



FY2023 Statement of Need (SoN)

SOURCES OF STRENGTH PROGRAM

SoN Release Date:	January 26, 2022
Mandatory SoN Informational Webinar:	February 1, 2022, at 2:30-3:30pm EST
Deadline for Proposal Submission:	February 28, 2022, at NOON
Contact:	Lindsey Dale Prevention and Community Support Program Specialist Phone: (404) 859-1233 Email: Lindsey.Dale@dhs.ga.gov

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

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 (PCS) Section of the Georgia Division of Family and Children Services (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 child and family resource programs throughout the state.

This Statement of Need (SoN) is for the school-based implementation of the Sources of Strength Program for the 2022-2023 school year.

PCS staff is available to assist you if you have questions in completing this application. Please see the technical assistance contact list on page 8 of this SoN.

All proposals MUST be submitted electronically using assigned proposal ID#. Information on obtaining usernames and passwords will be made available at the mandatory informational webinar on February 1, 2022, 2:30-3:30PM. If you or a representative are unable to attend this webinar, please email Lindsey.Dale@dhs.ga.gov.

1c. Sources of Strength Curriculum

Sources of Strength, a universal suicide prevention program, is designed to build protective influences and reduce the likelihood that vulnerable youth will become suicidal. The program trains students as Peer Leaders and connects them with Adult Advisors at school and in the community. Adult Advisors support the Peer Leaders in conducting well-defined messaging activities that aim to change peer group norms influencing coping practices and problem behaviors (e.g., self-harm, drug use, unhealthy sexual practices). The program is strength-based and promotes eight critical protective factors that are linked to overall psychological wellness and reduced suicide risk. Specifically, program activities aim to reduce the acceptability of suicide as a response to distress, increase the acceptability of seeking help, improve communication between youth and adults, and develop healthy coping attitudes among youth. The program is also designed to positively modify the knowledge, attitudes, and behaviors of the Peer Leaders themselves.

Students are recruited through staff and student nominations to form a team of Peer Leaders, who are mentored by 2-5 Adult Advisors. Certified trainers provide the Peer Leaders and Adult Advisors with an initial 4-hour interactive training. Adult Advisors facilitate Peer Leader meetings over 3-4 months to plan, design, and practice individual, classroom, and media messaging activities. The Peer Leaders develop posters and public service announcements with local faces and voices; give peer-to-peer presentations; develop messages to be delivered via video, the Internet, or text messages; and have one-on-one conversations within their network of friends.

The program is designed as a multi-year project with ongoing peer messaging and contacts growing over time. Adult Advisors receive training and ongoing support. For more information about Sources of Strength, please visit: <https://sourcesofstrength.org/>

Applicants must adhere to the following outcome measures.

Outcome Indicator	PCS Performance Levels
Academic Achievement	At least 95% of target children in Grades 6-12 will be promoted to the next grade.
Student Behavior	At least 75% of target children in Grades 6-12 will be free of in-school suspensions. At least 90% of target children in Grades 6-12 will be free of out-of-school-suspensions and expulsions.

Quarterly implementation and evaluation reports will be required throughout the contract. At the end of the school year, each school will be required to report on all the above Outcome Indicators. Schools will also be asked to submit office referral and suicidal ideation or attempts disclosure data from the previous school year (2021-2022) at the end of the first period, and for the awarded school year (2022-2023) at the end of the contract period.

2. STATEMENT OF NEED (SoN) Criteria

2a. Proposals

The Prevention and Community Support Unit is seeking proposals from eligible schools/school-systems to implement a Sources of Strength program in grades 6-12. Sources of Strength award limit is **\$8,000.00 /school**. When school systems apply for multiple schools, each school is reviewed and evaluated independently. School system application may be awarded in total or in part.

2b. Eligibility Criteria

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

- Be a public-school system, a charter school, or a private school that is a 501c3 nonprofit.
- Demonstrate that it has the qualifications and capacity to meet implementation, oversight and reporting requirements outlined in Statement of Need.
- Satisfy all proposal, eligibility, and contract requirements described in Statement of Need.
- Application **MUST** include all required documents identified on the Application Checklist, as applicable.
- If original signature(s) is required for any document, signature(s) **MUST** be that of the individual(s) authorized to sign contracts for the applicant.
- Submit complete application, including all forms/documents electronically by noon on February 28, 2022.

Failure to meet any of the above eligibility requirements may result in disqualification of your proposal application.

3. PROPOSAL REQUIREMENTS

Download and complete all forms as instructed. See section 8 for sample documents.

3a. Application Cover

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

3b. Proposal Narrative (Maximum 8 pages)

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

- Boxes will expand as responses are entered.
- Do not exceed page limits for each section.
- Do not change font, font size or margins in response boxes. Be mindful of copying/pasting from other documents as this often affects formatting.

Part A. Needs Assessment: Questions 1-4 (Maximum 2 Pages)

Responses MUST demonstrate that there is a need for a Sources of Strength program in the community/school system/school(s) identified. Relevant and supportive data should be included.

Part B. Administration: Questions 5-8 (Maximum 2 pages)

Responses MUST demonstrate that school system/school has the resources, experience, and capacity to administer a Sources of Strength program and meet implementation requirements.

Part C. Implementation: Questions 9-12 (Maximum 3 pages)

Responses MUST demonstrate that school/school system has an appropriate and comprehensive plan to promote, deliver, and support a successful Sources of Strength program.

Part D. Outcomes: Questions 13 (Maximum 1 page)

Responses should demonstrate the benefits expected to be achieved through implementation of the Sources of Strength program.

3c. School Assurance

Each participating school MUST complete and submit an assurance to demonstrate its commitment to implementing the Sources of Strength program curriculum with fidelity to the curriculum.

3d. School Sponsorship

Each participating school MUST complete and submit a school sponsorship form to demonstrate the commitment by administrators from both the school system and the school to implement and sustain a Sources of Strength program.

3e. School Implementation

Each participating school MUST complete and submit a school implementation form demonstrating the need for Sources of Strength in the school and describing its plan for a successful implementation of a Sources of Strength Program.

4. OTHER APPLICATION DOCUMENT REQUIREMENTS

In addition to the Application Cover and proposal documents, applications are required to include financial documents as well as other documents to evaluate applicant's eligibility as a DHS/DFCS contractor and its contract readiness, should proposal be funded.

