



FY2024 Statement of Need (SoN)

SOURCES OF STRENGTH PROGRAM

SoN Release Date:	February 6, 2023
Mandatory SoN Informational Webinar: To Register: https://www.surveymonkey.com/r/5TTNLZX	February 22, 2023, at 2:30-3:30pm Eastern
Deadline for Proposal Submission:	March 17, 2023, 12:00PM (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 2023-2024 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 22, 2023, 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. 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 (2022-2023) at the end of the first period, and for the awarded school year (2023-2024) 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 **March 17, 2023, 12:00PM (noon)**.

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. P1 - Application Cover

- Complete as directed ensuring that all fields are complete, and information reported is consistent with information reported on other documents.
- Application Cover MUST be signed by the signing authority identified in Section 2 and meet organization's contract authority requirements as described on public entity Authorization or non-profit Corporate Resolution.

3b. P2 - 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.

Part A. Needs Assessment: Questions 1-5 (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 6-9 (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 10-17 (Maximum 3 pages)

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

Part D. Outcomes: Questions 18-19 (Maximum 1 page)

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

3c. P3 - 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. P4 - 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. P5 - Timeline

Applicant MUST complete and submit timeline describing overall implementation plan for Sources of Strength and outline key activities and tasks to be undertaken/completed during each month.

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.

Audits and/or financial statements are not required at the time of application. However, they may be requested prior to receiving a contract, should the proposal applicant an award.

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

Instructions for completing all documents/forms/screenshots are 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. See Section 7 for updated instructions and screenshots.
- 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. Communication via telephone, email, and/or fax regarding award notices is prohibited before official notification by PCS.

If proposal receives an award, prior to receiving a contract, applicant may have to submit updated documents required to complete contract.

Contract Award Period

The awarded contract is for a 12-month period, July 1, 2023, to June 30, 2024, which includes a 2-month planning period (July 1, 2023, to September 4, 2023).

Contract Award Agreement

PCS will offer a contract agreement to successful 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, 2023- September 30, 2023	<ul style="list-style-type: none"> • Executed contract award agreement and attachments • Submission of a signed “Performance Report” • Planning program report • Submission of office referral data and suicidal ideation or attempts disclosure data from the previous (2022-2023) school year 	October 31, 2023
October 1, 2023- December 31, 2023	<ul style="list-style-type: none"> • Submission of a signed “Performance Report” • Implementation program report 	January 31, 2024
January 1, 2024- March 31, 2024	<ul style="list-style-type: none"> • Submission of a signed “Performance Report” • Implementation program report 	May 1, 2024
April 1, 2024-June 30, 2024	<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 (2023-2024) 	July 31, 2024

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 22, 2023, 2:30-3:30PM**. Registration is required at:

<https://www.surveymonkey.com/r/5TTNLZX>

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.

- All required documents **MUST** be submitted electronically by the submission deadline - uploaded to secure submission site, [TheProposalSolution.com](https://www.proposalsolution.com).
- Consult Application Checklist to determine documentation required with your proposal.
- Only forms provided with this Statement of Need will be accepted unless otherwise directed or this may result in disqualification of proposal. Proposals submitted that do not include ALL required forms and documents will be disqualified.
- Complete forms, documents and screenshots as directed. Prepared documents and screenshots **MUST** be current (and not from previous proposals or prepared or downloaded in 2022.) See Section 8 for copies of forms and templates. Samples of screenshots are included with instructions for completing documents in Section 7.
- Ensure that information reported on more than one form is consistent. This would include applicant's legal name, names and titles of individuals or numbers such as federal employer ID#, etc.
- Signing authorities/officers **MUST** be identified consistently by name and title on all required documents, forms, and screenshots and be consistent with names and titles on Authorization (for public entities) or corporate resolution and Secretary of State screenshot (for non-profits).
- 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 School Sponsorships, School Assurances, and Vendor Management form if copy of blank check is required.

PROPOSAL SUBMISSION DEADLINE:

March 17, 2023, 12:00PM (noon)

7a. Completing Proposal Documents

Several documents may require input or signature from multiple sources for an organization. It is recommended that these forms be identified early and circulated with instructions to those individuals who must complete or sign them. This is also true of the System Award Management screenshot and Secretary of State screenshot and Certificate of Insure required for non-profits.

Copies of all forms and templates are included in Section 8 and can be downloaded from <https://dfcs.georgia.gov/services/prevention-and-community-support-section/funding-opportunities>.

- Complete each form using Arial Narrow 10 point, single-spaced.
- Do not change text, format, font size, spacing or margins imbedded in the forms.
- Do not exceed specified page limits.
- Be mindful of copying/pasting from other documents as this often affects formatting.
- Identify applicant consistently on all documents using 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.
- 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.
- If printing any document to sign, scan signed document 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.

