



**PREVENTION AND
COMMUNITY SUPPORT SECTION**

Safe Children. Strengthened Families. Stronger Communities.

FFY2022 Statement of Need (SoN)

First Steps Georgia

SoN Release Date:

April 20, 2021

SoN Webinar:

April 27, 2021
2:00 pm

Link for Webinar Registration

[Registration Link](#)

Deadline for Application Submission:

May 21, 2021 by NOON

Contact:

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Prevention and Community Support
Program Specialist
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Georgia Division of Family and Children Services – Prevention and Community Support

First Steps Georgia

1. OVERVIEW

1a. Introduction

The Georgia Division of Family and Children Services' (DFCS) mission is to strengthen Georgia by providing individuals and families access to services that promote self-sufficiency, independence and protect Georgia's vulnerable children.

1b. Prevention and Community Support section

The Prevention and Community Support Section (PCS) of Georgia DFCS works in partnership with community-based organizations committed to reducing the incidence of child abuse and neglect by implementing evidence-based prevention and early intervention techniques to ensure positive outcomes for children and families.

State and federal funding provides families throughout Georgia services such as parent support programs, parent training, screening and identification tools, training opportunities, high-quality home visitation and primary and secondary child maltreatment prevention that helps local communities promote the overall health and well-being of Georgia's children, youth and families. PCS is committed to supporting quality child abuse and neglect prevention and family support programs throughout the state.

PCS staff will be available to assist you if you have questions in completing this application for contract funding. Please see the ***technical assistance contact list on page 13*** of this Statement of Need (SoN). **All proposals MUST be submitted electronically** using assigned username and password. Information on obtaining usernames and passwords will be made available at the mandatory informational webinar on April 27, 2021. If you or a representative are unable to attend this webinar, please email Jennifer.Bell@dhs.ga.gov. Use the following link to register for the mandatory webinar:

<https://us02web.zoom.us/join/zoom/register/tZYocOioqDMqGda5cRNf31iX2c4F1RmE5rlc>

1c. First Steps Georgia Summary

All parents can benefit from support around the time of birth of a child and during the early years of a child's life. In recognition of the needs of all families, a universal, early intervention parent support plan should be included as part of community strategies to improve outcomes for families. PCS is seeking applications to fund First Steps Georgia (FSG) that meet the requirements outlined below.

Through this SoN, the goal is to engage communities in planning, implementing, and sustaining universal parent support services through contract funding of FSG in their

communities. FSG is one component of a larger Georgia initiative called The Georgia Home Visiting Program (GHVP). GHVP represents the development and implementation of a comprehensive, community-based system for expectant parents and for families with children ages birth to five in Georgia. GHVP is designed to create a community culture of care, encouragement, and support for all families before and after the birth of a child. Across hundreds of Georgia communities, services are available to ensure that these important early years are rich with opportunities for children to be educated, safe, and healthy.

For more information, please visit the GHVP website: <https://www.gahomevisiting.org>

Below outlines a summary of FSG:

Mission:

To provide universal, free, and voluntary support services for all expectant parents and children birth to five and their families.

Goals:

- 1) Provide current information on topics of interest and relevance to expectant parents and caregivers of children birth to five.
- 2) Provide information on community resources relevant to expectant parents and caregivers of children birth to five.
- 3) Strengthen the protective factor of concrete connections to promote maternal and infant health for expectant parents and caregivers of children birth to five.

Essential Service (Function) Requirements

Identification and Referral:

Establish and maintain service delivery location(s) and processes.

Screening:

Screen each family served utilizing the First Steps Georgia Screening Tool.

Parent Education:

Provide parents and caregivers with relevant and age-appropriate educational materials from reliable sources in each of the following categories:

- a. Maternal Health
- b. Newborn/Child Health
- c. Home and Child Safety
- d. Community and Family Safety
- e. School Readiness
- f. Family Economics/Self-sufficiency

Provide each family served with a localized, annually-updated community resource guide that includes resources appropriate to all expectant parents and families with children birth to five years of age.

Linkage:

Based on identified family need, provide linkages to available services and resources.

Essential Practice Requirements

An approved local sponsor will ensure the following:

- All direct service providers will complete required FSG trainings prior to serving families.
- The First Steps Georgia Screening Tool shall be administered in accordance with FSG training.
- Annually, at a minimum, families shall be offered an opportunity to provide feedback on the services they receive through FSG using the FSG Family Satisfaction survey.
- Parent packet educational materials will be selected from the state list of pre-approved resources or approval must be obtained prior to use.
- Staff will participate with Technical Assistance and networking activities as requested.

Essential Structure Requirements

An approved local sponsor will ensure the following:

- Develop a state approved FSG community plan.
- Oversee the implementation of FSG services according to the requirements and expectations of the approved FSG community plan.
- Designate one person to provide leadership in the implementation of the FSG community plan.
- Provide appropriate staff for the implementation of the FSG community plan.
- Ensure data is entered into the appropriate GHVP data management system(s) as prescribed by the GHVP Framework in a timely manner.
- Create and implement an ongoing funding strategy for FSG services.

Guide to Appropriate Staffing

Every community plan will be different but will include a goal for the number of families who will be served by First Steps each year. In an effort to assist in planning, the following information is offered as a guide to appropriate staffing and goal setting:

Weekly staff hours dedicated to First Steps	Minimum annual expectation	Midpoint annual expectation	High annual expectation
Greater than 40	750	1000	Based on staffing
Up to 40	500	750	900
20	250	500	650
Less than 20*	125	250	400

*This level of staff hours is reserved for special circumstances. Consultation is required and this level must be pre-approved by the FSG State Coordinator prior to submitting application. Approval based on community-specific situations including low capacity.

2. STATEMENT OF NEED (SoN) CRITERIA

2a. Eligibility Criteria

An eligible applicant must meet ***all*** of the following criteria:

- Be a public government entity or 501(c)(3) non-profit organization;
- Serve as the fiscal agent for the contract and the point of contact to PCS or provide a Memorandum of Understanding (MOU) with fiscal agent;
- Be responsible, liable, and oversee all post-award reporting requirements; and
- Provide universal, early intervention supports and services in accordance with the FSG community plan.
- Must go above and beyond minimum number of families screened in your GHVP contract if currently funded for the full spectrum of GHVP services by MIECHV, Department of Public Health Title V or PCS.

For example, if your minimum annual contract expectation for your current GHVP contract is 500, you must screen 125 more, 250 more etc.

First Steps mini-grant sites should screen the same number of families as are currently being screened this year unless justified and approved by PCS.

PCS requires that funded services will comply with performance criteria and fully participate in the requirements as outlined on pages 4-5 of this application.

2b. Contract Award Amounts

Each applicant is eligible to apply for a 12-month contract for services and supports that meet the requirements of FSG as outlined on pages 4-5. If applicant has a current FSG contract with PCS, the same number of families, or greater, must be served in FY 21. See section 4b. Fixed Rate Schedule Worksheet Instructions on page 8 of the SoN, for further details.

FTE dedicated to FSG services	Annual contract expectation	Rate per Screening
Greater than 1	750+	\$24
Up to 1	500-749	\$30
.5	250-499	\$48
Less than .5	125-249	\$48*

*This category of funding is reserved for special circumstances. Consultation is required and this category must be pre-approved by the FSG State Coordinator prior to submitting application. Approval based on community-specific situations including low capacity.

2c. Contract Award Period

The contract award period will cover a 12-month period, from October 1, 2021 through September 30, 2022. FSG sites must continue service delivery activities for the full contract period.

2d. Continuation Funding

FSG will be funded for one-year periods with a possibility of annual renewal conditional on availability of PCS funds through state appropriations and federal contract awards. Agencies are expected to seek other sources of funding to support their services on a long-term basis. The contracting of funds in one year is not a commitment to continue assistance in the future and does not guarantee future funding. Continuation funding is contingent upon organizational capacity, performance history, contractual compliance, and availability of funds.

Continuation funding will be conditional on contractors' ability to:

- a) Exhibit professional management of contract funds and exhibit compliance with PCS administrative and performance requirements; and
- b) Meet prior year contract performance requirements for those applicants that have a current FSG contract with PCS.

3. First Steps Georgia Proposal Narrative

The following information provides a description of necessary components to be contained in the narrative portion of the application. The narrative is a detailed statement of the work to be undertaken and answers *who, what, when, where, why, and how* statements of the contract application. Download and complete P2 Narrative form. See section 8 for sample documents.

