Document</u>	<u>Label as (file name for upload) Must include unique proposal ID</u>	<u>File type (extension)</u>
P1	Application Cover	CJAXXXX_Cover	.pdf
P2	Proposal Narrative	CJAXXXX_Narrative	.docx
P3	Project Timeline	CJAXXXX_Timeline	.docx
P4	Logic Model Worksheet	CJAXXXX_LogicModel	.docx
P5	Contract Budget/Quarterly Cumulative Expenditure Report	CJAXXXX_Budget	.docx
P6	Budget Worksheet and Narrative	CJAXXXX_BudgetWrkshtNarrative	.xlsx
<u>ALL APPLICANTS: REQUIRED COMPLIANCE DOCUMENTS</u>			
C1	Tax Compliance	CJAXXXX_Tax	.docx
C2	Supplier Change Request Form (upload first two pages only)	CJAXXXX_SCR	.pdf
C3	W9 (upload signed first page only)	CJAXXXX_w9	.pdf
C4	Criminal Records Certification	CJAXXXX_CRC	.pdf
C5 C6	Security and Immigration Affidavit Claim of Exemption OR Security and Immigration Information Compliance Affidavit	CJAXXXX_SECIM	.pdf
C7	Pre-Award Risk Assessment	CJAXXXX_Risk	.xlsx
C8*	SAM/Excluded Parties Screenshot	CJAXXXX_SAM	.pdf
C9*	Certificate of Liability Insurance (provide current COI)	CJAXXXX_COI	.pdf
<u>NON-PROFIT APPLICANTS ONLY: ADDITIONAL REQUIRED COMPLIANCE DOCUMENTS</u>			
NP1	Corporate Resolution (use template provided)	CJAXXXX_CorpRes	.pdf
NP2*	GA Secretary of State Registration (provide current screenshot)	CJAXXXX_SOS	.pdf
<u>PUBLIC ENTITY APPLICANTS ONLY: ADDITIONAL REQUIRED COMPLIANCE DOCUMENTS</u>			
PE1	Authorization for Public Entity (use template provided)	CJAXXXX_Authorization	.pdf

**no template/form provided*

PROPOSAL SUBMISSION DEADLINE:
Wednesday, April 8, 2026, at 12:00 p.m. (EST)



Georgia Department of Human Services, Division of Family and Children Services

FFY2027 Children's Justice Act Program Application Cover

Select One:	<input type="checkbox"/> New applicant or new project for FFY2027	<input type="checkbox"/> Continuation of project funded in FFY20265	<input type="checkbox"/> Expansion or modified project funded in FFY2025
-------------	---	---	--

Section 1: Applicant Agency/Institution (for contracting purposes)

Applicant Agency (Legal Name):		Check One:	<input type="checkbox"/> Public Entity <input type="checkbox"/> Non-Profit Agency
Street Address: <i>Must be physical address, not PO Box</i>	Mailing Address: <i>If different from street address</i>		
City, State, Zip:	City, State, Zip:		
Agency Contact (Executive Officer Name):	Title:		
Email:	Phone:		

Unique Entity ID (from SAM.gov):		Expiration Date (From SAM screenshot):	
GAPS ORI/OAC # (as reported on Criminal History Certification):		Federal Employer ID#	Year end (Month)
Federal Authorization User ID# (as reported on SECIM form):		Non-Profits Only Date 501c3 issued:	

Authorized Authority (individual authorized to sign contract and identified on Non-Profit Corporate Resolution or Public Entity Authorization)

Authorized Officer#1 (name):	Authorized Officer #2 if required (name):
Title:	Title:
Telephone:	Telephone:
Email:	Email:

Section 2: FISCAL AGENT & CONTACT *Complete only if Applicant contracts with another entity to manage financial matters for this project. Copy of executed agreement between Applicant and Fiscal Agent must be included with proposal submission.*

Applicant Fiscal Agent: (Legal Name)		Check one:	<input type="checkbox"/> Public Entity <input type="checkbox"/> Non-Profit Agency
Fiscal Contact (name):	Street Address:		
Title:	City:	State:	Zip:
Telephone:	Email:	FEIN:	DUNS:
			Year End (month)

Section 3: Project Amount Requested	Amount	\$
Project Name:		

Section 4: Authorized Signature(s)

I(We), the undersigned, an authorized officer/authority of the applicant, have read, understand, and agree to all relative conditions specified in the DFCS – CJA Funding Opportunity Announcement and having read all attachments thereto do submit this application on behalf of the applicant agency. If awarded a contract to implement the provision herein, I do certify that all applicable federal and state laws, rules, and regulations thereto will be followed.