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'.

- Pictures or images of documents are not acceptable. Documents that are signed or required screenshots must be in pdf format. Png or jpeg files will not be accepted.
- 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. Verify that any image pasted into a document displays after uploading to the submission site.
- When saving final documents, follow the required format and naming convention for each document using assigned proposal ID# followed by an underscore and the required document name. No extra spaces. Example: **STR####_Tax.doc**
- 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.

The following documents are REQUIRED for ALL NON-PROFIT or PUBLIC ENTITY proposals.

P1 - APPLICATION COVER (Use form provided.)

Information reported on Cover will be used to develop contract provided proposal receive an award.

- Download form and complete all fields as directed.
- Complete as directed insuring that all fields are complete. If a field does not apply, record N/A.
- Verify that information is consistent with the same information provided on other documents, such as the Security and Immigration form, corporate resolution, Authorization, SAM, or Secretary of State screenshots.
- Section 2, Applicant Organizational Status & Signing Authority: Complete only the section that applies to your organization's legal status as either a non-profit or a public entity, ensuring that the individual(s) identified as the signing authority is consistent with authorization document (non-profit Corporate Resolution or public entity Authorization).
- Cover MUST be signed by an individual identified in Section 2 as the signing authority and meet organization's contract authority requirements as defined on public entity Authorization or non-profit Corporate Resolution.
- Electronic or digital signatures are allowed. Do not password protect document.
- Typed signatures are not acceptable.
- Scan signed document and save pdf as **STR####_Cover.pdf**

P2 - NARRATIVE (Use form provided.) Maximum 10 pages.

- 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.docx**

P3 - SCHOOL ASSURANCE (Use form provided.)

- 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. Do not password protect document.
- Typed signatures are not acceptable.
- If application requires multiple School Assurance forms, scan all signed forms or combine as a single pdf.
- Save scanned pdf as **STR ####_SchoolAssurance.pdf**

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 forms.
- Each School Sponsorship form MUST be signed by a School System Sponsor and a School Sponsor.
- Electronic or digital signatures are allowed. Do not password protect document.
- Typed signatures are not acceptable.
- If application requires multiple School Sponsorship forms, scan all signed forms or combine as a single pdf.
- Save scanned pdf as **STR####_SchoolSponsorship.pdf**

P5 - TIMELINE *(Use form provided.)*

- Download form and complete as directed.
- Record Applicant name as reported on Application Cover. Applicant MUST be consistent with the Applicant identified on the Application Cover.
- Record assigned **proposal ID#**.
- Identify key activities and tasks to be completed each month to ensure successful implementation.
- Save Word document as **STR####_Timeline.docx**

7b. Preparing Other Documents, Forms and Screenshots

- All forms, documents and screenshots MUST BE CURRENT.
- Documents submitted for another proposal will not be accepted.
- All screenshots must reflect 2023 or later status.
- All dated documents requiring signatures must have a 2023 date.
- Identification of individuals, by name and title, must be consistent on all signed documents.
- Documents that require a corporate seal or notarization MUST be scanned copies with original signatures.

It is advised that the documents listed below be signed by a single signing authority who is identified by name and/or title on the Corporate Resolution (non-profits) and SOS screenshot or on the Authorization (public entities) and as the Signing Authority on the Application Cover.

- Application Cover (Electronic signature is acceptable)*
- Security and Immigration form (MUST have original signature)
- Criminal History certification form (MUST have original signature)
- Non-profit Corporate Resolution (MUST have original signature)
- Public Entity Authorization (MUST have original signature)
- Vendor Management form (MUST have original, electronic, or digital signature)
- W9 (MUST have original, electronic, or digital signature)

The Application Cover would also be signed by this same individual.

*Do not password protect any document that has a digital or electronic signature.

This will help to avoid contract delays should the proposal be awarded funding. Other documents requiring signatures should be signed by individuals identified with those responsibilities.

- Follow required format and naming convention for each document using assigned proposal ID# followed by an underscore and the required document name. Example:
STR###_Tax.doc
- No spaces or additional characters required for document identification.
- Documents that do not meet the format and naming convention will not upload to the submission portal.