3a. Proposal Summary (1 page)

- i. Provide a description of your First Steps Georgia site. (N1)
- ii. Describe target population to be served. (N2)
- iii. What is the total number of FSG families projected to be served during the contract year October 1, 2021 through September 30, 2022. (N3)
- iv. Identify point of entry for participants. (N4)
- v. Describe FSG service area, including geographic area of this community (e.g. county, neighborhood, school population, hospital). (N5)
- vi. Identify primary county to be served and provide data on population and poverty rates, Identify additional counties to be served. (N6)
- vii. PCS requires all applicants to state how they will incorporate at least one of the five Strengthening Families Protective Factors into their work- See Attachment A-1 Protective Factors Core Meanings and visit <http://strengtheningfamiliesga.net/about-sfg/> for more information. Please describe how your FSG services will increase, at minimum, one of the Five Protective Factors for families. (N7)

3b. Administration

- i. Describe Applicant qualifications and experience managing grants/contracts. including overseeing the administration and supervision of contract-funded projects; maintaining a quarterly cash flow; and monitoring contract expenditures.(N8)
- ii. Identify Applicant representative who will be responsible for coordinating, monitoring, and reporting on First Step Georgia activities. Describe relevant qualifications and experience. (N9)
- iii. If 'implementing' agency IS NOT the Applicant, identify agency, provide a brief description of the agency and why they were selected to deliver FSG services. Include qualifications that demonstrates it has the capacity and experience to successfully deliver FSG services. (N10)

*A copy of a legally binding memorandum of understanding between the Applicant and the implementing agency specifying the relationship, workflow, and responsibilities between the parties MUST be submitted with proposal. **See Checklist.***

- iv. Fiscal Agent: ***If Applicant WILL NOT be the fiscal agent, respond to Narrative questions 11-14,*** identifying fiscal agent, relationship to the Applicant, and describing their qualifications. (N11-14)

*A copy of a legally binding memorandum of understanding with the applicant agency and its fiscal agent specifying the relationship, workflow, and responsibilities between the parties MUST be submitted with proposal. **See Checklist.***

3c. Essential Service (Function) Requirements (2 pages)

- i. Identification and Referral (N15)
 - a) Community Outreach:
 - i) Identify the community partner(s) that will provide access to families for the purpose of providing FSG services.
 - ii) Describe how this access will be provided.
 - iii) Has confirmation been received from the partner(s) listed above of intent to participate as described?
 - b) Community Collaboration:
 - i) Indicate the names of the community agencies with which your FSG fiscal agent plans to establish a MOU to support provision of FSG services.
 - ii) Indicate the names of the agencies with which your agency plans to establish a clear point of contact to support provision of FSG services.
- ii. Screening (N16)
 - a) Specify the method for screening families.
 - b) Specify the location(s) in your community where FSG screens will be completed.
 - c) Identify other potential locations for the three points of entry into your FSG services:
 - 1) Expectant Mother; 2) Newborn; and 3) Young Child 0-5.

- d) Where available, describe the plan for ensuring ongoing communication between the FSG Coordinator and evidence-based home visiting program(s).
- iii. Parent Education (N17)
 - a) Describe how FSG educational materials and the community resource guide will be provided to families in your community.
 - b) Describe the process for internal review of FSG educational materials and community resource guide and timeframe(s) for review.
- iv. Linkage (N18)
 - a) Describe plan for linking families to relevant community resources and services.
 - b) List other services available within your organization to which FSG families may be referred.
 - c) Describe process for linking families to evidence-based home visiting program(s), if available in your community.
 - d) Describe plan for identifying resources for prenatal drug exposure and process for linking identified families to appropriate resources.

3d. Essential Practice Requirements (2 pages)

- i. Describe training plan for service providers. (N19)
- ii. Describe how you plan to administer the First Steps Georgia Screening Tool. (N20)
- iii. Describe plan for surveying families who have been provided FSG services using the FSG Family Satisfaction Survey. (N21)
- iv. Describe how parent packet educational materials will be selected. (N22)
- v. Describe anticipated contact with FSG State Coordinator for FSG technical assistance, and other appropriate GHVP technical assistant(s). (N23)

3e. Essential Structure Requirements (2 pages)

- i. Who will be responsible for the implementation of this FSG community plan? (N24)
- ii. Describe the hiring process for direct service staff. (N25)
- iii. FSG Staffing (N26)
 - a) Specify the location of workspace for the FSG staff.
 - b) Will volunteers/interns be used for FSG direct service?
 - If yes;
 - i) Describe the screening process for hiring volunteers/interns.
 - ii) Describe the process for training volunteers/interns.
 - iii) Who will supervise volunteers/interns and with what frequency?
- iv. FSG Data Entry (N27)
 - a) Describe how FSG data will be maintained onsite.
 - b) Who will be responsible for ensuring efficient and accurate data entry into the GHVP data management system(s)?

4. FIXED RATE SCHEDULE WORKSHEET

4a. Fiscal Agent Responsibilities

All applicant agencies receiving PCS funds should have an annual agency budget that derives at least 25% of its income from other federal, state, local or private funds, exclusive of PCS awards.

The applicant agency must be able to provide an adequate accounting system that should meet the following criteria as outlined below:

1. Accounting records provide information needed to identify each contract awarded (State, Federal, Local Government, and Private) to applicant by identifying the receipt of funds for each contract and the expenditure of funds for each contract award.
2. Entries in accounting records refer to subsidiary records and/or documentation which support the entry and can be readily located.
3. The accounting system provides accurate and current financial reporting information.
4. The accounting system integrates with an adequate system of internal controls to safeguard the funds and assets covered, check the accuracy and reliability of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.

PCS reserves the right to fund requests completely or partially depending upon total funds available and application review.

4b. Fixed Rate Schedule Worksheet Instructions

Complete the attached Fixed Rate Schedule Worksheet (Form B) in Excel format. The applicant **must apply for the same number of families, or greater, screened as stated in the current year contract**, unless justified and approved by PCS.

To determine the total requested contract amount, find the rate applicable to the number of screenings as listed below.

Example: **350** projected families to be screened x **\$48** (rate for 250-499 families) = **\$16,800** (total requested contract amount).

FTE dedicated to FSG services	Annual contract expectation	Rate per Screening
Greater than 1	750+	\$24
Up to 1	500-749	\$30
.5	250-499	\$48
Less than .5	125-249	\$48*

*This category of funding is reserved for special circumstances and must be pre-approved by the FSG State Coordinator prior to submission of application. Approval based on community-specific situations including low capacity.

The applicant will complete the Dollar Amount per Unit of Measure, the Unit of Measure, and the Total Requested Contract Amount columns on the attached Fixed Rate Schedule Worksheet. Do not complete the columns that are grayed out. Do not sign the form.

5. SELECTION AND CONTRACT AWARD PROCESS

All proposals received by the declared deadline will be reviewed to ensure all necessary worksheets and documentation are completed and included in submitted proposals. The proposal review committee will not review incomplete applications, and PCS will not permit applicants to add information to their application after submission unless clarification or additional information is requested by PCS.

For those applying for continuation funding, funding awards will also be contingent upon organizational capacity, performance history, contractual compliance, and availability of funds.

Award notifications will be sent via email. Applicants awarded funding will begin October 1, 2021 and end September 30, 2022. Communication via telephone, email, and/or fax regarding award notices is prohibited before official notification by PCS.

5a. Contract Award Agreement

PCS will offer a 12-month agreement to selected applicants that will define performance standards, process and quantitative outcomes, and an approved Fixed Rate schedule. Contract payments will be based on the number of families screened by the contractor each period.

PCS reserves the right to make changes to the proposed Fixed Rate Schedule Worksheet at the time of the contract award and will communicate any changes to the fiscal agent. PCS may negotiate all or part of any proposed Fixed Rate Schedule after award of the contract agreement in the event that funding or program requirements so dictate.

5b. Contract Award Management Training

If an applicant is awarded a contract, it is mandatory to participate in PCS contract award management training as requested. The initial training may include Contract Reporting Training, FSG Core Training and GHVP Data Management System(s) training. The trainings will take place in a central location, at the contractor's site and/or online via webinar. The timing of the trainings will be determined at a later date.

PCS will also offer a number of post-award training opportunities and technical assistance activities. Individual technical assistance and other supportive training activities will also be conducted for contractors.

5c. Reporting, Performance, and Evaluation Requirements

PCS requires that contractors comply with and fully participate in the following components of reporting, performance and evaluation:

Reporting in Data Management System(s):

By the end of each quarter, the contractor will ensure that service and participant data are reported through the prescribed online data management and reporting system(s). The contractor will be responsible and liable for reviewing all data entered into the online data management system(s) for completeness, accuracy, and compliance with PCS reporting requirements. Payment for reported number of screenings completed each period will be verified with data system reports prior to payment. Only reports from the data management system will be accepted by PCS.

Performance Measures:

Applicants applying for funding of FSG universal, early intervention parent support services in their community will be required to meet the following FSG annual performance outcome measures.

Indicator	Annual Performance Outcome Measure
Families Served	<ul style="list-style-type: none"> At least 95% of projected participants will be served.
Linkage/Referrals	<ul style="list-style-type: none"> At least 25% of families screened as appropriate for evidence-based home visiting, if available, will have been referred At least 25% of families screened as appropriate for substance abuse programs, if available, will have been referred
Resources	<ul style="list-style-type: none"> At least 1 substance abuse resource will be listed in the resource guide provided to families At least 1 substance abuse resource will be included in the parent packet educational materials
Family Health Insurance	<ul style="list-style-type: none"> At least 90% of target families will have health insurance coverage or receive referrals/ additional information pertaining to health insurance programs.
Family Medical Care	<ul style="list-style-type: none"> At least 90% of target families will have a primary care physician or receive referrals/ additional information pertaining to primary care physicians.
Family Satisfaction Survey	<ul style="list-style-type: none"> At least 25% of families served will provide feedback using the FSG Family Satisfaction Survey.
Protective Factors	<ul style="list-style-type: none"> Brief narrative summary of the work completed during the contract year to promote the Strengthening Families Protective Factor selected in contract proposal.