Applicant Signature Authorized Authority/Officer Signature _____ Name _____ Title: _____ Date: _____	Second signature only if Resolution or Authorization requires two Authorized Authority/Officer Signature _____ Name _____ Title: _____ Date: _____
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Georgia Department of Human Services, Division of Family and Children Services
 FY2027 Children’s Justice Act Program

Proposal Narrative

Complete as directed. Respond to all questions. If any questions do not apply, record N/A and explain.

Applicant:	Project:
-------------------	-----------------

1.	Project Abstract Provide a brief overview (2-3 paragraphs) of project and its purpose.
<u>Alignment with CJA Goals & Objectives, and Task Force Priorities</u>	
<ul style="list-style-type: none"> a. Identify CJA goal project supports and explain how. b. Identify at least one CJA objective that the project targets primarily for improvement and explain why this was a chosen objective. See FFY26 FOA, Part One Overview, Letter J, Goals and Objectives (FOA Page 5). c. Identify GA CJA Task Force priority(ies) that project specifically supports and explain how. See FFY26 FOA, Part One Overview, Letter K, Task Force Priorities & Interests (FOA page 6). 	
a.	
b.	
c.	
2.	Project Needs Assessment <ul style="list-style-type: none"> a. Identify need or practice for improvement project will address and how this was determined. <i>The assessment of need should draw on existing research data and where appropriate include specific information based on the applicant’s prior experience.</i> b. Describe professional discipline/participants (direct) and/or victim population(indirect) where identified need, gap or practice occurs that will be addressed by project. Include relevant demographics and characteristics.
a.	
b.	
3.	Project Design and Implementation <ul style="list-style-type: none"> a. Describe key elements of the project and project implementation plan. b. <i>Use form provided to prepare a Timeline for our project that includes key milestones and deliverables. This will be used to define the contract Scope of Services should project be funded.</i> c. Training. If project includes training activities, also: <ul style="list-style-type: none"> i. Describe format, frequency, duration, location, dates ii. Describe expected participants including number, geographic distribution, and professional disciplines. iii. Provide agenda, course outline and/or describe training content. <i>(Copy of agenda, outline of curriculum or other relevant training materials may be included as “Additional Attachments”)</i> iv. Describe marketing plan, including target discipline(s) and goal(s). v. Describe plan for evaluating training to demonstrate results. <i>(Include copy of evaluation instrument as an “Additional Attachment”)</i>
a	
b	
c	<i>(Include responses for i-v)</i>

4.	<p><u>Qualifications and Administrative Oversight</u></p> <p>a. Describe the qualifications and experience of your organization demonstrating the ability to implement proposed project including experience and expertise in the field of child abuse and neglect and/or children's justice, and collaborative relationship with the professional disciplines in the development, implementation, or evaluation of the project. <i>Use form provided to prepare a Timeline for our project that includes key milestones and deliverables. This will be used to define the contract Scope of Services should project be funded.</i></p> <p>b. Personnel</p> <p>i. Provide information on personnel responsible for administrative oversight of project and reporting. Describe their role, responsibilities, and qualifications.</p> <p>ii. Provide information on personnel responsible for implementation of project and supervision of activities. Describe their role, responsibilities, and qualifications.</p> <p>c. If project includes training, identify trainer(s), subject matter for session/workshop/webinar, and briefly describe their education, and experience.</p>
a.	
bi.	
bii.	
c.	
5.	<p><u>Project Goals & Objectives</u></p> <p>Identify specific project goals and objectives. <i>Goals identify the overall effects your program will have on the target population while objectives identify the milestones that you will achieve to accomplish your goals. The goals and objectives should be specific, attainable, and measurable.</i></p>
6.	<p><u>Project Outcomes and how data will be collected.</u></p> <p>a. Identify the performance measures that will be used to track progress toward goals and objectives.</p> <p>b. Use form provided to create a Logic Model for your project. A logic model is a graphic depiction (road map) that presents the shared relationships among the resources, activities, outputs, and outcomes/impacts for your project. Please refer to the instructions included for more information on creating Logic Models.</p>
a.	
b.	
c.	<p><i>Complete separate Logic Model form as directed.</i></p>
7.	<p><u>Project Innovations and/or Best Practices</u></p> <p>a. Describe innovations or unique elements incorporated into project (design or implementation), why selected, and provide evidence of their potential effectiveness.</p> <p>b. Describe any best practices incorporated into the project (design, implementation, or evaluation), source/research authority, why selected and expected results.</p> <p>c. Identify collaboration with key partners/stakeholders and describe their role in project design, implementation and/or evaluation.</p>

a.	
b.	
c.	
8.	<u>Sustainability</u> Describe plan if proposed project is NOT funded or funded at a REDUCED level.
9.	For proposals requesting continued support for projects funded in previous years (and requesting CJA funds for same or comparable activities in FFY2027) <ol style="list-style-type: none"> a. Describe results achieved and/or lessons learned in prior years, if any, that have been incorporated into the FFY2027 proposal. b. Describe system impact project has had over the period for which it has received CJA funding. Include years or number of consecutive years project has been funded. c. Are FFY2026 project activities on target (at January 31, 2026)? If no, please explain.
a.	
b.	
c.	