Use Application Checklist provided as a guide for determining required documents for your Sources of Strength proposal.

Instructions for completing all documents/forms/screenshots is included in Section #7.

Important Note:

- Obtaining the required System Award Management and GA Secretary of State screenshots may require additional actions by the Applicant to satisfy the criteria for the screenshot. Initiate requests for these early so that any issues can be addressed to meet the submission deadline.
- Build sufficient time into the preparation of documents that need to be circulated, signed and/or notarized. Documents that do not meet the submission criteria may result in disqualification of proposal.

5. REVIEW, SELECTION, AWARD, AND CONTRACT PROCESS

Applications received by the submission deadline undergo a Compliance Review to determine if all required documentation has been submitted as required. Applications that meet all compliance review criteria will advance to a qualitative Proposal Review by an independent review team.

Incomplete applications will be identified as non-compliant and do not advance to a qualitative Proposal Review. Applicant will be notified of the status of their submission by email. Submission of documents after the deadline is not permitted. PCS will not permit applicants to add information to their application after submission unless clarification or additional information is requested by PCS.

Award notices will be sent by email. Applicants awarded funding will begin July 1, 2022, and end June 30, 2023. Communication via telephone, email, and/or fax regarding award notices is prohibited before official notification by PCS.

Contract Award Period

The awarded contract is for a 12-month period, July 1, 2022, to June 30, 2023.

Contract Award Agreement

PCS will offer a contract agreement to selected applicants for training on Sources of Strength and Sources of Strength implementation materials for one year. PCS will require that successful

applicants provide quarterly program reports that measure process and qualitative outcomes for Year One of implementation.

Sources of Strength awards will be for **\$8,000.00 /school**. This funding will pay for an initial annual subscription for Sources of Strength, stipend and travel reimbursement to a Georgia Sources of Strength certified trainer, and start-up funding for purchasing of campaign materials.

NOTE: Upon successful completion of the Sources of Strength training and subsequent successful implementation, we will consider funding a school's annual Sources of Strength subscription for up to three years.

	Cost of Subscription for Year 1	Cost of Subscription for Year 2	Cost of Subscription for Year 3	Costs related to training, campaign development, and materials	Total FY2023 Award
Schools requiring a new Sources of Strength subscription	\$750	\$500	\$500	\$6,250	\$8,000
Schools with an existing Sources of Strength subscription	\$500	\$500	\$500	\$6,500	\$8,000

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 will include financial and program expectations as well as Contract Reporting Training. The training will take place in a central location, at the contractor's site and/or online via webinar. The timing of the training 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 support activities will also be conducted.

Evaluation and Reporting Requirements

PCS requires that contractors comply with and fully participate in two main components of evaluation and reporting:

1. **Financial and Program Reporting:** PCS will provide financial and reporting documents that will need to be completed by contractor. Please see the chart below that outlines an overview of the reporting requirements.
2. **Evaluation:** PCS may conduct a cross-site evaluation of contractors. Contractors will be expected to participate, if requested.

Sources of Strength Reporting Timeline

Reporting Periods	Reporting Requirements	Due Date
July 1, 2022- September 30, 2022	<ul style="list-style-type: none"> • Executed contract award agreement and attachments • Submission of a signed "Performance Report" • Planning program report 	October 31, 2022

	<ul style="list-style-type: none"> Submission of office referral data and suicidal ideation or attempts disclosure data from the previous (2021-2022) school year 	
October 1, 2022- December 31, 2022	<ul style="list-style-type: none"> Submission of a signed "Performance Report" Implementation program report 	January 31, 2023
January 1, 2023- March 31, 2023	<ul style="list-style-type: none"> Submission of a signed "Performance Report" Implementation program report 	May 1, 2023
April 1, 2023-June 30, 2023	<ul style="list-style-type: none"> Submission of a signed "Performance Report" Implementation program report Outcome data Submission of office referral data and suicidal ideation or attempts disclosure data from current school year (2022-2023) 	July 31, 2023

6. TECHNICAL ASSISTANCE

PCS asks that applicants direct all questions to the contacts below. Questions will be permitted until the date of the proposal submission. Applicants are strongly encouraged to pose all questions as early as possible in the Statement of Need process.

Sources of Strength Program or Statement of Need Questions:

Lindsey Dale
Program Specialist
Prevention and Community Support
Lindsey.Dale@dhs.ga.gov
(404) 859-1233

7. PREPARING AND SUBMITTING A PROPOSAL

- Information on obtaining proposal ID#s and passwords will only be made available at the mandatory informational webinar on **February 1, 2022, 2:30-3:30PM**.
- All required documents **MUST** be submitted electronically - uploaded to secure submission site by **NOON on Monday, February 28, 2022**. Proposals submitted that do not include ALL required forms and documents will be disqualified.
- Required forms must be downloaded from website. Only use forms provided with this Statement of Need unless otherwise directed or this may result in disqualification of proposal.
- Complete forms, documents and screenshots as directed. Prepared documents and screenshots **MUST** be current (and not from previous proposals or prepared or downloaded in 2021.) See Section 8 for copies of forms.
- Complete each form using Arial Narrow 10 point, single-spaced. Do not change text, format, font size, spacing or margins imbedded in the forms.
- Record assigned **proposal ID#** (STR####) in the space provided on all forms. If submitting more than one proposal, ensure that you use the corresponding **proposal ID#** (STR####) assigned on all documents for each proposal.
- The identification of the Applicant agency on all forms should be consistent with its full legal name as it appears on the System Award Management (SAM) screenshot for public entities or Secretary of State registration screenshot for non-profits.
- Applicant and authorized officers and their titles **MUST** be identified consistently on all required documents, forms, and screenshots.
- Save final documents as instructed on each document or the Application Checklist. All documents **MUST** follow the prescribed naming convention. For example, Proposal Narrative, is identified as **STR####_Narrative** with no additional spaces or characters. Documents that do not follow this naming convention will not upload.

Please note: Do not change file extensions on scanned documents to meet format requirements. Document must be saved in correct format, or it will 'fail to 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 jpeg files **WILL NOT** upload.
- Only documents prepared in the required format will upload. Word documents can be .doc or .docx and Excel documents .xls or .xlsx. All scanned documents must be .pdf.
- Screenshots taken with a mobile device will not upload to the submission site and may result in a 'failure to upload' error. All screenshots should be done on a laptop or desktop computer and saved as a pdf or image pasted into a Word document that can then be saved as a pdf.
- 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 applications with multiple School Assurance, School Sponsorship, School Implementation, and Vendor Management forms.