*The following documents are **REQUIRED** for ALL **NON-PROFIT** and **PUBLIC ENTITY** 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, Vendor Management and W9 forms.
- No signature required.
- Save final Word document identified as **STR####_Tax.doc**

Georgia 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 yes, please provide the following information, if applicable:
 - State Taxpayer Identification Number (STIN): _____
 - 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: _____
 - 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
By using this form, you are certifying that the information provided is true and correct. The information provided in this form will be submitted to the State of Georgia Department of Revenue (DOR) for a determination as to whether the supplier is a "qualified vendor" (as defined by O.C.G.A. § 49-1-1) or whether there are any other information to share. SUPPLIER'S FAILURE TO PROVIDE ACCURATE INFORMATION MAY DELAY OR PREVENT VERIFICATION OF YOUR ELIGIBILITY FOR CONTRACT AWARDS. NO PROHIBITED NOTICE MAY BE GIVEN TO ANY OTHER PARTY. THEREFORE, YOU ARE STRONGLY ENCOURAGED TO CHECK YOUR TAX STATUS NOW AND RESOLVE ANY OUTSTANDING TAX LIABILITIES AND/OR MISSING TAX RETURNS.


STATE NOTICE: Please submit this form to tax@doe.com or by mail to tax@doe.com for processing in accordance with the Georgia Procurement Manual.

Revised: 10/2020-11 DPS-01040

C2 – Vendor Management Form (Use form provided.)

- Download form (version 04/2022) and complete as directed. **Read carefully and only complete the sections that apply.**
- Record legal name of Applicant as reported on Application Cover.
- Consult Vendor Management form instructions that follow to identify sections you must complete.
- Ensure that information reported on form, such as the Federal Identification # (FEI), is consistent with information reported on Application Cover, Tax Compliance and W9 forms.
- Electronic or digital signatures are allowed. Do not password protect document.
- Typed signatures are not acceptable.
- Save as a pdf or print and sign as required and scan pages saving pdf as **STR####_VendMgt.pdf**

See additional guidance on completing Vendor Management form below.



SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons MUST review this form to ensure the supplier has completed the appropriate highlighted sections 2-6. Agency vendor Liaisons MUST complete section 1 the "AGENCY LIAISON USE ONLY" section prior to submission to SACS.

SECTION 1 - STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER

☐ Newly Assigned Supplier ID
☐ Existing TeamWorks Supplier ID

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

☐ Change Bank Acct - Enter Loc# (Required for Bank Change)
☐ Change Address - Enter Addr ID# (Required for Address Change)
☐ Replace Invoicing Address ☐ Loc# ☐ Addr ID# ☐ Replace Remittance Address ☐ Loc# ☐ Addr ID#
☐ HCM Vendor
☐ Statewide Contract (DOAS Use Only)
☐ Classification Change (Circle one) ☐ Economy Gov Non-State of GA, HCM, Non-Supplier, Student, Supplier Minority, Supplier Non-minority
☐ Other (Provide Details in Section 6 and Initials)

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

FE/SSN/TIN NUMBER: _____
SUPPLIER NAME: _____
PAYMENT ALT NAME: (IF APPLICABLE TO A DIFFERENT NAME) _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
COUNTRY: _____ DRIVERS LICENSE #: _____ DL STATE: _____
PRIMARY: _____ EXT: _____ SECONDARY: _____ EXT: _____
LANDLINE: ☐ CELL: ☐ (USED FOR IDENTITY VERIFICATION)
CONTACT EMAIL: _____

SECTION 3 - BANK ACCOUNT INFORMATION (Complete all applicable fields) SUPPLIER USE ONLY

ROUTING #: _____ ACCOUNT #: _____

☐ Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.
☐ Check here if this account can only be used for a SPECIFIC PURPOSE. Specify purpose: _____

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: _____
PMT REMIT EMAIL: _____

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account for the Automated Clearing House (ACH). I further acknowledge that this agreement is irrevocable and will remain in effect until I notify the vendor or individual named herein. 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: _____

Applicant **DOES NOT** complete Section 1.

Applicant signs and dates Section 3.

Applicant **DOES NOT** sign Section 6.

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

☐ Reassign Supplier Profile (Enter justification in Section 6)
☐ Reassign Supplier Profile
☐ Add New Bank Account (Must complete Section 3)
☐ Change Existing Bank Account (Must complete Sections 2 & 3)
☐ FE/TS Change (Cannot be changed if 1099 applicable)
☐ Supplier (Business) Name Change
☐ Add ~~Address~~ Business Address (Must complete Section 2)
☐ Change Existing Business Address (Must complete Sections 2 & 3)
☐ Non-1099 Applicable ☐ 1099 Applicable
☐ 1099-M ☐ Error Code: _____ (Required for Non-1099-M)
☐ 1099-NEC ☐ Code: _____ (Is it the only code available for the 1099-NEC?)
☐ 1099 ADDR ID# (Enter Address ID # which is that code)
☐ Other (Provide details in Section 6)

SECTION 5 - TYPE OF BUSINESS (Check all that apply)

BUSINESS CERTIFICATIONS - CHECK ALL THAT APPLY

☐ Small Business ☐ Women Owned ☐ Minority Business Certified ☐ Hispanic - Latino ☐ African American ☐ Pacific Islander ☐ Native American ☐ Not Applicable

*Based on Georgia law (DCSA 20-2-2) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 500 or less employees OR \$30 million or less in gross receipts per year.