Georgia Department of Human Services, Division of Family and Children Services
FY2027 Georgia Children’s Justice Act Grant Program

Project Timeline

Identify milestones and key project elements to be completed each quarter and describe associated tasks. Bullet points are acceptable.
 Please note: This form will serve as the Scope of Services for the contract so include all deliverables for which you will be requesting payment upon completion.

Applicant:	Project:
-------------------	-----------------

Month	Milestone/Key Element	Tasks
October 2026		
November 2026		
December 2026		
January 2027		
February 2027		
March 2027		
April 2027		
May 2027		
June 2027		
July 2027		
August 2027		
September 2027		



Georgia Department of Human Services, Division of Family and Children Services
 FY2027 Children's Justice Act Program

Logic Model Worksheet

Design logic model that includes key elements/deliverables for proposed project and will provide a foundation your evaluation plan.

See 'Create a Roadmap Worksheet' and 'Sample Crosswalk Logic Model with Evaluation Questions, Indicators & Data Sources', published by the Capacity Building Center for States, In Part V

Applicant:	Project:
------------	----------

Target Population	Inputs	Activities	Outputs	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes	Anticipated Impacts
<i>Who do your strategies serve or help?</i>	<i>What do you already have and what do you need to make all this happen?</i>	<i>What do you need to do or to carry out your strategies?</i>	<i>What can you "count" (e.g., number of people served with strategies) when you have successfully carried out your strategies?</i>	<i>What changes do you expect to see in the knowledge, beliefs, and attitudes of those you serve?</i>	<i>What changes do you expect to see in the behaviors of those you serve?</i>	<i>Thinking about what you want things to look like down the road, what changes in programs, policies, or practices do you need to achieve that?</i>	<i>If we really got our strategy right, what would it look like in 1, 2, or 3 years?</i>

Add rows as needed.

Contract Budget / Quarterly Cumulative Expenditure Report

Contractor:

Contractor Number: 42700 -

Contractor's Expenditure/Account #:

Electronic Funds Transfer? Yes _____ (Must have completed authorization for EFT on file.) No _____	
Remit Checks or Remittance Advice to:	
Name:	Address:
Attn:	City/State/Zip:

Type Expense	Approved Budget	Prior Cumulative Contract Expenditures	Quarter of _____ Expenditures for Reimb	Balance of Funds
A. Personal Services	_____	_____	_____	_____
B. Regular Operating	_____	_____	_____	_____
C. Travel	_____	_____	_____	_____
D. Equipment	_____	_____	_____	_____
E. Facility Costs	_____	_____	_____	_____
F. Per Diem/Fees/Contract	_____	_____	_____	_____
G. Telecommunications	_____	_____	_____	_____
H. Other Indirect Cost	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

I, the undersigned, certify that the expenditures reported have been made for

Prepared by:

Contractor's Signature

Typed Name and Title

Date

Phone

Approval for Payment

Signature of DHS Approving Authority

Typed Name and Title

Date Approved

FFY 2027: Proposal Budget Summary

PERSONNEL SERVICES: Enter monthly cost per position. Enter %FTE (full time equivalent applied contract) then enter number of months. Worksheet will auto calculate "Total Budget" based on FTE and number of months.								Federal Request	Total
List Position	Name of Current Employee	ENTER: Hourly or Salary	ENTER: Hours Per Week Program Work	Total Wages Earned	MONTHLY COST Taxes & Benefits	% FTE (Enter as decimal)	ENTER X Number of Months	Total	Total
1.		0						0.00	0.00
2.		0						0.00	0.00
3.		0						0.00	0.00
4.		0						0.00	0.00
5.		0						0.00	0.00
6.		0						0.00	0.00
7.								0.00	0.00
8.								0.00	0.00
9.								0.00	0.00
10.								0.00	0.00
Sub-Tota								0.00	0.00
REGULAR OPERATING: General office supplies, repairs/maintenance, rents other than real estate, insurance & bonding, registration, membership, educational materials, freight, office equipment & furniture not on inventory. List how items contribute to program's objectives/goals.								Federal Request	Total
Description								Total	Total
1.								0.00	0.00
2.								0.00	0.00
3.								0.00	0.00
4.								0.00	0.00
5.								0.00	0.00
6.								0.00	0.00
7.								0.00	0.00
8.								0.00	0.00
9.								0.00	0.00
10.								0.00	0.00
Sub-Tota								0.00	0.00
TRAVEL: List separately local and long distance travel. List staff person traveling, mileage rate, # of miles, common carrier, reason for travel. List travel expenses associated with meetings, trainings, workshops. http://sao.georgia.gov/state-travel-policy . Federal/State mileage rate as of 1/1/24 is \$0.67								Federal Request	Total
Description								Total	Total
1.								0.00	0.00
2.								0.00	0.00
3.								0.00	0.00
4.								0.00	0.00
5.								0.00	0.00
Sub-Tota								0.00	0.00
EQUIPMENT: Equipment, furniture, IT equipment costing >\$4,999 or required to be on inventory. (NON-ALLOWED BUDGET CATEGORY)								Federal Request	Total
Who will use Equipment?		Description						Total	Total
1.								0.00	0.00
Sub-Tota								0.00	0.00
FACILITY COST: Real estate rental, water, sewage, electric. Cost should be pro-rated between all programs of applicant. Facility cost is a cost-shared item.								Federal Request	Total
Vendor/Provider Name	List Type of Facility Cost	Provide description. How was cost determined? What is monthly cost x pro-rated share = \$ amount charged to contract.						Total	Total
1.								0.00	0.00
2.								0.00	0.00
3.								0.00	0.00
Sub-Tota								0.00	0.00
PER DIEM/FEES/CONTRACTS: Consultants, contracts, professional services, per diem payments. Enter name of consultant/contractor. Under description enter summary of service to be provided and the rate of pay. State how service contributes to program's objectives/goals.								Federal Request	Total
Vendor/Provider Name	List Type of PD/F/C	Summarize service. How was cost determined? What is monthly cost x pro-rated share = \$ amount charged to contract.						Total	Total
1.								0.00	0.00
2.								0.00	0.00
3.								0.00	0.00
4.								0.00	0.00
5.								0.00	0.00
Sub-Tota								0.00	0.00
TELECOMMUNICATIONS: Voice/data communications. Under purpose include title of position using voice / data communications.								Federal Request	Total
Vendor/Provider Name	List Type of Telecomm	Name Employee Using Telec.	What is monthly cost x pro-rated share = \$ amount charged to contract.					Total	Total
1.								0.00	0.00
2.								0.00	0.00
3.								0.00	0.00
Sub-Tota								0.00	0.00
OTHER: Per Diem and Fees								Federal Request	Total
Vendor/Provider Name	List Type of Other	List Purpose of Cost	Provide summary of cost; rate of pay; pro-rated share of cost.					Total	Total
1.								0.00	0.00
2.								0.00	0.00
Sub-Tota								0.00	0.00
TOTAL: ALL BUDGET CATEGORIES								0.00	0.00
								Federal Request	Total



TAX COMPLIANCE

INSTRUCTIONS TO SUPPLIERS

Please complete the following information:

- Supplier's Name:
- Physical Location Address:
- Federal Identification Number (FEI):
- Have you ever been registered with Georgia Department of Revenue?
- If so, please provide the following information, if applicable:
 - State Taxpayer Identification Number (STI):
 - Sales and Use Tax Number:
 - Withholding Tax Number:
- What type of service will you perform?
- Will you sell any tangible personal property or goods?
- Supplier's Affiliate's Name:
 - FEI:
 - STI:
 - Sales and Use Tax Number:
 - Withholding Tax Number:

If there is more than one affiliate, please attach a separate sheet listing the information above.

- Person responsible for handling supplier's tax issues (such as the CFO, the company tax officer, etc.):
 - Name:
 - Telephone Number:
 - E-mail Address:

NOTICE TO SUPPLIER:

In the event the supplier is considered for contract award, the information provided in the form will be submitted by the State Entity to the Georgia Department of Revenue ("DOR") for a determination as to whether the supplier is a "prohibited source" (as defined by O.C.G.A. §50-5-82) or whether there are any other outstanding tax issues. **MISSING, INCOMPLETE, OR ERRONEOUS DATA MAY DELAY OR PROHIBIT VERIFICATION OF YOUR ELIGIBILITY FOR CONTRACT AWARD. NO PROHIBITED SOURCE MAY RECEIVE CONTRACT AWARD; THEREFORE, YOU ARE STRONGLY ENCOURAGED TO CHECK YOUR TAX STATUS NOW AND RESOLVE ANY OUTSTANDING TAX LIABILITIES AND/OR MISSING TAX RETURNS.**

STATE ENTITY: Please submit this form via email to DOR at compliance-state-con@dor.ga.gov for processing in accordance with the *Georgia Procurement Manual*.



SUPPLIER CHANGE REQUEST FORM

Agency Supplier Liaisons MUST complete the Agency Liaison Use Only sections AND ensure the supplier has completed sections 1 - 3, the Supplier Use Only sections prior to submitting this form to SAO.