PROPOSAL SUBMISSION DEADLINE: Monday, February 28, 2022, at NOON EST

7a. Preparing Proposal Documents

Copies of all forms and templates are included in Section 8 and can be downloaded from the website to complete for your application.

A copy of the Application Checklist is included in Section 8 and may be downloaded from the website to use as a guide to determine which documents are required with your application and does not have to be submitted with application.

ALL PROPOSALS: The following documents are REQUIRED for ALL proposals.

P1 - APPLICATION COVER <i>(Use form provided.)</i>
<ul style="list-style-type: none"> • Download form and complete all fields as directed. • Identify whether a proposal is for a new program or continuation/expansion of an existing program. • Record Applicant legal name (school, school district, government agency). For non-profits, record agency name exactly as it appears on your Georgia Secretary of State registration screenshot. • Record assigned proposal ID#. • For any field that is also reported on another document, ensure that the information is consistent. For example, the Federal Employer # reported on the Application Cover should be consistent with the number recorded on the W9 and Tax Compliance forms. • Application Cover must be signed by the Authorized Authority identified on cover and be consistent with the authorized individual identified on the Authorization for public entities or by the authorized officer identified on the Corporate Resolution for non-profits. • Electronic or digital signatures are allowed. • Scan signed form and save pdf as STR####_Cover
P2 - NARRATIVE <i>(Use form provided.)</i> Maximum 8 pages.
<ul style="list-style-type: none"> • 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 ID# 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. • Do not exceed the page maximum for each section. • Save Word document as STR####_Narrative
P3 - SCHOOL ASSURANCE <i>(Use form provided.)</i>
<ul style="list-style-type: none"> • Download form and complete as directed. • A School Assurance form must be completed for each participating school. • Record Applicant name as reported on Application Cover. Applicant identified on School Assurance forms MUST be consistent with the Applicant identified on the Application Cover. • Record assigned proposal ID#. • Record full name of participating school in the space provided. • Each School Assurance form must be signed by both the Superintendent and Principal • Electronic or digital signatures are allowed. • If application requires multiple School Assurance forms, scan all signed forms as a single pdf. • Save scanned pdf as STR####_SchoolAssurance

P4 - SCHOOL SPONSORSHIP *(Use form provided.)*

- Download form and complete as directed.
- A School Sponsorship form must be completed for each participating school.
- Record Applicant name as reported on Application Cover. Applicant identified on School Sponsorship forms **MUST** be consistent with the Applicant identified on the Application Cover.
- Record assigned proposal ID#.
- Record full name of participating school in the space provided. Schools identified on School Sponsorship forms **MUST** be consistent with schools identified on School Assurance and School Implementation forms.
- Each School Sponsorship form **MUST** be signed by a School System Sponsor and a School Sponsor.
- Electronic or digital signatures are allowed.
- If application requires multiple School Sponsorship forms, scan all signed forms as a single pdf.
- Save scanned pdf as **STR####_SchoolSponsorship**

P5 - SCHOOL IMPLEMENTATION *(Use form provided.)*

- Download form and complete as directed.
- A School Implementation form must be completed for each participating school.
- Record Applicant name as reported on Application Cover. Applicant identified on School Implementation forms **MUST** be consistent with the Applicant identified on the Application Cover.
- Record assigned **proposal ID#**.
- Record full name of participating school in the space provided. Schools identified on School Implementation forms **MUST** be consistent with schools identified on School Assurance and School Sponsorship forms.
- If application requires multiple School Implementation forms, scan all forms, saving as a single pdf. Alternative: Convert Word documents into pdf and combine as a single pdf.
- Save pdf as **STR####_SchoolImplementation**

7b. Preparing Financial Documents

ALL PROPOSALS: The following financial document 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 from 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 **STR####_AuditCertFin**

Audit Alternative

If 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.

- In a Word document titled 'Audit Link', record Applicant name, Proposal ID# and copy and paste a link or URL to access the full audit.
- Scan or save Word document as a pdf identifying it as **STR####_AuditCertFin**, as you would an audit.

Both of the following documents are REQUIRED ONLY if Applicant contracts with a third-party organization to handle financial and/or administrative duties, and who is identified on the Application Cover.

FA1 - 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 **STR####_FAAudit**

Audit Alternative

If the audit for the Fiscal Agent is so large that uploading may be hindered, Applicant may upload an audit facsimile as an alternative to uploading the full Fiscal Audit.

- In a Word document titled 'Fiscal Audit Link', record Applicant and Fiscal Agent name, Proposal ID# and copy and paste a link or URL to access the full audit.
- Scan or save Word document as a pdf identifying it as **STR####_FAAudit**, as you would an audit.

FA2 - MOU or AGREEMENT W/ FISCAL AGENT, if using a Fiscal Agent

- Applicant must include a scanned, fully executed copy of agreement with Fiscal Agent identified on Application Cover.
- Parties identified on MOU or Agreement **MUST** be consistent with the Applicant and Fiscal Agent identified on the Application Cover and required audits.
- Scan signed MOU or Agreement, and save pdf identified as **STR####_FAAgreement**

7c. Preparing Other Documents, Forms and Screenshots

ALL PROPOSALS: The following documents are REQUIRED for ALL proposals.

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

- Download form and complete as directed, providing responses to all applicable questions.
- Record legal name of Applicant as reported on Application Cover.
- Ensure that information reported on form, such as the Federal Identification # (FEI), is consistent with information reported on Application Cover.
- Save final document as a pdf (or print and scan as a pdf) and identify as **STR####_Tax**

C2 – Vendor Management Form *(Use form provided.)*

- Download form and complete as directed. Document includes instructions.
- Record legal name of Applicant as reported on Application Cover.
- Ensure that information reported on form, such as the Federal Identification # (FEI), is consistent with information reported on Application Cover.
- Electronic or digital signatures are allowed.
- Print and scan, or save first two pages only, saving pdf as **STR####_VendMgt**.
 - If voided check or bank letter is required, scan check or bank letter, saving as a pdf.
 - Combine pdf of signed Vendor Management form and voided check or bank letter in Adobe, pdf as **STR####_VendMgt**
 - or
- Make a single photocopy that includes both documents, saving pdf as **STR####_VendMgt**

C3 – W9 Form *(Use form provided.)*

- Download form and complete as directed. Document includes instructions.
- Record legal name of Applicant as reported on Application Cover.
- Ensure that Federal Identification # (FEI) reported is consistent with FEI# reported on Application Cover. Document includes instructions.
- Electronic or digital signatures are allowed
- Print and scan, or save first page only, saving pdf as scan saving pdf as **STR####_W9**

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

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

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

- Download form and complete as directed.
- Record legal name of Applicant as reported on Application Cover.
- Record assigned **proposal ID#**.
- Record ORI or OAC# verifying agency registration with Georgia Applicant Processing Service (GAPS). Ensure that number reported is consistent with corresponding field reported on the Application Cover.