MINORITY BUSINESS ENTERPRISE (15% Owned):

☐ Minority Business Certified ☐ Hispanic - Latino ☐ African American ☐ Pacific Islander ☐ Native American ☐ Not Applicable

SECTION 6 - ADDITIONAL SUPPLIER COMMENTS (Required if the "Other" or "Deactivate" boxes are checked in Section 1)

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

Liaison Name: _____ Agency BUI#: _____
Signature: _____ Date: _____
Email: _____ Phone: _____

State Accounting Office Revised 04/2022

Instructions: Please see 'Notes' for additional information on completing that section of the Vendor Management form.



SUPPLIER (VENDOR) MANAGEMENT FORM

INSTRUCTIONS FOR SUPPLIERS

Note: Section 1 is completed by DHS representative.

SECTION 1- AGENCY LIAISON USE ONLY

This section MUST be completed in its entirety unless otherwise indicated in the description boxes below.

New Assigned Supplier ID	Required, if the supplier is unapproved. Select the checkbox and enter the Supplier ID Number.
Existing TeamWorks Supplier ID	Required, if the supplier is approved or inactive. Select the checkbox and enter the Supplier ID Number.
Change Bank Acct - LOC#	Required, if the request is to change the supplier's existing bank information. Select the checkbox and enter the Location in TeamWorks to change.
Change Address - #	Required, if the request is to change the supplier's existing address. Select the checkbox and enter the Address ID number in TeamWorks to change.
Replace Invoicing Address	This option is required to change a Location's Invoice Address. Select the checkbox and enter the Location # and the new AddrID#
Replace Remittance Address	This option is required to change a Location's Remittance Address. Select the checkbox and enter the Location # and the new AddrID#
HCM Vendor	Required, if the request is for an HCM supplier. Select the checkbox.
Statewide Contract (DOAS Use Only)	This option is required for DOAS only. Select the checkbox if the supplier is under an SWC or to identify a supplier as an SWC vendor.
Classification Change	Required, if the request is to change the supplier's current Classification. Circle the new Classification.
Other	Only select this option if the request is not listed in Section 4. Must provide details in Section 6.

Note: Applicant completes all fields in Section 2.

SECTION 2 – SUPPLIER IDENTIFICATION (SUPPLIER USE ONLY)

This section **MUST** be completed in its entirety unless otherwise indicated in the description boxes below.

SUPPLIER NAME	Required. If requesting a name change, enter the new supplier's name.
FEI/SSN/TIN	Required. If requesting a TIN change, enter the new FEI/TIN and include an updated W9.
PAYMENT ALT NAME	Optional. <u>SUBMIT AS AN ADDRESS REQUEST</u> <ol style="list-style-type: none"> 1. Complete if payments should use a different name than is indicated above. 2. If requesting to change the Payment ALT name, enter the new ALT name. 3. Do not add the same name that is in the Additional Name field in TeamWorks.
ADDRESS/CITY/STATE/ZIP/COUNTRY	Required. If requesting to change address, enter the new address.
DRIVER'S LICENSE #/DL STATE	Optional (For individuals only).
PHONE NUMBERS	Required. Enter the direct number to the authorized business contact person.
CONTACT EMAIL	Optional.

Note: If banking information is NOT changing, DO NOT report banking information already on file from prior year(s). completes all fields in Section 2.

SECTION 3- BANK ACCOUNT INFORMATION (SUPPLIER USE ONLY)

This section **MUST** be completed in its entirety, for all **new suppliers** and banking **changes/additions** for existing suppliers. Payments will be made electronically via the Automated Clearing House (ACH).

ROUTING #	Required. Must be 9-digits.
BANK ACCOUNT #	Required.
GENERAL BANK ACCOUNT	Required. Select if ALL PAYMENTS from ALL AGENCIES should be deposited to the account provided.
SPECIFIC PURPOSE	Required. Select if bank account should be designated for Specific Purpose such as grants, operating accts, Pre-K, etc.
PYMT REMIT EMAIL	Optional, but Recommended to receive notification of payment(s) processed. Enter the email address where to send payment notifications. To add or change a payment remit email address for existing bank information, submit as a bank change request.
PRINTED NAME OF COMPANY OFFICER	Required.
SIGNATURE OF COMPANY OFFICER	Required. Must be the electronic signature embedded in the VMF or an ink signature. Stamps, script fonts, etc. are unacceptable.
DATE	Required. This date cannot be more than 60 days old from the date SAO receives the VMF.