Contractors will have up to 30 working days after the end of the reporting period and stated due date to submit deliverables and Fixed Rate Schedule invoice.

NOTE: Reported First Steps screenings by the contractor do not guarantee reimbursement payment in full. All reported First Steps screenings will be verified against data system reports prior to payment. Only reports from the data management system will be accepted by PCS. DFCS-PCS has sole discretion in determining compliance with participant standards, reporting requirements, and adherence to program criteria. Failure to meet program performance measures and maintain program fidelity may result in corrective action plans, suspension, or termination of contract.

Evaluation:

PCS may conduct a FSG evaluation and/or a cross-site evaluation of contractors. Contractors will be expected to participate if requested. Contractors will have the following roles and responsibilities within the evaluation:

- a. Participate in and assist the First Steps evaluator with scheduling or administering interviews, focus groups, and/or surveys of stakeholders; and
- b. Collect, enter, and maintain participant-level implementation and outcome data within the online data management system(s)

6. TECHNICAL ASSISTANCE

PCS asks that applicants direct all questions to the staff listed below. Questions will be permitted until the day before the application submission date. Applicants are strongly encouraged to pose all questions as early as possible in the SoN process.

STATEMENT OF NEED QUESTIONS:

Jennifer Bell
Program Specialist
Prevention and Community Support
Jennifer.Bell@dhs.ga.gov

FINANCIAL/ADMINISTRATIVE QUESTIONS:

Renee Robinson
Budget Manager
Prevention and Community Support
Renee.Robinson1@dhs.ga.gov

FIRST STEPS GEORGIA QUESTIONS:

Nicole Copeland
First Steps Georgia State Lead
Georgia Home Visiting Program
ncopeland@uga.edu
706-202-5766

7. PREPARING AND SUBMITTING A PROPOSAL

- **All proposals MUST be submitted electronically** using assigned username and password. Information on obtaining usernames and passwords will only be made available at the **mandatory informational meeting on April 27, 2021 at 2:00PM**.
- Proposals MUST be uploaded to the secure proposal submission site by **NOON on Friday, May 21, 2021**. Proposals submitted that do not include ALL required forms and documents will be disqualified.
- Download required forms from website <https://dfcs.georgia.gov/funding-opportunity>. Complete forms, documents and screenshots as directed. Only use forms provided with this Statement of Need unless otherwise directed or this may result in disqualification of proposal. Prepared documents and screenshots MUST also be current (and not from previous proposals or prepared or downloaded in 2020.) See Section 8 for copies of forms.
- The identification of the Applicant agency 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.
- Record assigned **proposal username** (FSG_510_####) in the space provided on all forms. If submitting more than one proposal, ensure that you use the corresponding **proposal username** (FSG_510_####) assigned on all documents for each proposal.
- Complete each form as directed using Arial Narrow 10 point, single-spaced. Do not change text, format, font size, spacing or margins imbedded in the forms. Completed example of many forms and screenshots are included in this section.
- Save final documents as instructed on each document or the Application Checklist provided. All documents MUST follow the prescribed naming convention which includes the assigned **proposal username**. For example, scanned Assurances are identified as "FSG_510_11111_Cover. Documents not identified correctly will not upload.
- If printing any document to sign, scan using a resolution no greater than 150 dpi to reduce the risk of timing out when uploading. Scanned signed documents MUST be saved as a **pdf**. Documents saved as images, png or jpg files WILL NOT upload.
- Only one document may be uploaded for each document required. If any document includes multiple signed or scanned documents, they must be combined and saved as a single document and saved as described. This may occur with multiple signed MOUs or Assurances.
- Technical assistance regarding proposal requirements and submission will be available after the informational meeting on April 27, 2021 by contacting the First Steps Georgia Program Specialist, Jennifer Bell at Jennifer.Bell@dhs.ga.gov.

PROPOSAL SUBMISSION DEADLINE:

Friday, May 21, 2021 at NOON EDT

Preparing Proposal Documents

Identification of Applicant on ALL forms and documents MUST be consistent with the legal name of the Applicant as identified on the GA Secretary of State registration screenshot (for non-profits) and/or the System Awards Management (SAM) screenshot (for public entities).



First Steps Georgia (FSG) Application Checklist

Applicant Agency*	Proposal Username
	FSG_510_####

When saving final documents, include assigned SoN number followed by an underscore and the designated document name. No spaces. No other description is necessary. For example: FSG_510_12345_Cover

NP	PE	✓	Proposal Documents	Document Type	Required naming Convention*
✓	✓		P1 Application Cover*	Scanned pdf	FSG_510_####_Cover
✓	✓		P2 Narrative*	Word	FSG_510_####_Narrative
✓	✓		P3 FSG Fixed Rate Schedule Worksheet*	Word	FSG_510_####_Worksheet
✓	✓		FSG MOUs (w/ implementing agency, if applicable)	Scanned pdf	FSG_510_####_MOUImplement
Financial Documents					
✓	✓		F1 Applicant Audit, if required, or Balance Sheet & certified Statement of Financial Activities	pdf	FSG_510_####_AppAudFin
✓	n/a		Fiscal Agent Audit, if Fiscal Agent used	pdf	FSG_510_####_FiscalAudit
✓	n/a		MOU or Agreement with Fiscal Agent, if Fiscal Agent used	Scanned pdf	FSG_510_####_FiscalAgreement
Contract Documents					
n/a	✓		PE1 Authorization (template provided)	Scanned pdf	FSG_510_####_Authorization
✓	n/a		NP1 Corporate Resolution (template provided)	Scanned pdf	FSG_510_####_Resolution
✓	n/a		NP2 GA Secretary of State Registration screenshot	pdf screenshot	FSG_510_####_Registration
✓	n/a		NP3 Certificate of Liability Insurance	pdf	FSG_510_####_Insurance
✓	✓		C1 SAM/Excluded Parties screenshot	pdf screenshot	FSG_510_####_SAM
✓	✓		C2 Criminal History Certification*	Scanned pdf	FSG_510_####_History
✓	✓		C3 Security & Immigration E-Verify Affidavit*	Scanned pdf	FSG_510_####_EVerify
✓	✓		C4 Vendor Management Form* (first two pages only)	Scanned pdf	FSG_510_####_Vendor
✓	✓		C5 W9 Form* (first page only)	Scanned pdf	FSG_510_####_W9
✓	✓		C6 Tax Compliance*	pdf	FSG_510_####_TaxComp
✓	✓		C7 Pre-Award Risk Assessment*	Excel	FSG_510_####_RiskAssessment

PROPOSAL SUBMISSION DEADLINE: May 21, 2021 at Noon

The following documents are REQUIRED for ALL proposals.

P1 - APPLICATION COVER *(Use form provided.)*

- Download form and complete all fields as directed. Record assigned **proposal username** in the space provided.
- Check corresponding box to identify which Statement of Need applies to this proposal.
- Identify whether a proposal is for a continuing program or a new program, if applicable
- Record Applicant (agency, school, school district, government agency) legal name. For non-profits, record agency name exactly as it appears on your Georgia Secretary of State registration screenshot.
- For any field that is also reported on another document, verify that the information is consistent. For example, the Federal Work Authorization User Identification Number reported on the E-Verify Affidavit.
- Application Cover must be signed by an **authorized** officer identified on the Corporate Resolution for non-profits or by the individual authorized to enter into a contract by the public entity on the Authorization.
- If using a Fiscal Agent, Application Cover must also be signed by an authorized individual for the Fiscal Agent.
- Electronic signatures are NOT allowed.
- Scan signed form and save pdf as **FSG_510_####_Cover**

P2 - NARRATIVE *(Use form provided.)*

- Download form and complete as directed. Respond to all questions. If any question is not applicable, record N/A in the space for a response.
- Record Applicant name as recorded on Application Cover.
- Record assigned **proposal username** in the space provided.
- Respond to each question in the space provided. Boxes will expand as you type. Be clear. Be concise. Be comprehensive. Avoid including information that is not relevant to the question.
- Save Word document as **FSG_510_####_Narrative**

P3 – FIXED RATE SCHEDULE *(Use form provided.)*

- A Fixed Rate Schedule form must be included in the proposal for each participating school.
- Download form and complete as directed.
- Record Applicant name as reported on Application Cover. Applicant identified on Fixed Rate Schedule **MUST** be consistent with the Applicant identified on the Application Cover.
- Record assigned **proposal username**.
- If more than one form is used, scan all signed forms as a single pdf.
- Save scanned pdf identifying it as **FSG_510_####_Worksheet**

FSG MOU(s) (w/ implementing agency, if applicable)

- Applicant identified on MOUs **MUST** be consistent with the Applicant identified on the Application Cover.
- If more than one MOU must be submitted, scan all signed MOUs as a single pdf.
- Save scanned pdf identifying it as **FSG_510_####_MOUImplement**

Preparing Financial Documents

Fiscal agent must maintain compliance and eligibility to receive state funds by complying with audit of OMB Circular-A-133 "Audits of States, Local Governments, and Non-Profit Institution" and requirements of O.C.G.A. 36-18-7.