- Form must be signed in accordance with the authority identified on the Application Cover as the authorized authority and be consistent with:
 - For public entities
 - Authorized individual identified on the Authorization.
 - For non-profits
 - Officer(s) identified by corresponding title on Georgia Secretary of State website screenshot and authorized by the Corporate Resolution to sign contracts.
 - Electronic or digital signatures are not acceptable.
 - Signed document **MUST** be notarized.
- Please note:
- Details of imprinted notary seal must be evident.
 - Expiration date of notary's commission must be included.
- Scan signed document, save as a pdf, identifying it as **STR####_CRC**

*If Applicant has consulted with the Sources of Strength Program Specialist and requirement has been waived or an alternative document regarding the fingerprinting and criminal records investigation requirement has been approved, Applicant **MUST** upload a pdf copy of the communication indicating that the requirement has been waived or a copy of the alternative document agreed upon. Print, scan and/or save document as a pdf identified as **STR####_CRC***

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

C5 – SECURITY IMMIGRATION & COMPLIANCE AFFIDAVIT (e-Verify) (Use form provided.)

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

- Download form and complete as directed.
 - Record legal name of Applicant in "Name of Contractor" field as reported on Application Cover.
 - Record assigned **proposal ID#**.
 - Record Federal Work Authorization User Identification number (E-Verify #). Ensure that number reported is consistent with corresponding field reported on the Application Cover.
 - Record Date of Authorization (date that E-Verify # was issued to agency).
 - Form must be signed in accordance with the authority identified on the Application Cover as the Authorized Authority and be consistent with:
 - For public entities
 - Authorized individual identified on the Authorization.
 - For non-profits
 - Officer(s) identified by corresponding title on Georgia Secretary of State website screenshot and authorized by the Corporate Resolution to sign contracts.
 - Electronic or digital signatures are not acceptable.
 - Signed document **MUST** be notarized.
- Please note:
- Details of imprinted notary seal must be evident.
 - Expiration date of notary's commission must be included.
- Scan signed document, save as a pdf, identifying it as **STR####_SECIM**

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

C6 – PRE-AWARD RISK ASSESSMENT (Use form provided.)

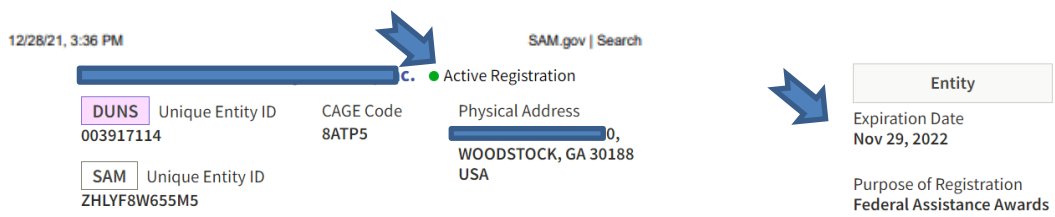
- Download form and complete as directed. Document includes instructions.
- Record legal name of Applicant as reported on Application Cover.
- Record grant amount (total amount of proposed service costs and/or budget).
- Applicant provides/selects responses to questions 1, 2, 3 and 4a,d,e,f,k,l,m,n,&o ONLY:
The remaining information will be completed by the Sources of Strength Program Specialist based on prior year(s)' contract performance, if applicable.
- Score will calculate automatically based on your responses.
- Do not alter form in any way. Do not complete any information on second page.
- Form is NOT signed by the Applicant.
- Save completed Excel document saving as **STR####_Risk**

C7 – SYSTEM AWARD MANAGEMENT (SAM) Screenshot

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

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

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

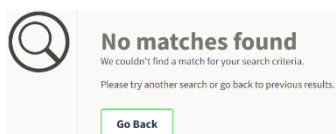


Search results MUST confirm:

- ‘Active’ registration
- Expiration date within the FY2023 contract year.
- DUNS # consistent with number reported on Application Cover.
- Date of search results MUST be displayed on screenshot.
- From a laptop or desktop, print a pdf of the search results. Save pdf as **STR####_SAM**

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

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



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

C [redacted] Inc. ● Active Registration

DUNS	Unique Entity ID	CAGE Code	Physical Address
003917114		8ATP5	[redacted] 0, WOODSTOCK, GA 30188 USA

SAM	Unique Entity ID
ZHLYF8W655M5	

Exclusion

Classification
firm

Activation Date
Aug 31, 2011

Termination Date
Indefinite

PUBLIC ENTITIES ONLY: The following document is REQUIRED for ALL proposals submitted by Public Entity Applicants.

PE1 - AUTHORIZATION (Template provided.)

Public entities (state agencies, public school/school districts or educational institutions, county commissions, community service boards, etc.) must provide a scanned copy of the Authorization passed by the governing body of public entity authorizing a designated representative to enter into an agreement with DHS/DFCS.

- Prepare Authorization on official letterhead using template provided as a guideline.
- If Authorization stipulates proposal 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 to sign the contract and must be signed by a public entity official.
- Representative identified on the Authorization MUST be consistent with individual identified as Authorized Authority on the Application Cover.
- Electronic or digital signatures are not acceptable.
- Signed document MUST be notarized
 - Please note:
 - Details of imprinted notary seal must be evident.
 - Expiration date of notary's commission must be included.
- Scan notarized/sealed authorization, saving pdf as **STR####_Authorization**

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

NON-PROFITS ONLY: The following documents are REQUIRED for ALL proposals submitted by Non-Profit Applicants.