Note: Applicant to check all that apply completes all fields in Section 4.

SECTION 4- SPECIFY TYPE OF ACTION(S)

Select all items that pertain to this request. If no selection is made, the form will be rejected.

DEACTIVATE SUPPLIER PROFILE	Select if requesting to deactivate a supplier profile. A justification MUST be provided in Section 6.
REACTIVATE SUPPLIER PROFILE	Select if requesting to reactivate an inactive supplier profile. If the supplier was previously denied approval, select this option.
ADD NEW BANK ACCOUNT	Select when requesting to add bank account information to your profile. Must also complete Section 3 of the form.
CHANGE EXISTING BANK ACCOUNT	Select if requesting to <u>change</u> the current banking information on your profile. Must also complete Section 3 of the form with new bank information.
FEI/TIN CHANGE	Select if changing FEIN/TIN. Enter the <u>new number</u> in Section 2 and submit the current updated W9. <i>*If 1099 applicable, the FEI/TIN cannot be changed*</i>
SUPPLIER (Business) NAME CHANGE	Select if changing supplier/business name. Enter the <u>new name</u> in Section 2 and submit the current updated W9.
ADD ADDITIONAL ADDRESS	Select if adding an <u>additional</u> business address. Enter the additional address in Section 2 of the form.
CHANGE EXISTING ADDRESS	Select if changing current business address. Enter the <u>new address</u> in Section 2 of the form.
NON – 1099 APPLICABLE	Select to change a supplier that is currently 1099 applicable to non-1099 applicable.
1099 APPLICABLE	Select to change a supplier that is currently NOT 1099 applicable to a 1099 supplier.
1099-M/ENTER CODE	Required, if requesting to make a supplier 1099 applicable who will receive a 1099-M (excluding non-employee compensation). Enter the appropriate code in the Code field.
1099-N/CODE	Required, if requesting to make a supplier 1099 applicable who will receive a 1099-NEC for Non-employee Compensation. '01' is the only valid code the 1099-N.
1099 ADDR ID#	Enter the Addr ID number where to mail the Supplier's 1099.
OTHER	Select if the requested action is <i>not</i> listed in Section 4. Must provide request details in Section 6.

Note: Applicant to check all that apply completes all fields in Section 5.

SECTION 5- TYPE OF BUSINESS

This section should only be completed if applicable. Please review the category definitions below.

BUSINESS CERTIFICATIONS	
SMALL BUSINESS	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.
GEORGIA RESIDENT BUSINESS	Based on Georgia law (OCGA 50-5-121) (2) "Georgia resident business" means any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.
MINORITY BUSINESS CERTIFIED	Companies desiring to certify as a "minority business enterprise" or a "minority subcontractor" may do so by first submitting an application for the Disadvantaged Business Enterprise (DBE) Certification to GDOT. Only suppliers who have successfully completed the DBE certification process and registered in Team Georgia Marketplace are listed as a "Certified Minority Business Enterprises".
WOMEN-OWNED	Women-owned businesses are not considered minority businesses in the State of Georgia.

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

- ### For public entities

- ### For non-profits

- Details of imprinted notary seal must be evident.
- Expiration date of notary's commission must be included.

- [illegible]

Keep signed 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.)

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

- 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 #). This is NOT the applicant’s FEI#. 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).
For public entities
- Authorized individual identified on the Authorization and as the signing authority identified on the Application Cover, Section 2.
For non-profits
- Officer(s) must be identified by corresponding title on Georgia Secretary of State website screenshot and authorized by the Corporate Resolution to sign contracts and as the signing authority identified on the Application Cover, Section 2.
- Electronic or digital signatures are not acceptable. Document requires an original signature that is witnessed by a notary.
- 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 original, signed document, save as a pdf, identifying it as **STR####_SECIM.pdf**