Reference: <http://www.audits.ga.gov/NALGAD/nonProfitDivision.html>

Reference: http://www.audits.ga.gov/NALGAD/Files/Audit_law_OCGA_36-81-7_effective_2004.pdf

One of the following financial document options is REQUIRED for ALL proposals.

F1: APPLICANT AUDIT

(or BALANCE SHEET & CERTIFIED STATEMENT OF FINANCIAL ACTIVITIES)

All Applicants MUST include a copy of most recent audit with application. If Applicant is not required to conduct an audit, then application MUST include a balance sheet and a certified statement of financial activities form a qualified professional, with their application.

- Only a single document can be uploaded.
- If submitting balance sheet and certified statement of financial activities, document MUST be combined as a single document and saved or scanned as a pdf.
- Save document as a pdf (or scan as a pdf) and identify as **FSG_510_####_AppAudFin**

Audit Alternative: In the event that the audit for the Applicant is so large that uploading may be hindered, Applicant may upload an audit facsimile as an alternative to uploading the full Audit. Using a Word document, record "Applicant Audit Link" as the title, identify Applicant and Proposal Username, and provide the URL and link to access the full Audit. Scan or save Word document as a pdf identifying it as **FSG_####_AppAudFin**, as you would an Audit.

Both of the following documents are REQUIRED only if Applicant is using a Fiscal Agent.

FISCAL AGENT AUDIT, if using a Fiscal Agent

- Only a single document can be uploaded.
- Save audit document as a pdf (or scan as a pdf) and identify as **FSG_510_####_FiscalAudit**

Audit Alternative: In the event that the audit for the Applicant is so large that uploading may be hindered, Applicant may upload an audit facsimile as an alternative to uploading the full Audit. Using a Word document, record "Fiscal Agent Audit Link" as the title, identify Applicant and Proposal Username, and provide the URL and link to access the full Audit. Scan or save Word document as a pdf identifying it as **FSG_####_FiscalAudit**, as you would an Audit.

MOU or AGREEMENT W/ FISCAL AGENT, if using a Fiscal Agent

- Applicant and Fiscal Agent identified on MOU or Agreement MUST be consistent with the Applicant and Fiscal Agent identified on the Application Cover.
- Scan signed MOU or Agreement, and save pdf identified as **FSG_510_####_FiscalAgreement**

Additional Contract and Eligibility Documents, Forms & Screenshots

*The following documents are **REQUIRED** for **ALL** proposals unless otherwise noted (based on Applicant status as a Public Entity or Non-Profit.)*

PE1 - AUTHORIZATION *(Template provided.)*

Public Entity ONLY

- Public entities (state agencies, public school/school districts or educational institutions) must provide a scanned copy of the authorization passed by the governing body of public entity authorizing designated representative to enter into an agreement with DHS/DFCS, if an award is approved.
- Prepare authorization using template provided on official letterhead.
- If authorization stipulates any amount, the amount must **exactly** match amounts in Section 3 on Application Cover.
- Document must identify a representative who is authorized to act on behalf of the public entity and must be signed by a public entity official and notarized. Expiration date of notary's commission must be included.
- Scan notarized/sealed authorization, saving pdf as **FSG_510_####_Resolution**

Keep original for your records in the event that it is requested at a later date.

NP1 - CORPORATE RESOLUTION *(Template provided.)*

Non-Profits ONLY

- Non-profit applicants **MUST** provide a certified copy of corporate 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 corporate letterhead using template provided.
- Individual(s) identified as officer(s) of the corporation authorized to sign the contract must be one of the officers identified on the Secretary of State screenshot.
"Agent" of the corporation that may be identified on the registration screenshot is NOT considered an "Officer" and cannot be designated as the signatory for any proposal or contract documents.
- Resolution should be signed by the Corporate Secretary or other officer identified on the Secretary of State screenshot and include a corporate seal. Seal must be evident/visible on scanned document. *Affix foil to document before impressing seal to improve contrast for scanning.*
- If corporate seal is not available, resolution may be notarized. Expiration date of notary's commission must be included.
- If resolution stipulates any amount, the amount must **exactly** match amounts in Section 3 on Application Cover.
- Scan notarized/sealed resolution, saving pdf as **FSG_510_####_Resolution**

Keep original for your records in the event that it is requested at a later date.

NP2 - GA SECRETARY OF STATE REGISTRATION Screenshot Non-Profits ONLY

- Go to the Georgia Secretary of State website: <https://ecorp.sos.ga.gov/BusinessSearch>
- Enter full legal name of non-profit. Click on "Business Search".

GEORGIA
CORPORATIONS DIVISION

BUSINESS SEARCH SERVICE OF PROCESS SEARCH

☒ Starts With
 ☒ Contains
 ☐ Exact Match

☒ Business Name:

Note: Enter a business name to lookup (This can be partial or full name)

☐ Control Number:

☐ Registered Agent Name:

☐ Officer Name:

- Click on agency name to display registration status. If there are several agencies with similar names, you will have to select the correct one to get the corresponding registration status.
- The agency page displays information related to the corporation's non-profit status, the most recent filing, and the name and title of each of the officers of the corporation.
- Applicants MUST have completed a 2020 filing.
- "Business Type" must be **"Domestic Non-Profit"**.
- "Business Status" must be **Active/Compliance**. A "Business Status" that says "Owes Current Year AR" is not acceptable and does not satisfy this requirement.
- The "Last Annual Registration Year" MUST be **2020**. Proof of 2021 registration will be required if awarded a contract. Annual filing commences on April 1.

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CORPORATIONS DIVISION

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **COMMUNITIES FOR CHILDREN, INC.**
 Business Type: **Domestic Nonprofit Corporation**
 Business Purpose: **NONE**
 Principal Office Address: **1117 Perimeter Ctr W, Ste W300, ATLANTA, GA, 30338, USA**
 State of Formation: **Georgia**

Control Number: **0124712**
 Business Status: **Active**
 Date of Formation / Registration Date: **5/25/2001**
 Last Annual Registration Year: **2020**

REGISTERED AGENT INFORMATION

Registered Agent Name: **Carla Rogg**
 Physical Address: **1117 Perimeter Center W, Suite W300, Atlanta, GA, 30338, USA**
 County: **Fulton**

OFFICER INFORMATION

Name	Title	Business Address
Officer 01	Secretary	Business Address 01
Officer 02	CEO	Business Address 02
	CFO	Business Address 03

- There are two acceptable options for meeting the screenshot requirements for the registration screenshot.

- Take a screenshot of the above screen, copy and paste into a Word document. Then save as a pdf or print, scan and save identifying pdf as **FSG_510_####_Registration**

Or

- Select "Print" from your dropdown menu. Either save as a pdf, or print, scan and save identifying pdf as **FSG_510_####_Registration**

Screenshot must indicate active/compliance, non-profit, for 2020 filing year.

11/8/2021 GEORGIA

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

BUSINESS SEARCH HOME (/)

BUSINESS INFORMATION

Business Name: COMMUNITIES FOR CHILDREN, INC. Control Number: 0124712

Business Type: Domestic Nonprofit Corporation Business Status: Active

Business Purpose: NONE

Principal Office Address: 1117 Perimeter Ctr W, Ste W300, ATLANTA, GA, 30338, USA Date of Formation / Registration Date: 6/25/2001

State of Formation: Georgia Last Annual Registration Year: 2020

REGISTERED AGENT INFORMATION

Registered Agent Name:

Physical Address:

County: Fulton

OFFICER INFORMATION

Name	Title	Business Address
Officer #1	Secretary	1117 Perimeter Ctr W Ste W300, ATLANTA, GA, 30338, USA
Officer #2	CEO	1117 Perimeter Ctr W Ste W300, ATLANTA, GA, 30338, USA
Officer #3	CFO	1117 Perimeter Ctr W Ste W300, ATLANTA, GA, 30338, USA

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) 753-7625, WEBSITE: <https://sos.ga.gov/>
© 2015 PCC Technology Group, All Rights Reserved. Version 6.2.11 Report a Problem?

<https://corp.sos.ga.gov/BusinessSearch/BusinessInformation?businessId=01555&businessType=Domestic%20Nonprofit%20Corporation&fromSearch=True> 1/1

Screenshots taken in previous years are NOT acceptable.

- It is critical 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.