NP1 - CORPORATE RESOLUTION (Template provided.)

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

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

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

NP2 - GA SECRETARY OF STATE REGISTRATION Screenshot

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

BUSINESS SEARCH RESULTS					
Business Name	Control Number	Business Type	Principal Office Address	Registered / Designated Agent Name	Status
COMMUNITIES FOR CHILDREN, INC.	0124712	Domestic Nonprofit Corporation	1117 Perimeter Ctr W, Ste W300, ATLANTA, GA, 30338, USA	[REDACTED]	Active/Compliance

- Click on agency name to expand record.

BUSINESS SEARCH		
BUSINESS INFORMATION		
Business Name: COMMUNITIES FOR CHILDREN, INC.	Control Number: 0124712	
Business Type: Domestic Nonprofit Corporation	Business Status: Active/Compliance	
Business Purpose: NONE		
Principal Office Address: 1117 Perimeter Ctr W, Ste W300, ATLANTA, GA, 30338, USA	Date of Formation / Registration Date: 5/25/2001	
State of Formation: Georgia	Last Annual Registration Year: 2022	
REGISTERED AGENT INFORMATION		
Registered Agent Name: Carla Hogg		
Physical Address: 1117 Perimeter Center W, Suite W300, Atlanta, GA, 30338, USA		
County: Fulton		
OFFICER INFORMATION		
Name	Title	Business Address
Carla Hogg	Secretary	1117 Perimeter Ctr W Ste W300, ATLANTA, GA, 30338, USA
Carla Hogg	CEO	1117 Perimeter Ctr W Ste W300, ATLANTA, GA, 30338, USA
Carla Hogg	CFO	1117 Perimeter Ctr W Ste W300, ATLANTA, GA, 30338, USA

- Eligible 'Business Type' must be 'Domestic Non-Profit'.
- 'Business Status' must be **Active/Compliance**.
Please note: A "Business Status" that says 'Owes Current Year' is not acceptable and does not satisfy this requirement.
- Applicants MUST have completed a 2022 filing. 'Last Annual Registration Year' **MUST be 2022**.
Please note: 2022 filing is due by April 1, 2022, however, filing can be completed on the website at any time.
- Take a screenshot of the above screen, copy and paste into a Word document. Save as a pdf or print, scan and save identifying pdf as **STR####_SOS**
or
- Select "Print" from your dropdown menu. Either save as a pdf, or print, scan and save identifying pdf as **STR####_SOS**
- Screenshots taken with a mobile device or tablet may not upload to the submission site and may result in a 'failure to upload' error.

BUSINESS SEARCH		
BUSINESS INFORMATION		
Business Name: COMMUNITIES FOR CHILDREN, INC.	Control Number: 0124712	
Business Type: Domestic Nonprofit Corporation	Business Status: Active/Compliance	
Business Purpose: NONE		
Principal Office Address: 1117 Perimeter Ctr W, Ste W300, ATLANTA, GA, 30338, USA	Date of Formation / Registration Date: 5/25/2001	
State of Formation: Georgia	Last Annual Registration Year: 2022	
REGISTERED AGENT INFORMATION		
Registered Agent Name: Carla Hogg		
Physical Address: 1117 Perimeter Center W, Suite W300, Atlanta, GA, 30338, USA		
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Carla Hogg	Secretary	1117 Perimeter Ctr W Ste W300, ATLANTA, GA, 30338, USA
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Carla Hogg	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) 753-7825, WEBSITE: https://sos.ga.gov/ © 2015 PCC Technology Group. All Rights Reserved. Version 6.2.19 Report a Problem!		

- It is required that **officers** signing any application documents are identified on the registration screenshot and are identified on the documents they sign with the same title. Officers signing the corporate resolution or are authorized by the corporate resolution must also be identified similarly.

NP3 - CERTIFICATE OF LIABILITY INSURANCE

- ALL non-profit Applicants must submit a Certificate of Insurance (COI) confirming current liability coverage in effect. In the event that coverage expires prior to the commencement of the contract year, proof of renewal will be required.
- Applicants who receive an award, whose coverage is insufficient will be required to obtain additional coverage and provide an updated certificate to demonstrate full coverage prior to receiving a contract.
- COI can be obtained through your insurance agent or carrier identifying Applicant as insured and describing general liability, professional liability, automobile liability, and workers compensation coverage in effect. Facsimile of required certificate is posted at the bottom of this section. No other document will be accepted.
- DHS/DFCS MUST be identified as the certificate holder.
- 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 **STR####_Ins**

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

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
10/04/2019

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

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

PRODUCER Dewon-Taylor & Company P.O. Box 14729 3610 Wheeler Rd. Augusta GA 30919		CONTACT NAME: Christine Hayes PHONE: (706) 733-5000 FAX: (706) 736-4063 EMAIL: chhayes@dtinsurance.com	
INSURED New Vision Family Center, Inc. P.O. Box 10000 Atlanta GA 30338		INSURER(S) PROVIDING COVERAGE INSURER A: American States Ind Co INSURER B: Menard Insurance Co INSURER C: General Insurance Co of America INSURER D: INSURER E:	

CERTIFICATE NUMBER: 19-00 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE	COVERAGE	POLICY PERIOD	POLICY NUMBER	ACORD 997 MODIFICATION	POLICY EFF. DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		8KVA000196715	10000019	10/05/2019	EACH OCCURRENCE: \$ 1,000,000 AGGREGATE: \$ 1,000,000 MEDICAL (any one person): \$ 20,000
	<input type="checkbox"/> CLAUSE: <input type="checkbox"/> OCCUR					
	<input type="checkbox"/> PERSONAL & AUTO LIABILITY					\$ 1,000,000
	<input type="checkbox"/> PERSONAL INDEMNITY					\$ 3,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY					PRODUCTS - COMMER AGG: \$ 3,000,000 COMMERCE - COMMER AGG: \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					
C	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY		UP77400140	10000019	10/05/2019	GENERAL AGGREGATE: \$3,000,000
	<input type="checkbox"/> EMPLOYERS' LIABILITY					

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

CERTIFICATE HOLDER
Georgia DHS/DFCS
c/o Care Solutions, Inc.
1117 Peachtree Center West
Suite W-300
Atlanta
GA 30338

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

ACORD 28 (2016/03) The ACORD name and logo are registered marks of ACORD

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

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

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

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

7d. Submitting Documents

PROPOSAL SUBMISSION DEADLINE: Monday, February 28, 2022, at NOON EST

All Sources of Strength proposals must be submitted electronically through a secure proposal submission site. A proposal ID# and password are required for access to the site. Information on obtaining a proposal ID# and password will be provided at the mandatory informational webinar on February 1, 2022, 2:30-3:30PM.