 NEW EXISTING

SUPPLIER ID NUMBER: Agency Use Only

0	0	0	0						
---	---	---	---	--	--	--	--	--	--

SECTION 1: SUPPLIER IDENTIFICATION

FEI/SSN/TIN

Supplier Name:

Doing Business As (dba): if applicable

SUPPLIER ADDRESS

Address 1:

Address 2:

City:

State: Postal Code:

Contact Email:

Primary Phone #: Ext: Landline Cell Used for Identity Verification Secondary Phone #: Ext: Landline Cell Used for Identity Verification

Driver's License #: For individuals only DL State:

SECTION 2: BANK ACCOUNT INFORMATION

Required for New and Reactivating suppliers to add/change bank information to receive payments via ACH.

I do not wish to provide banking information and understand all payments made to me will be via check.

Replace Remittance Address at Loc # With Addr ID #

Replace Invoicing Address at Loc # With Addr ID #

Add New Bank Account Change Bank Account Enter Loc # Agency Liaisons are required to complete items on this line for bank changes

ROUTING # NEW ACCOUNT #

Last Four Digits of Previous Bank Account # For changes only

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.

Check here if this account can only be used for a SPECIFIC PURPOSE

DESCRIBE SPECIFIC PURPOSE

ACCOUNTS RECEIVABLE NOTIFICATION

PAYMENT REMIT EMAIL ADDRESS 1:
PAYMENT REMIT EMAIL ADDRESS 2:

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Printed Name of Company Officer _____

Signature of Company Officer _____

SECTION 3: DIVERSITY IDENTIFICATION (Check ALL That Apply)

BUSINESS CERTIFICATIONS

- GA Small Business*
- GA Resident Business**
- Not Applicable
- Women Owned
- Minority Business Certified
- Prefer Not to Disclose

MINORITY BUSINESS ENTERPRISE (51% ownership)

- Hispanic – Latino
- Native American
- Pacific Islander
- Prefer Not to Disclose
- African American
- Asian American
- Not Applicable

*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.

**Georgia resident business is defined as any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

VETERAN-OWNED SMALL BUSINESS (Check ALL That Apply)

- Nonveteran-owned Small Business
- Veteran-owned Small Business
- Service Disabled VOSB
- Prefer Not to Disclose

SECTION 4: REQUESTED CHANGE(S) – (Check ALL That Apply)

- FEI/TIN Change (Cannot change if supplier is 1099 applicable)
- Business Name Change
- 1099 Eligible (Cannot change to non-eligible if supplier is already 1099 eligible)

1099 Addr ID # Agency Liaisons are REQUIRED to enter the AddrID # where to mail 1099

1099 – M Enter Code (Required for Form 1099 – M)

1099 – N Code 01 (01 is the only code available for the 1099 – NEC)

- Reactivate Supplier Profile
- Deactivate Supplier Profile (Agency Liaison MUST attach written justification from the supplier with the SCR.)
- Add Additional Business Address (Enter additional address in Section 1)
- Change Existing Business Address Enter Addr ID # to change: (Agency Liaisons are required to enter Addr ID # to change)
- Change/Add Payment Alt Name to an existing address (if payable to a different name).

Payment Alt Name:

- Classification Change: (Agency Liaisons are required to check one for Classification Changes.)
 - Attorney
 - Gov Non-State of GA
 - HCM
 - Non-Supplier
 - Student
 - Supplier Minority
 - Supplier Non-minority
- Statewide Contract (DOAS Use Only)
- HCM Vendor
- Other (Provided details in the Comments section below)
- Comments

AGENCY USE ONLY SECTION 5: AGENCY LIAISON CERTIFICATION (REQUIRED)

By my signature below, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier's name and Tax ID listed above.

 AGENCY LIAISON NAME AGENCY LIAISON SIGNATURE DATE

PRINT

CLEAR

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)			
	2	Business name/disregarded entity name, if different from above.			
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____				
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>			
	5	Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)	
	6	City, state, and ZIP code			
7	List account number(s) here (optional)				

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="border: 1px solid black;"> </td> </tr> </table>								
or								
Employer identification number								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> </tr> <tr> <td style="border: 1px solid black;"> </td> </tr> </table>								

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, visit www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CRIMINAL HISTORY INVESTIGATIONS

Applicant Agency*:		Proposal ID

*Legal name of agency/organization/institution.

Georgia Applicant Processing Services (GAPS) ORI or OAC #:

By signing below, I attest that by signing a contract with the Georgia Department of Human Services (referred herein as the Department or DHS), I will comply with the contract provision entitled: *CRIMINAL HISTORY INVESTIGATIONS* of the contract. I understand registration with the Office of Inspector General as outlined in the Criminal History be completed no later than October 1, 2021. I further understand all backgrounds checks for staff who work within the DHS funded program must be completed monthly for new staff/contractor (or before direct services can be provided to the family and youth participants of the DFCS funded program).