SECURITY IMMIGRATION & COMPLIANCE AFFIDAVIT E-VERIFY <small>Complete as directed. Scan signed document and save pdf as SSP####_SECIM</small>	
Applicant: <small>(Legal Name)</small>	Proposal ID#
Project: <small>Record full legal name of entity/agency/organization/institution</small>	SSP####
<p style="text-align: center;">SECURITY AND IMMIGRATION COMPLIANCE AFFIDAVIT Contractor Affidavit under O.C.G.A. § 13-10-61</p> <p><small>By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. § 13-10-61, 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. § 13-10-61. 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. § 13-10-61(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:</small></p> <p>Federal Work Authorization User Identification Number <small>This is a 4, 5, or 6-digit number, also known as a SSP####, Company ID, Not Tax ID or SS Number</small></p> <p>Date of Authorization <small>This is the date the Company ID# above was issued by the Federal eVerify system.</small></p> <p>Name of Contractor _____</p> <p>Prevention & Community Support, Second Step Program Name of Program</p> <p>Georgia Department of Human Services Name of Public Employer _____</p> <p>I hereby declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on _____, 2023 in _____, GA. <small>Month and date City</small></p> <p>Signature of Authorized Officer _____</p> <p>Printed Name and Title of Authorized Officer _____</p> <p>SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 2023.</p> <p style="text-align: right;"><small>Attn: notary seal here</small></p> <p>Signature of Notary Public _____</p> <p>Date Commission Expires _____</p> <p><small>CLFY2024_SSP_SecurityImmigrationCompliance</small></p>	

Keep signed 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.
- 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 Second Step 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.xlsx***

GRC Risk Assessment		Risk Assessment	
Great Award Name(s) or CFDA Number: Program Name(s): Risk Assessment Completed by and date: Great Period(s): Great Award(s): Total Score: Risk Assessment:			
		Low Risk	
1. Asset Small Medium Large		Small Medium Large	
2. Accounting System Automated Manual Combination		Automated Manual Combination	
3. Program Complexity Not Complex Slightly Complex Moderately Complex Highly Complex		Not Complex Slightly Complex Moderately Complex Highly Complex	
4. Expiry Risk Yes/No			
5. Reporting & Budget Yes/No			
6. Other Issues Yes/No			

Program Attributes of Grantees with Low, Moderate and High Risk	
Low Risk Most of the following attributes should be present to be considered low risk • Grantee has complete and accurate information on prior grant • No known financial management problems or financial instability • No, or very insignificant, audit or other monitoring findings • High quality programmatic performance • Timely and accurate financial and performance reports • Program funds are not from complex compliance requirements • Grantee has established systems from monitoring (e.g., single, split, no split review, etc.) • Large award amounts	High Risk One or more of the following attributes may be present to be considered high risk • History of unacceptable performance or failure to adhere to prior grant award • Financial management problems or financial instability, inadequate financial management system • Program has highly complex compliance requirements • Significant audit or monitoring results from prior audits • Unlikely, Unreliable, Inconsistent reports • Increasingly complex compliance requirements • Lack of contact with agency or no prior grant monitoring • Large award amounts
Moderate Risk → Agencies that fall between low and high risk are considered moderate risk	

Additional Areas for Consideration Specific to the Grantee	
1. Expiry Risk a. Is the agency requesting a renewal for the first time? b. Do the entity address all alternate 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 ensuring compliance with the terms of the award? f. Does the entity have a monitoring system that will allow them to comply and accurately track the receipt and distribution of funds related to the award? g. Does the federal program require staff to track their time associated with the award? h. If not, does the entity have a system in place that will account for 80% of each employee's time? (If applicable, show how time is tracked) i. Does the entity's staff members attend required training and meetings during prior grant awards? j. If not, does the entity's staff members respond to State requests during prior grant awards? k. Do the entity have one or more audit findings in their last single audit regarding program non-compliance? l. Do the entity have one or more audit findings in their last single audit regarding significant internal control deficiencies? m. Was the entity notified by the Federal government in the prior year(s)? n. If not, did the audit result in one or more audit findings? (If answered no, see item 3.) (Assign 5 points for each issue from below that applies) a. Other issues that may indicate high risk of non-compliance? Explain:	2. Reporting & Budget a. Other issues that may indicate high risk of non-compliance? Explain:

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 later than May 15, 2023.)

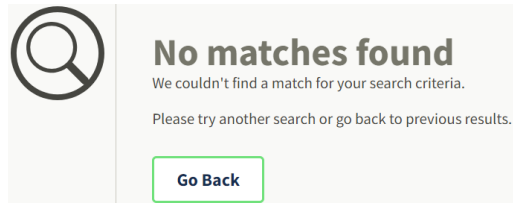
There is no cost to register. It may take several days to a week to obtain required screenshot if applicant is new, or applicant is renewing a registration that has not yet expired. If registration has expired, it may take several weeks to obtain the required screenshot. Start early!!

If registration expires after submission, applicant will be required to provide an updated screenshot. It is advised that registration be renewed before the expiration date to prevent unnecessary delays in contract preparation.