A link to instructions for uploading required documents will be provided in proposal ID# and password email.

IMPORTANT REMINDERS

- **All required documents MUST be uploaded by the submission deadline.**
- Start early. Several documents require signatures and/or must be notarized which takes time to coordinate. Screenshots and Insurance Certificates must meet certain criteria which also may take time to confirm.
- Applicants MUST use the forms and templates provided.
- All uploaded documents MUST be identified with the Applicant's full legal name and include the unique proposal ID#.
- All documents MUST be identified using the prescribed naming convention (with no extra spaces or characters).
- All documents MUST be saved and submitted in the required format (Word, Excel or pdf).
- Any scans or images must be prepared and uploaded as pdfs. Adobe Acrobat is available for free download. Images and screenshots submitted as jpeg or png files are not allowed and may result in a 'failure to upload' error when upload is being attempted.

HELPFUL HINTS

- **Do not wait until the final day to begin uploading documents.**
- Mobile devices and tablets for either screenshots or uploading documents are not reliable and may result in a 'failure to upload' error.
- After uploading each document, click on document link to view and confirm uploaded document.
- Take final screenshot of Proposal Management screen when all documents have been uploaded and submission is complete.

Questions? Contact Sources of Strength Program Specialist, Lindsey Dale at lindsey.dale@dhs.ga.gov.

8. FORMS & DOCUMENTS

Use Application Checklist as a guide for determining required forms and documents.

All required forms and templates must be downloaded from

<https://dfcs.georgia.gov/services/prevention-and-community-support-section/funding-opportunity> and submitted electronically using a unique proposal ID# and password.

Only use forms provided with this Statement of Need unless otherwise directed or this may result in disqualification of proposal during the compliance review.

Prepared documents and screenshots MUST also be current (and not from previous proposals or prepared or downloaded in 2021.)

Forms

- Application Checklist: *This document is for applicant use only and does not have to be uploaded with proposal.*
- P1 - Application Cover
- P2 - Proposal Narrative
- P3 - School Assurance
- P4 - School Sponsorship
- P5 - School Implementation
- C1 - Tax Compliance
- C2 - Vendor Management
- C3 - W9
- C4 - Criminal Records Certification
- C5 - Security Immigration & compliance (E-Verify)
- C6 - Pre-Award Risk Assessment

Templates

- PE1 - Public Entity Authorization
- NP1 - Non-Profit Corporate Resolution



Division of Family and Children Services, Prevention and Community Support Section
FY2023 Sources of Strength Program

Application Checklist

Do not include the Application Checklist in your proposal. Keep as a record of the documents completed.

Applicant:	Proposal ID#
	STR####

When saving final documents, include assigned Proposal ID followed by an underscore and the designated document name. No spaces. No other description is necessary. For example: **STR1201_Cover**

✓ Indicates that document must be included with proposal based on applicant legal status (non-profit or public entity)

FA: Indicates that document is required is applicant contracts with a fiscal agent to manage financial matters for proposed program

NP	PE	For applicant use	Proposal Documents	Document Type	Required naming Convention*
✓	✓		P1 Application Cover*	Scanned pdf	STR####_Cover
✓	✓		P2 Proposal Narrative* (<i>maximum 8 pages</i>)	Word	STR####_Narrative
✓	✓		P3 School Assurance(s)*	Scanned pdf	STR####_SchoolAssurance
✓	✓		P4 School Sponsorship(s)*	Scanned pdf	STR####_SchoolSponsorship
✓	✓		P5 School Implementation*	Scanned pdf	STR####_SchoolImplementation
Financial Documents					
✓	✓		F1 Applicant Audit, if required, or Balance Sheet & certified Statement of Financial Activities	pdf	STR####_AuditCertFin
FA	n/a		FA1 Fiscal Agent Audit, if Fiscal Agent used	pdf	STR####_FAAudit
FA	n/a		FA2 MOU or Agreement with Fiscal Agent, if Fiscal Agent used	Scanned pdf	STR####_FAAgreement
Additional Contract and Eligibility Documents, Forms or Screenshots					
✓	✓		C1 Tax Compliance*	pdf	STR####_Tax
✓	✓		C2 Vendor Management Form* (upload first two pages only)	Scanned pdf	STR####_VendMgt
✓	✓		C3 W9 Form* (upload signed first page only)	Scanned pdf	STR####_W9
✓	✓		C4 Criminal Records Certification*	Scanned pdf	STR####_CRC
✓	✓		C5 Security Immigration & Compliance* (E-Verify Affidavit)	Scanned pdf	STR####_SECIM
✓	✓		C6 Pre-Award Risk Assessment*	Excel	STR####_Risk
✓	✓		C7 SAM/Excluded Parties screenshot	pdf screenshot	STR####_SAM
n/a	✓		PE1 Public Entity Authorization (template provided)	Scanned pdf	STR####_Authorization
✓	n/a		NP1 Non-Profit Corporate Resolution (template provided)	Scanned pdf	STR####_CorpRes
✓	n/a		NP2 GA Secretary of State Registration screenshot	pdf screenshot	STR####_SOS
✓	n/a		NP3 Certificate of Liability Insurance	pdf	STR####_INS

*Download and complete standard forms provided.

Submission Deadline: February 28, 2022, at NOON EST



Division of Family and Children Services, Prevention and Community Support Section
FY2023 Sources of Strength

Proposal Narrative

Complete as directed. Save Word document as **STR####_Narrative**

Applicant*:	Proposal ID#
	STR####

*Record full legal name of entity/agency/organization/institution.

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. Maximum 8 pages.

PART A. NEEDS ASSESSMENT (2 pages)

Program Summary

1. Provide a brief description of the community where school system is located. Include demographics and economic data for the community that supports the need for a Sources of Strength Program.

2. List schools that will be implementing Sources of Strength. Indicate if Sources of Strength is new (N) for the school; or a continuation (C) of a previously implemented Sources of Strength program. Insert additional rows as needed.
Each participating school must complete and submit School Assurance, School Sponsorship, and School Implementation forms.