Documentation verifying all background checks have been completed for program staff who will work within the DHS funded program will be submitted to the identified DFCS/Support Services Unit Staff representative monthly for new staff/contractor (or before direct services can be provided to the family and youth participants of the DHS funded program). If receiving a contract with the Department, DHS/DFCS has the right to contact the Office of Inspector General to confirm my organization has registered and completed criminal history investigation (background) checks for staff who work under the DHS/DFCS contract. Any false information provided by my agency/organization on this form may result in the exclusion, disqualification or termination of my application and contract for the fiscal year.

CRIMINAL HISTORY INVESTIGATIONS: (135C) 03/07/18

A. The Contractor agrees that, for the filling of positions or classes of positions having direct care/treatment/custodial responsibilities for services rendered under this Contract, applicants selected for such positions shall undergo a criminal history investigation which shall include a fingerprint record check pursuant to the provisions of § 49-2-14 of the Official Code of Georgia, Annotated (O.C.G.A.). New staff/sub-contractors must have a successful criminal history fingerprint background check prior to service provision. Existing staff must have a successful criminal history fingerprint background check every five (5) years from the initial criminal background check. Fingerprint record checks shall be submitted via Live Scan electronic fingerprint technology. Contractor must register with the Georgia Applicant Processing Services (GAPS) at www.ga.cogentid.com and follow the instructions provided at that website.

B. Pursuant to O.C.G.A § 49-2-14, after receiving and reviewing the criminal history report generated through the Cogent-GAPS process, the Department will advise the Contractor if the applicant is eligible or not eligible to provide services to the Department. Said advisement will be accomplished through a fitness determination letter issued by the Department's Office of Inspector General Background Investigations Unit (OIG BIU) within fifteen (15) days of receiving the criminal history record. Circumstances may extend said fifteen (15) days if OIG BIU determines that the applicant's criminal history record needs further review. If it is determined that the applicant is not eligible to provide services to the Department, said applicant will not be eligible to provide services to the Department under any circumstances.

C. Contractor further agrees to complete a criminal history fingerprint National Crime Information Center (NCIC) background report of all foster parents, residential and group home staff. Contractor must obtain satisfactory results of criminal history report before the placement of a child. If Contractor's foster parent fails to successfully pass the criminal history fingerprint check, such individual will not be qualified to perform any services under this Contract. Further, Contractor agrees that if a child is placed in a foster home with foster parents for whom Contractor has not received a satisfactory criminal history report, Contractor will repay all amounts paid to Contractor for the Room, Board and Watchful Oversight of the child during any such period when Contractor had not received a satisfactory criminal history report for the foster parents and the Department may, in its discretion, withhold payments owed to Contractor under this or any other Contract to recoup the amount paid to the contractor during such period.

D. Any adult (age 18 and over) residing permanently or temporarily in the home and having access to children must inform the approving agency of any criminal indictments or convictions. A criminal history check including GCIC and NCIC finger printing must be performed and the outcomes documented. Repeat criminal history check, including fingerprinting, is required at least every (5) years at the time of the Annual Re-evaluation for all current foster parents and adults (age 18 and over) residing in the home.

Provisions of this paragraph of the Contract shall not apply to persons employed in day-care centers, group day-care homes, family day-care homes, or childcare learning centers which are required to be licensed, registered, or commissioned by the Department or by the Georgia Department of Early Care and Learning, or to personal care homes required to be licensed, permitted, or registered by the Department of Community Health

If awarded a contract with the Department, failure to comply with the criminal history investigation requirements as outlined in *the paragraph entitled CRIMINAL HISTORY INVESTIGATIONS* of the contract may be cause for contract termination. By signing this Criminal History Investigations Attestation Form, I understand this is not a guarantee or commitment for any award or funding from the Georgia Department of Human Services.

Signature of **AUTHORIZED** Officer

Printed Name of Officer

Title of Officer

Date

Notary Signature

Date Commission Expires

Affix notary seal or stamp below.

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Georgia Department of Human Services

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20____ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC
My Commission Expires: _____



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

Contractor Name: _____

RE: Security and Immigration Compliance – Purchase of Services \$2,499.99 or More

Dear Sir or Madam:

The Department of Human Services (DHS), among other public employers in Georgia, is required to ensure that its Contractors comply with the provisions of Title 13, Chapter 10, Article 3 titled Security and Immigration Compliance. See Senate Bill 160 at <http://www.legis.ga.gov/Legislation/en-US/display/20132014/SB/160>.

Accordingly, DHS is required to obtain the sworn affidavit herein provided for purchases of services which exceed \$2,499.99. The Contractor’s representative must complete the information in the spaces provided on the form titled “Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)” and sign on behalf of the Contractor in the presence of a notary public.

Return the Contractor Affidavit to my attention by e-mail at _____. The Subcontractor and Sub-subcontractor Affidavits should not be returned. They are to be used by you as the Contractor. If additional copies of the forms are needed, they can be found at http://www.audits.ga.gov/NALGAD/section_3_affidavits.html. Again, do not return the Subcontractor and Sub-subcontractor Affidavits.