NP3 - CERTIFICATE OF LIABILITY INSURANCE

Non-Profits ONLY

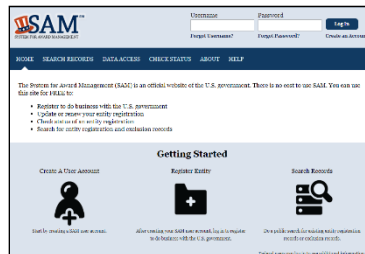
- ALL non-profit applicants must submit a Certificate of Insurance (COI) describing current liability coverage in effect.
- COI can be obtained through your insurance agent or carrier identifying Applicant as insured and describing general liability, professional liability, automobile liability, and 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.
- 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.
- Applicant is responsible for ensuring that any approved Subcontractor (s) also maintain required liability coverage.
- Scan and/or save insurance COI as a pdf identifying it as **FSG_510_####_Insurance**

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:

Page 22

C1 - SAM (FEDERAL EXCLUDED PARTIES) Screenshot**ALL**

- Applicant must obtain a screenshot from the Federal System for Award Management (SAM) demonstrating that the Applicant (non-profit or public entity) is currently registered, has an "active" status and that there are no "active exclusions", otherwise they may be ineligible for an award.
- Copy and paste this link in your browser: <https://www.sam.gov/SAM/>
Effective June 2017, you can no longer access the System for Award Management (SAM) using Internet Explorer (IE) Versions older than IE11. You either need to upgrade to an Internet Explorer version of IE11 or higher, or access SAM with another supported browser type (Chrome, Firefox, Safari, etc).
- If Applicant is not currently registered on SAM, see instructions on the SAM website for how to register.
- Click on icon under "Search Records".



- Enter Applicant legal name (**exactly** as it appears on your corporate registration, for non-profits).

- Using a name that is not consistent with your state and federal registration will result in "no records found for current search". ***This result is not acceptable...***

NOT ACCEPTABLE!

Status must be "Active".

Active Exclusion must be "No".

Expiration date should be in 2021.

- There are several acceptable screenshot options. However, screenshot option submitted must satisfy all the criteria stated above.

By Record Status <input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive By Record Type	<div> <div>Entity</div> <div>Fulton County Board of Education</div> <div>Status: Active</div> </div> <div> <div>DUNS: 079362182</div> <div>CAGE Code: 4F7Z3</div> <div>Has Active Exclusion?: No</div> <div>DoDAAC:</div> <div>Expiration Date: 03/18/2021</div> <div>Debt Subject to Offset?: No</div> <div>Purpose of Registration: All Awards</div> <div>View Details</div> </div>
---	---

Fulton County Board of Education DUNS: 0956582 CAGE Code: 4P/Z3 Status: Active Expiration Date: 06/30/2021 Purpose of Registration: All Awards	6201 Powers Ferry Rd. Atlanta, GA 30329-1906, UNITED STATES
Entry Overview	
Entry Registration Summary	
Name: Fulton County Board of Education Business Type: US Local Government Last Updated By: Kelly Hopkins Registration Status: Active Activation Date: 03/31/2021 Expiration Date: 06/30/2021	
Exclusion Summary	
Active Exclusion Records? No	

or

- Take a screenshot if either image, copy and paste into a Word document. Then save as a pdf or print, scan and save pdf identifying document as **FSG_510_####_SAM**
- There are also “Print” or “Save pdf” options. Save either pdf identifying it as **FSG_510_####_SAM**

10/26/2019

Search Results | System for Award Management

[Home](#)
[Instructions for SAM.gov](#)



NEW WAY TO SIGN IN: If you already have a SAM account, log your SAM email for login, or Log In

Log in as a FPO

ATTENTION: Once a user finishes registering to SAM and must submit a signature page representing their authorized Entity Administration. Read our [signature page](#) to learn more about changes to the authorized letter entry process and other system improvements.

ATTENTION: Once you are able to log in to data updates between the Small Business Administration (SBA) and SAM, if you receive any issues with your ability to login while in trouble on the SBA Registration page, please contact the Federal Service Desk.

Search Results

Current Search Terms: **Cherokee Child Advocacy Council, Inc.***

Total records: 1

Result Page: 1

[Save PDF](#)
[Export Results](#)
[Print](#)

[Back to Refinement](#)
[Order by Descending](#)

Your search for Cherokee Child Advocacy Council, Inc.* returned the following results...

Entity	Cherokee Child Advocacy Council, Inc.	Status: Active
<p>DISPON: DISPON#114</p> <p>Was Active: Deactivated No</p> <p>Expiration Date: 01/01/2020</p> <p>Provider of Information: Federal Institution Jurisdiction</p> <p>Only:</p>	<p>CAGE CODE: W4875</p> <p>Short Name:</p> <p>Entity Subject to Conflict: No</p> <p>View Details</p>	

Result Page: 1

[Save PDF](#)
[Export Results](#)
[Print](#)



800-876-8463 ext 4000
www.gsa.gov

Search Results

[Data Issues](#)
[Screening](#)
[Data per SAM](#)

[Data Issues](#)
[Screening](#)
[Data per SAM](#)

[Data Issues](#)
[Screening](#)
[Data per SAM](#)

[Data Issues](#)
[Screening](#)
[Data per SAM](#)

Data is U.S. Government data made available for Federal Government registration users. For SAM 2019-2020 (2019-2020) "Data source is subject to monitoring. Individual fields and/or entire record may be subject to change without notice.

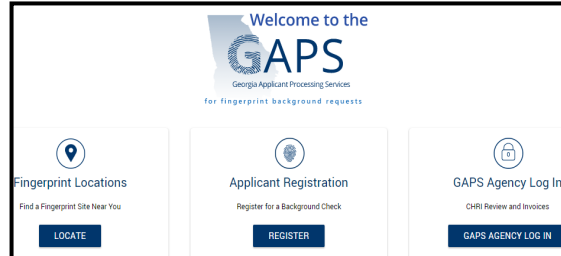
or

SAM Search Results			
List of records matching your search for :			
Search Term : fulton county board of education*			
Record Status: Active			
ENTITY	Fulton County Board Of Education	Status: Active	
DUNS: 079362182	+4:	CAGE Code: 4F723	DoDAAC:
Expiration Date: 05/18/2021	Has Active Exclusion?: No	Debt Subject to Offset?: No	
Address: 6201 Powers Ferry Rd			
City: Atlanta		State/Province: GEORGIA	
ZIP Code: 30339-2926		Country: UNITED STATES	

C2 - CRIMINAL HISTORY INVESTIGATIONS (Use form provided.)**ALL**

Applicant **MUST** certify that it conducts criminal history investigations in accordance with DHS/DFCS contract and:

- Is registered with the Georgia Applicant Processing Services (GAPS) at:
<https://www.aps.gemalto.com/ga/index.htm>:



and,

- Conducts criminal record 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.
- Download form and complete as directed.
- Record Applicant name as recorded on Application Cover.
- Record assigned **proposal username**.
- Record ORI or OAC# verifying agency registration with Georgia Applicant Processing Service (GAPS). This should be consistent with the corresponding field reported on the Application Cover.
- Form must be signed by an officer **authorized** by the Corporate Resolution (or Authorization for public entities) and notarized. *Signing officer must be identified by name and title indicated on Georgia Secretary of State website screenshot or Authorization.*
- Expiration date of notary's commission must be included.
- Scan signed document, save as a pdf, identifying it as **FSG_510_####_History**

Keep original for your records in the event that it is requested at a later date.

C3 – E-VERIFY AFFIDAVIT (Use form provided.)**ALL**

Applicant **MUST** certify that it meets security and immigration compliance in accordance with DHS/DFCS contracts.

- Download form and complete as directed.
- Record Applicant name as "Name of Contractor" as recorded on Application Cover.
- Record assigned **proposal username**.
- Record Federal Work Authorization User Identification number (E-Verify #). This should be consistent with the corresponding field reported on the Application Cover.
- Record Date of Authorization (date that E-Verify # was issued to agency).
- Form must be signed by an officer **authorized** by the Corporate Resolution (or Authorization for public entities) and notarized. *Signing officer must be identified by name and title indicated on Georgia Secretary of State website screenshot or Authorization.*
- Expiration date of notary's commission must be included.
- Scan signed and notarized document, Save pdf, identifying it as **FSG_510_####_Everify**

Keep original for your records in the event that it is requested at a later date.