School

N/C

3. a. Other than the schools listed in Question #2, has Sources of Strength been implemented in other schools within the school system?
 If yes, identify school, grades, and year(s) of implementation?
 If no, record N/A for 3a,b&c.
- b. Describe outcomes achieved and changes to school climate.
- c. Has the Sources of Strength continued in those schools? If yes, how? If not, why?

a.

b.

c.

4. a. Are these the only funds that will be used to support Sources of Strength in the school system?
 b. If other funds currently support or are also going to support Sources of Strength, identify source, and amount.

a.

b.

Page break here required.

PART B. ADMINISTRATION (2 pages)**Contract Oversight and Fiscal Management**

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

6. Describe other grant programs that Applicant has successfully implemented in the school system and the results.

7. Identify Applicant representative who will be responsible for coordinating, monitoring, and reporting on Sources of Strength activities for the school system. Describe relevant qualifications and experience.

Fiscal Agent, if not the Applicant. Record N/A if not applicable.

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

a.

b.

c.

Page break here required.

PART C. IMPLEMENTATION (3 pages)

9. Describe school system's overall plan for implementing a successful Sources of Strength program.

10. Program Timeline: Identify key activities/milestones school system will undertake in each month to ensure implementation of a successful Sources of Strength.

Month	Activities
July 2022	
August 2022	
September 2022	
October 2022	
November 2022	
December 2022	
January 2023	
February 2023	
March 2023	
April 2023	
May 2023	
June 2023	

11. Describe plan for obtaining community/school buy-in for Sources of Strength.

12. Describe school system plan for ongoing support and technical assistance for schools implementing Sources of Strength.

Page break here required.

PART D. OUTCOMES (1 page)

13. Describe expected outcomes for Sources of Strength Program and overall impact on school climate.



Division of Family and Children Services, Prevention and Community Support Section
FY2023 GA Sources of Strength Program

School Assurance

Complete form for each participating school. Sign document(s), scan and save pdf as **STR####_SchoolAssurance**
 If submitting multiple assurances, scan and combine as a single pdf.

Applicant *	Proposal ID#
	STR####

**Record full legal name of entity agency/organization/institution.*

As the Representative(s) of the **insert name of implementing school name here** School System/School/Organization authorized to enter into contracts and/or to make assurances regarding curriculum and classroom instruction, I am providing the following assurances that this school system/school/organization will assume the obligations that are enumerated below. These assurances will become an addendum to the contract if this application is approved for funding.

1. I understand that training is one of the major commitments necessary to the initial Sources of Strength implementation. As such, I recognize the importance of this initial commitment and I am willing to make a commitment to having staff trained in the techniques of Sources of Strength.
2. I understand that periodic reports of Sources of Strength training, participation and outcomes will be required of grantees. I assure that our system/school/organization will make regular and timely reports regarding the implementation of the Sources of Strength curriculum.
3. I agree to participate in a statewide impact evaluation of the effectiveness of the Sources of Strength curriculum by allowing our evaluation information to be aggregated with information from other grantees, if necessary.
4. I understand that if awarded a contract to implement Sources of Strength in one or more schools, each school will implement according to the timeline detailed in the grant application. If school personnel deem it necessary to make modifications to the implementation plans, timeline, or Sources of Strength model, I understand that approval must be granted from DFCS-PCS prior to implementation.
5. I understand that if awarded a contract to implement Sources of Strength, failure to comply with contractual reporting requirements could result in an immediate repayment of funds issued by DFCS-PCS.

Superintendent:	_____	_____	_____
	<i>Name</i>	<i>Signature</i>	<i>Date</i>
Principal:	_____	_____	_____
	<i>Name</i>	<i>Signature</i>	<i>Date</i>

**Signatures of both the Superintendent and the Principal are required for each school implementing Sources of Strength.*

Each participating school must also complete and submit corresponding School Sponsorship and School Implementation forms.



Division of Family and Children Services, Prevention and Community Support Section
FY2023 Sources of Strength Program

School Sponsorship

Complete one form for each participating school.

Sign document(s), scan and save pdf as **STR####_SchoolSponsorship**

If submitting multiple School Sponsorships, scan and combine as a single pdf.

Applicant*:	Proposal ID#
	STR####

**Record full legal name of entity/agency/organization/institution.*

The Applicant must identify a **system-wide** sponsor who will oversee program implementation and be the primary contact for the Sources of Strength Program. Identify the individual will be responsible for submitting reports to our office.

School System Sponsor:	
Title:	
Signature:	
Date:	
Email:	

Each school must identify a sponsor who will be directly responsible for ensuring the implementation of the school's Sources of Strength program. While it is not essential that this person be the Principal, experience has shown that the schools that have the Principal as the sponsor experience greater success with implementation of Sources of Strength.

Participating School:	
Street Address, City & Zip:	
School Sponsor:	
Title:	
Signature:	
Date:	
Email:	

Each participating school must also complete and submit corresponding School Assurance and School Implementation forms.



Division of Family and Children Services, Prevention and Community Support Section

FY2023 Sources of Strength Program**School Implementation Plan**Complete as directed. Save Word document as **STR####_SchoolImplementation****Maximum 3 pages**

Applicant*:	Proposal ID#
	STR####

*Record full legal name of entity/agency/organization/institution.

School**:

**Record full name school.

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 limit.

1. Briefly describe how the need for Sources of Strength was determined for this school. Provide relevant school data to support your proposal, including rates of free and reduced lunch, expulsion, suspension, graduation, and truancy as well as school climate survey results available.

2. Indicate year of Sources of Strength implementation FY2023 will be for this school and provide projected enrolment.

	STR Implementation Year (First, YR2, YR3 ... etc.)	Projected FY2023 School Enrolment	
Middle School			
High School			

3. Describe overall plan for implementing a successful Sources of Strength program at this school.

4. Describe plan for obtaining teacher buy-in for Sources of Strength.

5. Describe plan for identifying and training Adult Advisors.

6. Describe plan for ongoing support and technical assistance for Adult Advisors.

7. Describe plan for identifying and training Peer Leaders.

8. Describe how non-teaching staff will be engaged in the use of the Sources of Strength.

9. Describe any plan for promoting Sources of Strength in the school community.

10. Describe how successful implementation of Sources of Strength is expected to impact outcomes and overall school climate.