If you are an individual (non-entity) claiming an exemption under Option 1 or Option 2 below, check the appropriate option, sign, date and return this letter to my attention with a copy of your driver’s license (Option 1 only).

Please return the required documents immediately to permit DHS to report compliance in a timely manner. Questions concerning compliance with or exemption from Title 13, Chapter 10, Article 3 must be directed to your legal advisor. We appreciate your prompt consideration of this matter.

Respectfully,

Claim of Exemption (check only one (1) option, if applicable)

_____ **Option 1: Applies only to licensed professionals (individuals only – not entities) such as Attorneys, Pharmacists, Certified Public Accountants, etc.**

As an individual (non-entity) Contractor who is licensed pursuant to the Official Code of Georgia, Annotated (O.C.G.A.) Title 26 or Title 43 or by the State Bar of Georgia (Attorneys), in good standing, and who has contracted with DHS to render such licensed professional services, I am exempt from providing the affidavit required by O.C.G.A. Title 13, Chapter 10, Article 3.

_____ **Option 2: Applies only to Contractors with Zero (0) Employees**

As a Contractor who has zero (0) employees and has no intent to hire employees during the project period, in lieu of the affidavit required by O.C.G.A. 13-10-91(b), I am submitting a copy of my state issued driver’s license or identification card. The driver’s license or identification card is issued by a state that verifies lawful immigration status prior to issuance.

_____ **Copy of Driver’s License or Identification Card is Attached for Option 2 (not required for Option1).**

Individual’s Printed Name

Individual’s Signature

Date Signed

Attachments: Contractor, Subcontractor and Sub-Subcontractor Affidavit Forms



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

Pre-Award Risk Assessment Form

Contractor Name:	
CFDA/Contract/Grant Award Number(s) of Review:	93.643
Division/Program Name(s):	GEORGIA'S CHILDREN'S JUSTICE ACT GRANT (CJA) PROGRAM
Contract/Grant Period of Review:	October 1, 2025-September 30, 2027
Contract/Grant Amount(s):	
Risk Assessment Completed by:	
Risk Assessment Completed Date:	
Division Director or Program Manager Name	
Total Score:	0
Risk Level:	Low Risk

1. Amount	Small <\$25,000	Medium \$25,000 to \$250,000	Large >\$250,000
Amount of the award (contract) approved			
2. Accounting System	Automated	Manual	Combination
Type of accounting system used by the entity			
3. Program Complexity	Slightly Complex	Moderately Complex	Highly Complex
Rate the complexity of the program			
<p>Programs with complex compliance requirements have a higher risk of non-compliance. In your determination of complexity consider whether there are complex contract/grant requirements (<i>If you choose one item, select slightly complex; if you choose two items, select moderately complex; if you choose three or four items, select highly complex</i>). The following are some examples of reasons a program would be considered more complex:</p> <ul style="list-style-type: none"> ▶ Complex programmatic requirements and/or must adhere to regulations ▶ Matching funds or Maintenance of Effort are required ▶ Various types of program reports are required ▶ The entity further subcontracts out the program 			
4. Entity Risk	Yes/No		
Rank the entity based on your knowledge of the following:			
a. Was this the first award (contract) the entity received?			
b. Did the entity follow all the terms and conditions of the prior contract and/or prior grant awards?			
c. Does the entity have adequate and qualified staff to comply with the terms of the contract/grant?			
d. Does the entity have previous experience with this or similar programs?			
e. Does the entity maintain policies which include procedures for assuring compliance with the terms of the contract/grant?			
f. Does the entity's accounting system accurately complete and track the receipt and disbursements of funds related to the contract/grant?			
g. Does the federal/state program require staff to track their time associated with the contract/grant?			
h. If yes, does the entity have a system that will account for 100% of each employee's time?			
i. Did the entity's key staff or program members attend required training and meetings during contract/grant awards?			
j. Did the entity's key staff or program members respond to State Office requests timely during contract/grant awards?			
k. Did the entity have one or more audit findings in their last and/or single audits regarding program non-compliance or internal controls?			
l. Did the entity correct, or is it currently correcting the findings mentioned in question 4k? (If answered no to 4k, select N/A)			
m. Was the entity audited by the DHS Internal Audit or State Auditors (DOAA) in the past 2 years?			
n. If yes to 4m, did the audit result in one or more audit findings? (If answered No or N/A to 4m, select N/A)			
o. Did the State Program Office perform a monitoring visit during or within the last 2 fiscal years?			
p. Did the entity have any findings from the program monitoring? (If answered No or N/A to 4o, select N/A)			