2. Is identified as having an “active registration” and,
 3. Has no “active exclusions” that renders them ineligible for awards that include federal funds.
- Any exclusion would need to be rectified before a contract could be awarded and an updated screenshot confirming resolution would be required.*

- Name of applicant on all proposal documents **MUST** be consistent with registered name on SAM screenshot (and SOS registration screenshot for non-profits.)

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.***



Go to: SAM.gov

You have reached SAM.gov, an official website of the U.S. government. There is no cost to use this site.

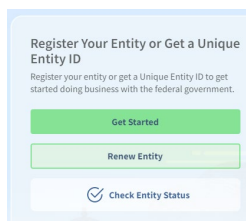
The unique entity identifier used in SAM.gov has changed.

On April 4, 2022, the unique entity identifier used across the federal government changed from the DUNS Number to the Unique Entity ID (generated by SAM.gov).

- The Unique Entity ID is a 12-character alphanumeric ID assigned to an entity by SAM.gov.
- As part of this transition, the DUNS Number has been removed from SAM.gov.
- Entity registration, searching, and data entry in SAM.gov now require use of the new Unique Entity ID.
- Existing registered entities can find their Unique Entity ID by following the steps [here](#).
- New entities can get their Unique Entity ID at SAM.gov and, if required, complete an entity registration.

[? I manage an entity. What do I need to do?](#)

For more information about this transition, visit [SAM.gov](#) or the Federal Service Desk, [ESD.gov](#). You can search for help at ESD any time or request help from an FSD agent Monday-Friday 8 a.m. to 8 p.m. ET.



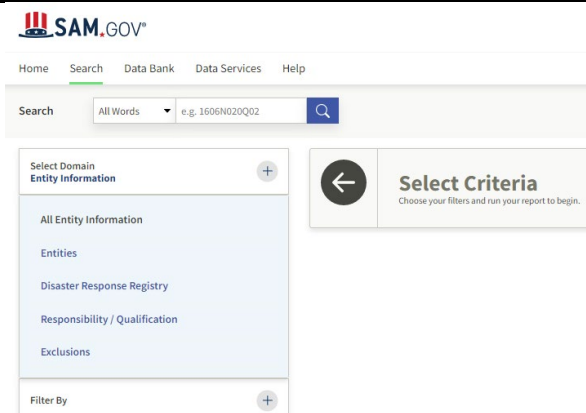
If registered select 'Check Entity Status'.
If registration expiry date does not meet FY2024 contract requirement, select 'Renew Entity'.
If you are not registered, select 'Get Started'.

It may take several days to obtain an updated registration status or new unique entity ID#, so this process should be initiated immediately.

Renewing expired registrations may take several weeks or months.

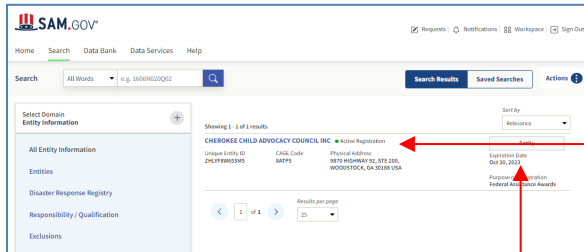
Select "Check Entity Status".
Select 'Search'.
Select 'All Entity Information'.

Enter legal name of applicant organization or unique Entity ID#'
And enter.



Option 1 Screenshot

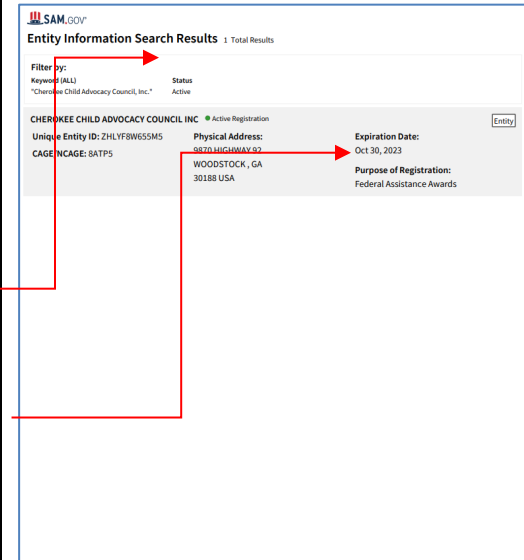
Take screenshot, paste image into Word document and save document as a pdf identified as **STR####_SAM.pdf**



or

Option 2 Downloaded pdf

Click 'Action' button, select 'Download pdf' and save to folder as **STR####_SAM.pdf**



Must indicate 'Active'

Expiration date must be later than May 15, 2023.