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*.



Agency Vendor Liaisons MUST complete Section 1 the "AGENCY LIAISON USE ONLY" section prior to submission to SAQ.

SECTION 1 – STATE OF GEORGIA-AGENCY LIAISON USE ONLY

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

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

	Change Bank Acct - Enter Loc#		(Required for Bank Changes)
	Change Address – Enter Addr ID#		(Required for Address Changes)
	Classification Change		
	HCM Vendor		
	Statewide Contract (DOAS Use Only)		
	Other (Provide Details in Section 6 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 below.

Liaison Name: _____ **Agency BU#:** _____

Signature: _____ **Date:** _____

Email: _____ **Phone:** _____

SECTION 2 – SUPPLIER IDENTIFICATION (Complete all applicable fields) ***SUPPLIER USE ONLY***

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 3 – BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS) *SUPPLIER USE ONLY*

[illegible]

<input type="checkbox"/>	Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.
<input type="checkbox"/>	Check here if this account can only be used for SPECIFIC purpose. _____
	<small>Describe specific purpose</small>

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

<input type="checkbox"/>	Deactivate Supplier Profile (Enter justification in Section 6)										
<input type="checkbox"/>	Reactivate Supplier Profile										
<input type="checkbox"/>	Non- 1099 Applicable	<input type="checkbox"/>	1099 Applicable	<input type="checkbox"/>	1099-N	<input type="checkbox"/>	1099-M	<input type="checkbox"/>	Enter Code	<input type="checkbox"/>	(Required for Form 1099-M)
<input type="checkbox"/>	Add <u>New</u> Bank Account (Must complete Section 3)										
<input type="checkbox"/>	Change <u>Existing</u> Bank Account (Must complete Sections 1 & 3)										
<input type="checkbox"/>	FEI/TIN Change (Cannot be changed if 1099 applicable)										
<input type="checkbox"/>	Supplier (Business) Name Change										
<input type="checkbox"/>	Add <u>Additional</u> Business Address (Must complete Section 2)										
<input type="checkbox"/>	Change <u>Existing</u> Business Address (Must complete Sections 1 & 2)										
<input type="checkbox"/>	Other (Provide Details in Section 6)										

SECTION 5 – TYPE OF BUSINESS (Check All That Apply)**BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY**

<input type="checkbox"/> *Small Business	<input type="checkbox"/> Women Owned
<input type="checkbox"/> GA Resident Business	<input type="checkbox"/> 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 either have 300 or less employees OR \$30 million or less in gross receipts per year.

SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if “Other” or “Deactivate” box checked in Section 4)

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.

CRIMINAL RECORDS CERTIFICATION

Complete as directed. Scan signed document and save pdf as **STR####_CRC**

Applicant*:	Proposal ID#
	STR####

*Record full legal name of entity/agency/organization/institution.

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

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

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

CRIMINAL HISTORY INVESTIGATIONS:

(135C) 03/07/18

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

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

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

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

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

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

Signature of **AUTHORIZED** Officer

Notary Signature

Printed Name of Officer

Date Commission Expires

Title of Officer

Affix notary seal or stamp below.

Date

SECURITY IMMIGRATION & COMPLIANCE AFFIDAVIT

E-VERIFY

Complete as directed. Scan signed document and save pdf as **STR###_SECIM**

Applicant*:	Proposal ID#
	STR####

**Record full legal name of entity/agency/organization/institution.*

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# above was issued by the Federal eVerify system.

Name of Contractor

Prevention and Community Support: Sources of Strength

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 , 2022 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 , 2022.

Affix notary seal here

Signature of Notary Public

Date Commission Expires



**Georgia Department
of Human Services**

Pre-Award Risk Assessment Form

Grantee Name:	Applicant & Proposal ID#:
Grant Award Number(s) or CFDA Number:	
Program Name(s):	Prevention and Community Support, Sources of Strength
Risk Assessment Completed by and date	
Grant Period(s):	July 1, 2022 - June 30, 2023
Grant Amount(s):	
Total Score:	0
Risk Assessment:	Low Risk

1. Amount	<u>Small</u> <\$25,000	<u>Medium</u> \$25,000 to \$250,000	<u>Large</u> >\$250,000	
Amount of the award (If award amount is unknown, an estimated award amount should be used.)				
2. Accounting System	<u>Automated</u>	<u>Manual</u>	<u>Combination</u>	
Type of accounting system used by the entity				
3. Program Complexity	<u>Not Complex</u>	<u>Slightly Complex</u>	<u>Moderately Complex</u>	<u>Highly Complex</u>
Rate the complexity of the program				
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:				
<div> <div>► Complex programmatic requirements and/or must adhere to regulations</div> <div>► Matching funds or Maintenance of Effort are required</div> <div>► Various types of program reports are required</div> <div>► The entity further subcontracts out the program</div> </div>				
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:				
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.				
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: _____ Date: _____

Title: _____

Program Manager

Date

Director

Date

Replicate on agency letterhead

**AUTHORIZATION
TO ENTER INTO CONTRACT**

Date:

Program: Sources of Strength Program

Contract Period: July 1, 2022 – June 30, 2023

Proposed Cost:

Individual authorized to act on behalf of Public Entity:

Name:

Title:

[insert Public Entity name as it appears on Application Cover] agrees to enter into a written contract with the Georgia Department of Human Services, Division of Family and Children Services, Prevention and Community Support Unit to deliver services as described in SFY2023 Sources of Strength Program proposal.

Signature of **AUTHORIZED** Representative

Notary Signature

Printed Name

Date Commission Expires

Title

Affix notary seal or stamp below.

Date

Replicate on corporate letterhead

**CORPORATE RESOLUTION
TO ENTER INTO CONTRACT**

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

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

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

RESOLVED, that [insert legal name of non-profit as it appears on Secretary of State registration screenshot] agrees to enter a written contract with the Georgia Department of Human Services, Division of Family and Children Services, Prevention and Community Support Unit to deliver services as described in the SFY2023 Sources of Strength Program proposal for the period beginning July 1, 2022, and ending June 30, 2023.

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

Witness my hand and seal of the Corporation

Signature

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

Imprint Seal of Corporation Here

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

Title of Officer

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

Name of Officer

Date