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

Pre-Award Risk Assessment Form

(Assign 5 points for each issue below (1-8) that are applicable)		Briefly explain which numbers were chosen and why. Add another page if necessary	0
q. Other issues that may indicate high risk of non-compliance?			
Other issues: (1) Having new or substantially changed systems or software packages, i.e. accounting, payroll, technology; (2) Turnover in personnel, i.e. business, award management, program; (3) External risks including: economic conditions, political conditions, regulatory changes; (4) Loss of license or accreditation to operate program; (5) New activities, products, or services; (6) Organizational restructuring; (7) Where indirect costs are included, does the organization have adequate systems to segregate indirect from direct costs. (8) No issues			
5. Reporting & Budget			Yes/No
Rank the entity based on your knowledge of the following:			
a. Were performance reports submitted according to contract requirements? (i.e. within the agency-specified timeframe)			
b. Was reasonable progress made towards contract/grant awards performance goals?			
c. Were financial reports (i.e., expenditure, invoices, etc.) submitted timely?			
d. Were financial reports (i.e., expenditure) accurate?			
e. Did the entity stay within budget?			
Low = 0 - 85 Moderate = 86 - 170 High = 171 and higher			TOTAL RISK POINTS: 0

Common Attributes of Grantees with Low, Moderate and High Risk:	
Low Risk	High Risk
Most of the following attributes should be present to be considered low risk	One or more of the following attributes may be present to be considered high risk
▶ Entity has complied with the terms and conditions of prior grant awards.	▶ History of unsatisfactory performance or failure to adhere to prior grant terms and conditions
▶ No known financial management problems or financial instability	▶ Financial management problems and/or instability; inadequate financial management system
▶ High quality programmatic performance	▶ Program has highly complex compliance requirements
▶ No, or very insignificant, audit or other monitoring findings	▶ Significant findings or questioned costs from prior audit
▶ Timely and accurate financial and performance reports	▶ Untimely, inadequate, inaccurate reports
▶ Program likely does not have complex compliance requirements	▶ Recurring/unresolved issues
▶ Entity has received some form of monitoring (e.g., single audit, on-site review, etc.)	▶ Lack of contact with entity or any prior monitoring
	▶ Large award amount
Moderate Risk ▶ Entities that fall between low risk and high risk are considered moderate risk.	

Considerations/Justification/Notes specific to the Contractor/Grantee:
For any entity considered a moderate or high risk, the program must justify issuing the entity a current contract. Please provide the justification below and the Program Manager and/or Director should sign in the area indicated.

Justification:

PARA Completed by: _____ Title: _____ Date: _____

The contractor has been deemed a **moderate/high risk**. Therefore, the division and/or program manager is **required** to acknowledge the use of this contractor by signing the form below.

I acknowledge that the contractor has been deemed a **moderate** and/or **high risk** and agree with the justification provided.

Name: _____ Title: _____ Date: _____

Replicate on corporate letterhead

**CORPORATE RESOLUTION
TO ENTER INTO CONTRACT**

At the [choose one: regular or called] meeting of [insert legal name of non-profit as it appears on Secretary of State registration screenshot] on [insert date], the following resolution was presented, seconded, and passed: [choose one: unanimously or by majority vote]:

WHEREAS: The [insert legal name of non-profit as it appears on Secretary of State registration screenshot] desires to provide program services, and

WHEREAS: Said corporation desires to enter a contractual arrangement with the Georgia Department of Human Services, Division of Family and Children Services for the provision of said program services; be it therefore

RESOLVED, that [insert legal name of non-profit as it appears on Secretary of State registration screenshot] agrees to enter a written contract with the Georgia Department of Human Services, Division of Family and Children Services, to deliver services as described in the FY2027 GA Children’s Justice Act proposal for the period beginning October 1, 2026, and ending September 30, 2027.

AND THE [insert title(s) of authorized contract signers, officer(s) as identified on the Secretary of State registration screenshot] is/are duly authorized to execute said contract on behalf of this Corporation.

Witness my hand and seal of the Corporation

Signature
The signer of the Corporate Resolution is prohibited from signing the contract.

Imprint Seal of Corporation Here

If no Corporate Seal available, Resolution must be notarized in space below.

Title of Officer
This title cannot be listed as an authorized contract signer if the sole individual is named.

Name of Officer

Date

Replicate on agency letterhead

**AUTHORIZATION
TO ENTER INTO CONTRACT**

Date:

Program: GA Children’s Justice Act

Contract Period: October 1, 2026– September 30, 2027

Proposed Cost:

Individual authorized to act on behalf of Public Entity:

Name:
Title:

[Insert Public Entity name as it appears on Application Cover] agrees to enter into a written contract with the Georgia Department of Human Services, Division of Family and Children Services, to deliver services as described in FFY2027 GA Children’s Justice Act proposal.

Signature of AUTHORIZED Representative

Notary Signature

Printed Name

Date Commission Expires

Title

Affix notary seal or stamp below.

Date