C4 – Vendor Management Form <i>(Use form provided.)</i>	ALL
<ul style="list-style-type: none"> • Download form and complete as directed. Instructions are provided. • Use legal name of Applicant as reported on Application Cover. • Print pages 1-2 only, sign and scan pages saving pdf as FSG_510_####_Vendor 	
C5 – W9 Form <i>(Use form provided.)</i>	ALL
<ul style="list-style-type: none"> • Download form and complete as directed. Instructions are provided. • Use legal name of Applicant as reported on Application Cover. • Print page one only, sign and scan pages saving pdf as FSG_510_####_W9 	
C6 – Tax Compliance <i>(Use form provided.)</i>	ALL
<ul style="list-style-type: none"> • Download form and complete as directed, providing responses to all applicable questions. • Use legal name of Applicant as reported on Application Cover. • Save <u>final</u> document as a pdf (or print and scan as a pdf) and identify as FSG_510_####_TaxComp 	
C7 – PRE-AWARD RISK ASSESSMENT <i>(Use form provided.)</i>	ALL
<ul style="list-style-type: none"> • Download form and complete as follows: Complete (Pre-Award) Risk Assessment form. Only provide responses for the following questions on page one: <ul style="list-style-type: none"> • Grantee name (name of Applicant as it appears on Application Cover) • Grant amount (amount of request) • Question 1 • Question 2 • Question 3 • Question 4a, d, e, f, k, l, m, n & o • Do not alter form in any way. Score will calculate automatically based on your responses. • Do not complete any information on second page. • Form is not signed by the Applicant. • The remaining information will be completed by the Sources of Strength Program Specialist based on prior year(s)' contract performance. • Save completed Excel document saving as FSG_510_####_RiskAssessment 	

Submitting Your Proposal

All First Steps Georgia proposals must be submitted electronically through a secure proposal submission site. A proposal username and password are required for access to the site. Information on obtaining a proposal username and password will be provided at the mandatory informational meeting on **April 27, 2021 2:00PM**. Instructions for submitting a First Steps Georgia proposal will be provided when proposal username and password emails are distributed.

Questions? Contact First Steps Georgia Program Specialist, Jennifer Bell at Jennifer.Bell@dhs.ga.gov.

8.SAMPLE DOCUMENTS TO BE SUBMITTED

The documents that follow must be downloaded from <https://dfcs.georgia.gov/services/prevention-and-community-support-section/funding-opportunity> and submitted electronically using assigned username and password. Information on obtaining usernames and passwords will only be made available at the mandatory informational meeting on April 27, 2021 at 2:00PM.

Complete forms, documents and screenshots as directed. Only use forms provided with this Statement of Need unless otherwise directed or this may result in disqualification of proposal. Prepared documents and screenshots **MUST** also be current (and not from previous proposals or prepared or downloaded in 2020.)



**Division of Family and Children Services, Prevention and Community Support Section
FY2022 Statement of Need**

Application Cover

Complete as directed. Scan signed document and save pdf as **FSG_510_####_Cover**

Proposal Username FSG_510_####					
Identify Proposal Type. Select only one.					
<input type="checkbox"/> First Steps (FSG)	<input type="checkbox"/> GA Second Step (SSP)	<input type="checkbox"/> GA Home Visiting (GHV)	<input type="checkbox"/> Title V (SRAE) (TVP)	<input type="checkbox"/> PREP (PRP)	<input type="checkbox"/> Sources of Strength (STR)
If applicable, check one		<input type="checkbox"/> New Applicant for FY2022		<input type="checkbox"/> Program Funded in FY2021	

Section 1: Applicant Agency (for contracting purposes)					
Applicant Agency: (legal name)			Check one: <input type="checkbox"/> Public Entity <input type="checkbox"/> Non-Profit Agency		
Legal Mailing Address:			County:		
Telephone:	City:	State:	Zip:		
Federal Employer ID#:	DUNS#:	Year End:			
GAPS ORI or OAC#:	E-Verify#:	Year End:			
Executive Officer (name):			Title:		
Street Address:	City:	State:	Zip:		
Telephone:	Email:				

Non-Profits ONLY: Authorized Authority (as listed on Corporate Resolution)					
Authorized Officer (name):			Title:		
Street Address:	City:	State:	Zip:		
Telephone:	Email:	Date 501c3 issued:			

Program Information					
Program Contact (name):			Title:		
Street Address:	City:	State:	Zip:		
Telephone:	Email:				

Section 2: Fiscal Agent & Contact (if not the applicant agency)					
Applicant Fiscal Agent: (legal name)			Check one: <input type="checkbox"/> Public Entity <input type="checkbox"/> Non-Profit Agency		
Street Address:	City:	State:	Zip:		
Telephone:	Email:				
Federal Employer ID#:	DUNS#:	Year End:			
Fiscal Contact (name):			Email:		

Section 3: Contract Amount Requested	Amount: \$
---	------------

Section 4: Authorized Signatures	
<i>I, the undersigned, an authorized representative of the applicant, have read, understand, and agree to all relative conditions specified in the DFCS – PCS Statement of Need 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.</i>	

<p align="center"><u>Applicant Agency</u></p> <p>Authorized Officer: (signature)</p> <hr/> <p>Title: _____ Date: _____</p>	<p align="center"><u>Fiscal Agent (if not Applicant Agency)</u></p> <p>Authorized Officer: (signature)</p> <hr/> <p>Title: _____ Date: _____</p>
---	---



First Steps Georgia (FSG) Proposal Narrative

Applicant Agency*:	Proposal Username
	FSG_510_####

*Legal name of agency/organization/institution as it appears on SAM or Registration screenshot.

Instructions:

- Respond to each question below. If any question is not applicable, indicate "N/A" and briefly explain why.
- Boxes will expand as you type.
- Do not exceed page limits for each section.

PART 3a. PROPOSAL SUMMARY (2 pages)

Program Summary

1. Provide a summary of your First Steps Georgia program (that is suitable for publication). Maximum 50 words. Respond in present tense. (\

Participants

2. Describe the target population to be served.

3. How many will FSG program serve during the contract year (October 1, 2021 – September 30, 2022)?

- Total number families
- Total number of mothers, fathers, and children.

a.

b. Mothers: Fathers: Children:

4. Point of Entry. Check all that apply.

☐ Pregnant Mothers ☐ Newborns ☐ Young children 0-5years

Service Delivery Area

5. Describe FSG service area, including geographic area of this community (e.g. city, neighborhood, school population, hospital)

6. a. Identify primary county to be served and provide population and poverty rate

b. Identify additional counties to be served.

a. Primary County: Total County Population: County Poverty Rate:

b.

Protective Factors

7. a. Describe how at least one of the five Strengthening Families Protective Factors will be incorporated in your work. See Protective Factors Core Meanings and visit <http://strengtheningfamiliesga.net/about-sfg> for more information.

b. Describe how FSG services will increase Protective Factor(s) identified for families served.

a.

b.

Page break here required.

PART 3b. ADMINISTRATION (2 pages)

Contract Oversight and Fiscal Management

8. Describe Applicant's qualifications and experience managing contracts.

9. Identify Applicant representative who will be responsible for coordinating, monitoring, and reporting on First Step Georgia activities. Describe relevant qualifications and experience.

Complete if the 'implementing agency' is NOT the Applicant.

If implementing agency (entity providing FSG services) is not the Applicant, a copy of the MOU/Agreement between the Applicant and the Implementing Agency MUST also be submitted with proposal.

10. Identify and describe implementing agency and why they were selected to deliver FSG services. Include qualifications that demonstrate that the implementing agency has the experience and capacity to successfully deliver SRAE.

Fiscal Agent. Complete this section ONLY, if fiscal agent is NOT the Applicant.

If Fiscal Agent is used, Applicant MUST submit copy of MOU/Agreement with Fiscal Agent with proposal.

If Applicant will not use a fiscal agent, record N/A for all responses.

11. a. Identify fiscal agent.
b. Describe relationship of fiscal agent to the Applicant.
c. Describe fiscal agent qualifications.

a.

b.

c.

12. Is the fiscal agent delinquent on any federal debt? If yes, explain.

13. In preceding fiscal year, did fiscal agent receive 80% or more of its annual gross revenue in federal funds.

14. In preceding fiscal year:
a. Was annual gross revenue from federal sources \$25,000 or more and is required to comply with "Federal Funding Accountability and Transparency Act"? If yes, ...
b. Provide names and total compensation for five most highly compensated officers.

a.

b.

Page break here required.

PART 3c. ESSENTIAL SERVICE (FUNCTION) REQUIREMENTS (2 pages)**Identification & Referral****15. a. Community Outreach**

- i. Identify the community partner(s) that will provide access to families for the purpose of providing FSG services.
- ii. Describe how this access will be provided.
- iii. Has confirmation been received from the partner(s) listed above of intent to participate as described?

b. Community Collaboration

- i. Indicate the names of the community agencies with which your FSG fiscal agent plans to establish a MOU to support provision of FSG services.
- ii. Indicate the names of the agencies with which your agency plans to establish a clear point of contact to support provision of FSG services.

a. i.

ii.

iii.

b. i.

ii.

16. Screening

- a. Describe the method for screening families.
- b. Identify the location(s) in your community where FSG screens will be completed.
- c. Identify other potential locations for the three points of entry into your FSG services: 1) Expectant Mother; 2) Newborn; and 3) Young Child 0-5.
- d. Where available, describe the plan for ensuring ongoing communication between the FSG Coordinator and evidence-based home visiting program(s).

a.**b.****c.****d.****17. Parent Education**

- a. Describe how FSG educational materials and the community resource guide will be provided to families in your community.
- b. Describe the process for internal review of FSG educational materials and community resource guide and timeframe(s) for review.

a.**b.****18. Linkage**

- a. Describe plan for linking families to relevant community resources and services.
- b. List other services available within your organization to which FSG families may be referred.
- c. Describe process for linking families to evidence-based home visiting program(s), if available in your community.
- d. Describe plan for identifying resources for prenatal drug exposure and process for linking identified families to appropriate resources.

a.**b.****c.****d.**

Page break here required.

PART 3d. ESSENTIAL PRACTICE REQUIREMENTS (2 pages)

19. Describe training plan for service providers.

20. Describe how you plan to administer the First Steps Georgia Screening Tool.

21. Describe plan for surveying families who have been provided FSG services using the FSG Family Satisfaction Survey.

22. Describe how parent packet educational materials will be selected.

23. Describe anticipated contact with FSG State Coordinator for FSG technical assistance, and other appropriate GHVP technical assistant(s).

Page break here required.

PART 3e. ESSENTIAL STRUCTURE REQUIREMENTS (2 pages)

24. Who will be responsible for the implementation of this FSG community plan?

25. Describe the hiring process for direct service staff.

26. FSG Staffing

- a.** Specify the location of workspace for the FSG staff.
- b.** Will volunteers/interns be used for FSG direct service? If yes;
 - i. Describe the screening process for hiring volunteers/interns.
 - ii. Describe the process for training volunteers/interns.
 - iii. Who will supervise volunteers/interns and with what frequency?

a.

b. i.

ii.

iii.

27. FSG Data Entry

- a.** Describe how FSG data will be maintained onsite.
- b.** Who will be responsible for ensuring efficient and accurate data entry into the GHVP data management system(s)? Include relevant qualifications and experience to ensure accuracy and consistency.

a.

b.

FORM B- FIXED RATE SCHEDULE WORKSHEET					
CONTRACTOR and REMIT TO ADDRESS		CONTRACTOR NUMBER			
		Contract #			
		Purchase Order #			
		Vendor #			
CONTRACTOR CONTACT NAME		CONTRACTOR CONTRACT PHONE NUMBER			
Electronic Funds Transfer? <input type="checkbox"/> YES (Authorization for ETF must be attached or on file) No <input type="checkbox"/>					
Remit Invoices to: Georgia Department of Human Services					
Description of Services	Dollar Amount per Unit of Measure	Unit of Measure (i.e., each, month, lot,)	Number of Units (Quantity)	Bi-Annual Payment Request	Total Requested Contract Amount
Provides First Steps Georgia screening to families.	\$XX.xx	each not to exceed XXX			XXXXXX.xx
TOTAL					

*Fixed Rate Schedules are due within 30 days of 3/31/22 and 9/30/22 as per Reporting Requirements.

Note: Reported screenings by the contractor do not guarantee payment in full. All reported screenings completed will be verified in GEOHVIS. Contractors will have up to 30 days to submit deliverables and supporting documentation. The failure to meet any Performance Measures may result in corrective action plans, suspension, or termination. PCS will monitor contractual compliance and take appropriate action if warranted.

CONTRACTOR:

 Signature of Authorizing Official Date

DFCS – PREVENTION AND COMMUNITY SUPPORT

 DFCS – PCS Program Review Date

 DFCS –PCS Fiscal Review Date

APPROVED BY AUTHORIZING OFFICIAL:

 Signature of Authorizing Official Date

USE OFFICIAL PUBLIC ENTITY LETTERHEAD

**AUTHORIZATION
TO ENTER INTO CONTRACT**

Program: First Steps Georgia

Contract Period: October 1, 2021 – September 30, 2022

Proposed Project Cost: \$

Individual authorized to act on behalf of Public Entity: (Insert name(s) and title(s) of individual(s) authorized to sign contract)

(Insert Public Entity name) agrees to enter into a written contract with the Georgia Department of Human Services, Division of Family and Children Services, Prevention and Community Support to deliver services as described in FY2022 First Steps Georgia proposal.

(Signature of **Official**)*

(Name** of **Official**)

(Title** of **Official**)

Date

Notary Signature

Date Commission Expires

Affix notary seal or stamp here.

*Document MUST be signed by an official authorized to act on behalf of the Public Entity.

** Record name and title official as it appears Public Entity documents.

USE CORPORATE LETTERHEAD

**CORPORATE RESOLUTION
TO ENTER INTO CONTRACT**

At the “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:

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, Prevention and Community Support to deliver services as described in the FY2022 First Steps Georgia proposal for the period beginning **October 1, 2021 and ending September 30, 2022.**

AND THE (insert title of officer(s) as identified on the Secretary of State registration screenshot) is duly authorized to execute said contract on behalf of this corporation.

Certified true and correct

(Signature of **Authorized** Individual)*

Affix corporate seal here

(Name** of **Authorized** Individual)

(Title** of **Authorized** Individual)

Date

If no corporate seal available, Resolution may be notarized

Notary Signature

Affix notary seal or stamp here

Date Commission Expires

*Document MUST be signed by an individual identified on, and authorized by, Corporate Resolution (for Non-Profit) or Authorization (for a Public Entity).

** Record name and title of officer as it appears on GA SOS registration or name and title of individual as it appears on Authorization (for Public Entity).

CRIMINAL HISTORY INVESTIGATIONS

Complete as directed. Scan signed document and save pdf as **FSG_510_####_History**

Applicant Agency*:	Proposal Username
	FSG_510 

*Legal name of agency/organization/institution as it appears on SAM or Registration screenshot.

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** Individual)*

(Name** of **Authorized** Individual)

(Title** of **Authorized** Individual)

Date

Notary Signature

Date Commission Expires

Affix notary seal or stamp here.

*Document **MUST** be signed by an individual identified on, and authorized by, Corporate Resolution (for Non-Profit) or Authorization (for a Public Entity).

** Record name and title of officer as it appears on GA SOS registration or name and title of individual as it appears on Authorization (for Public Entity).

E-VERIFY AFFIDAVIT

Complete as directed. Scan signed document and save pdf as **FSGF_510_####_Everity**

Applicant Agency*:	Proposal Username
	FSG_510_####

*Legal name of agency/organization/institution as it appears on SAM or Registration screenshot.

SECURITY AND IMMIGRATION COMPLIANCE AFFIDAVIT Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the **Georgia Department of Human Services** has registered with, is authorized to use and uses the Federal Work Authorization Program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical 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(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

(This is a 4, 5, or 6-digit number, also known as eVerify Company ID. Not Tax ID or SS Number)

Date of Authorization

(This is the date the Company ID was issued by the Federal eVerify system.)

Name of Contractor

Prevention and Community Support: First Steps Georgia

Name of Program

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 , 202 in , GA.
Month and date City

Signature of **Authorized Officer**

Printed Name and Title of **Authorized Officer**

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF , 202 .

Signature of Notary Public

Date Commission Expires

Affix notary seal or stamp here.

*Document MUST be signed by an individual identified on, and authorized by, Corporate Resolution (for Non-Profit) or Authorization (for a Public Entity).

** Record name and title of officer as it appears on GA SOS registration or name and title of individual as it appears on Authorization (for Public Entity).



SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons **MUST** review this form to ensure the supplier has completed the appropriate highlighted sections 1-5.

Agency Vendor Liaisons **MUST** complete the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER	
<input type="checkbox"/> Newly Assigned Supplier ID	<input type="text"/>
<input type="checkbox"/> Existing TeamWorks Supplier ID	<input type="text"/>

SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)

<input type="checkbox"/> Change Bank Acct - Loc#	<input type="text"/>
<input type="checkbox"/> Change Address - #	<input type="text"/>
<input type="checkbox"/> Classification Change	
<input type="checkbox"/> HCM Vendor	
<input type="checkbox"/> Statewide Contract (DOAS Use Only)	
<input type="checkbox"/> Other (Provide Details in Section 5 and Initial)	

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

Liaison Name: _____ Agency BU#: _____

Signature: _____ Date: _____

Email: _____ Phone: _____

SECTION 1 – SUPPLIER IDENTIFICATION (Complete all fields)

FEI/SSN/TIN NUMBER: _____

SUPPLIER NAME: _____

PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____ DRIVERS LICENSE #: _____ DL STATE: _____

PRIMARY #: _____ EXT: _____ SECONDARY #: _____ EXT: _____

LANDLINE ☐ CELL ☐ (USED FOR IDENTITY VERIFICATION) | LANDLINE ☐ CELL ☐ | (USED FOR IDENTITY VERIFICATION)

CONTACT EMAIL: _____

SECTION 2 – BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS)

ROUTING #	<input type="text"/>	ACCOUNT #	<input type="text"/>
-----------	----------------------	-----------	----------------------

☐ 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 SPECIFIC purpose. _____
Describe specific purpose

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: _____

PYMT REMIT EMAIL: _____

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

Date

SECTION 3 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.

	Deactivate Supplier Profile (Enter justification in Section 5)
	Reactivate Supplier Profile
	1099 Applicable. Enter Code _____
	Add <u>New</u> Bank Account (Must complete Section 2)
	Change <u>Existing</u> Bank Account (Must complete Section 2)
	FEI/TIN Change (Cannot be changed if 1099 applicable)
	Supplier (Business) Name Change
	Add <u>Additional</u> Business Address
	Change <u>Existing</u> Business Address
	Other (Provide Details in Section 5)

SECTION 4 – TYPE OF BUSINESS (Check All That Apply)

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

☐ *Small Business
GA Resident Business

☐ Women Owned
☐ Minority Business Certified

MINORITY BUSINESS ENTERPRISE (51% Owned):

<input type="checkbox"/>	Hispanic – Latino	<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American
<input type="checkbox"/>	Asian American	<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	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 have either less than 300 employees OR less than \$30 million in gross receipts per year.

SECTION 5 – ADDITIONAL SUPPLIER COMMENTS (Required if “Other” or “Deactivate” box checked in Section 3)

--

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	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)	

Part I 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.

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

Social security number									
				-				-	
or									
Employer identification number									
				-					

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 ►

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, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



TAX COMPLIANCE

INSTRUCTIONS TO SUPPLIERS

Please complete the following information:

- Supplier Name:
- Physical Location Address:
- Federal Identification Number (FEI):
- Have you ever been registered in the State of Georgia? Y N

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 Services will you perform?
- Will you sell any tangible personal property or goods? Y N
- 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 CFO, the company tax officer, etc.)
 - Name:
 - Telephone Number:
 - Email 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 tsd-state-contractors@dor.ga.gov for processing in accordance with the *Georgia Procurement Manual*.



Georgia Department
of Human Services

Pre-Award Risk Assessment Form

Grantee Name:	
Grant Award Number(s) or CFDA Number:	
Program Name(s):	Prevention and Community Support: First Steps Georgia
Risk Assessment Completed by and date	
Grant Period(s):	October 1, 2021 - September 30, 2022
Grant Amount(s):	
Total Score:	0
Risk Assessment:	Low Risk

1. Amount	Small <\$25,000	Medium \$25,000 to \$250,000	Large >\$250,000	
Amount of the award (If award amount is unknown, an estimated award amount should be used.)				
2. Accounting System	Automated	Manual	Combination	
Type of accounting system used by the entity				
3. Program Complexity	Not Complex	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 the program has complex grant requirements (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). 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 ► Various types of program reports are required ► Matching funds or Maintenance of Effort are required ► The entity further subcontracts out the program 				
4. Entity Risk	Yes/No			
a. Is the entity receiving an award for the first time?				
b. Did the entity adhere to all terms and conditions of prior grant awards?				
c. Does the entity have adequate and qualified staff to comply with the terms of the agreement?				
d. Does the entity have prior experience with similar programs?				
e. Does the entity maintain policies which include procedures for assuring compliance with the terms of the award?				
f. Does the entity have an accounting system that will allow them to completely and accurately track the receipt and disbursements of funds related to the award?				
g. Does the federal program require staff to track their time associated with the award?				
h. If yes, does the entity have a system in place that will account for 100% of each employee's time? (If answered no to 4g, leave blank)				
i. Did the entity's key staff members attend required trainings and meetings during prior grant awards?				
j. Did the entity's key staff members respond to State requests timely during prior grant awards?				
k. Did the entity have one or more audit findings in their last single audit regarding program non-compliance?				
l. Did the entity have one or more audit findings in their last single audit regarding significant internal control deficiency?				
m. Was the entity audited by the Federal government in the prior year(s)?				
n. If yes, did the audit result in one or more audit finding? (If answered no to 4m, leave blank)				
(Assign 5 points for each issue from below that applies)				
o. Other issues that may indicate high risk of non-compliance? Explain:				
<p>Other issues: (1) Having new or substantially changed systems or software packages, i.e. accounting, payroll, reporting, technology, administration; (2) Turnover in personnel, i.e. business, award management, program; (3) External risks including: economic conditions, political conditions, regulatory changes & unreliable information; (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.</p>				
5. Reporting & Budget	Yes/No			
Rank the entity based on your knowledge of the following:				
a. Were performance reports submitted timely for prior grant awards? (i.e. within the agency specified timeframe)				
b. Was reasonable progress made towards performance goals for prior grant awards?				
c. Were financial reports submitted timely for prior grant awards?				
d. Were financial reports accurate for prior grant awards?				
e. Did the entity stay on budget in prior years?				
Low = 0 - 85 Moderate = 86 - 170 High = 170 and higher		TOTAL RISK POINTS:		0



Georgia Department
of Human Services

Pre-Award Risk Assessment Form

Common Attributes of Grantees with Low, Moderate and High Risk:

Low Risk	High Risk
<i>Most of the following attributes should be present to be considered <u>low</u> risk</i>	<i>One or more of the following attributes may be present to be considered <u>high</u> risk</i>
▶ 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 ▶ Agencies that fall between low risk and high risk are considered <u>moderate</u> risk.	

Additional notes or considerations specific to the Grantee:

Reviewed by: _____
Title: _____

_____ Date

Program Manager

Date

Director

Date

Attachment A-1

*Note: No separate document is required; answer Protective Factors question in the Plan Summary narrative (page 7, question vii)

Georgia Division of Family and Children Services - Prevention and Community Support section

Protective Factors Core Meanings

CENTER FOR THE STUDY
OF SOCIAL POLICY

strengthening families
A PROTECTIVE FACTORS FRAMEWORK



CORE MEANINGS OF THE STRENGTHENING FAMILIES PROTECTIVE FACTORS

Protective Factor	Core Meaning
Parental Resilience: Managing stress and functioning well when faced with challenges, adversity and trauma.	<u>Resilience Related to General Life Stressors</u> <ul style="list-style-type: none">a. managing the stressors of daily lifeb. calling forth the inner strength to proactively meet personal challenges, manage adversities and heal the effects of one's own traumasc. having self-confidenced. believing that one can make and achieve goalse. having faith; feeling hopefulf. solving general life problemsg. having a positive attitude about life in generalh. managing anger, anxiety, sadness, feelings of loneliness and other negative feelingsi. seeking help for self when needed <u>Resilience Related to Parenting Stressors</u> <ul style="list-style-type: none">a. calling forth the inner strength to proactively meet challenges related to one's childb. not allowing stressors to keep one from providing nurturing attention to one's childc. solving parenting problemsd. having a positive attitude about one's parenting role and responsibilitiese. seeking help for one's child when needed
Social Connections: Positive relationships that provide emotional, informational, instrumental and spiritual support.	<ul style="list-style-type: none">a. Building trusting relationships; feeling respected and appreciatedb. Having friends, family members, neighbors and others who:<ul style="list-style-type: none">• provide emotional support (e.g., affirming parenting skills)• provide instrumental support/concrete assistance (e.g., providing transportation)• provide informational support/serve as a resource for parenting information• provide spiritual support (e.g., providing hope and encouragement)• provide an opportunity to engage with others in a positive manner• help solve problems• help buffer parents from stressors• reduce feelings of isolation• promote meaningful interactions in a context of mutual trust and respectc. Having a sense of connectedness that enables parents to feel secure, confident and empowered to "give back" to others

CENTER FOR THE STUDY
OF SOCIAL POLICY'S

strengthening families
A PROTECTIVE FACTORS FRAMEWORK



CORE MEANINGS OF THE STRENGTHENING FAMILIES PROTECTIVE FACTORS

Protective Factor	Core Meaning
Knowledge of Parenting and Child Development	<p>Seeking, acquiring, and using accurate and age/stage-related information about:</p> <ul style="list-style-type: none"> a. parental behaviors that lead to early secure attachments b. the importance of <ul style="list-style-type: none"> • being attuned and emotionally available to one's child • being nurturing, responsive, and reliable • regular, predictable, and consistent routines • interactive language experiences • providing a physically and emotionally safe environment for one's child • providing opportunities for one's child to explore and to learn by doing c. appropriate developmental expectations d. positive discipline techniques e. recognizing and attending to the special needs of a child
Concrete Support in Times of Need	<ul style="list-style-type: none"> a. being resourceful b. being able to identify, find, and receive the basic necessities everyone deserves in order to grow (e.g., healthy food, a safe environment), as well as specialized medical, mental health, social, educational, or legal services c. understanding one's rights in accessing eligible services d. gaining knowledge of relevant services e. navigating through service systems f. seeking help when needed g. having financial security to cover basic needs and unexpected costs
Children's Social and Emotional Competence	<p><u>Regarding the parent:</u></p> <ul style="list-style-type: none"> a. having a positive parental mood b. having positive perceptions of and responsiveness to one's child c. responding warmly and consistently to a child's needs d. being satisfied in one's parental role e. fostering a strong and secure parent-child relationship f. creating an environment in which children feel safe to express their emotions g. being emotionally responsive to children and modeling empathy h. talking with the child to promote vocabulary development and language learning i. setting clear expectations and limits j. separating emotions from actions k. encouraging and reinforcing social skills such as greeting others and taking turns l. creating opportunities for children to solve problems <p><u>Regarding the child:</u></p> <ul style="list-style-type: none"> a. developing and engaging in self-regulating behaviors b. interacting positively with others c. using words and language skills d. communicating emotions effectively