C8 – PCS Contract Signer/Approver Information (Use form provided.)

- Download form and complete as directed.
- No signatures are required.
- Save document as **STR####_Information.pdf**

PCS Authorized Signer & Approver Information Form

Company Name: _____

AUTHORIZED SIGNER INFORMATION

Provide the list of authorized individuals who will sign the contract in the order they should sign.
*****NON-PROFIT ENTITIES***: Authorized signers and Titles must match the Corporate Resolution*******
NOTE - Individuals listed below cannot sign the Corporate Resolution

Authorized Signer #1	Email Address
Title	Phone Number
Authorized Signer #2	Email Address
Title	Phone Number

AUTHORIZED APPROVER INFORMATION

If contract requires approval **BEFORE** signature, provide the name(s) in the order they should approve. Approvers do not sign the contract. Signers listed above should not be listed below.
IF NO APPROVAL IS REQUIRED LEAVE BLANK.

Authorized Approver #1	Email Address
Title	Phone Number
Authorized Approver #2	Email Address
Title	Phone Number

NOTE - Program Specialist: Internal PCS Use Only - Do not upload into eCAT

03.02.22

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, if an award is approved.

Obtaining Authorization with required signatures may take time for a public entity/government institution, so it is advised that this process be initiated as soon as possible.

- Prepare Authorization on official letterhead using template provided as a guideline.
- If Authorization stipulates proposal amount, the amount must **exactly** match amounts in Section 5 on Application Cover.
- Contract period must be identified as July 1, 2023 – June 30, 2024.
- Document must identify the individual who is authorized to act on behalf of the public entity to sign the contract and must be signed by a public entity official.
- Individual authorized to sign contracts on the Authorization **MUST** be consistent with individual identified as Signing Authority on the Application Cover, Section 2 by name and title.
- Electronic or digital signatures are not acceptable. Signature must be witnessed by a notary.
- Signed document **MUST** be notarized.
 - 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.pdf***

Keep signed 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 Resolution on official letterhead using template provided as a guideline.
- Contract period must be identified as July 1, 2023 – June 30, 2024
- Document must identify the officer, by name and title as it appears on the Georgia Secretary of State website screenshot, who is authorized to act on behalf of the non-profit to sign the contract.
- The officer who signs the Corporate Resolution is prohibited from being identified as one of the officers who is authorized to sign the contract.
- Individual authorized to sign contracts on the corporate resolution **MUST** be identified as the signing authority on the Application Cover, Section 2, by name and title.
- Individuals 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).
 - Details of imprinted corporate or notary seal must be evident.
 - Expiration date of notary’s commission must be evident.
- Scan notarized/sealed authorization, saving pdf as ***STR####_CorpRes.pdf***

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


NP2 - GA SECRETARY OF STATE REGISTRATION Screenshot

Applicants must provide a screenshot demonstrating that their 2023 registration has been completed and their status is ‘Active for 2023’ or later. Although registration deadline is April 1, filing can be completed at any time.

Screenshot of registration submission or ‘filing’ is **NOT** acceptable.

If Applicant chooses to register for multiple years screenshot may indicate that filings are complete for 2024 or 2025. This is also acceptable. However, screenshot must be current and not a copy of prior year’s screenshot.

- Screenshots taken with a mobile device or tablet may not upload to the submission site and may result in a ‘failure to upload’ error.
- It is required that officer(s) signing any application document are identified by name and title consistent with their identification on the registration screenshot.
- Officer signing the corporate resolution **CANNOT** be designated as a signing authority for the contract.
- Go to the Georgia Secretary of State website: <https://ecorp.sos.ga.gov/BusinessSearch>
- Enter full legal name of Applicant. Click on “Business Search”.



GEORGIA
CORPORATIONS DIVISION

BUSINESS SEARCH

SERVICE OF PROCESS SEARCH

TRADEMARK SEARCH

☒ Business Name:

☐ Control Number:

☐ Registered Agent Name:

☐ Officer Name:

☐ Starts With

☒ Contains

☐ Exact Match

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

Back

Search

Reset

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	Carla Rogg	Active/Owes Current Year AR

A “Status” that indicates ‘Owes Current Year’ is not acceptable and does not satisfy this requirement.

BUSINESS SEARCH RESULTS

Business Name	Control Number	Business Type	Principal Office Address	Registered / Designated Agent Name	Status
GOSHEN VALLEY FOUNDATION, INC.	K745351	Domestic Nonprofit Corporation	387 GOSHEN CHURCH WAY, WALESKA, GA, 30183-2347, USA	John Zachary Blend	Active/Compliance

- Eligible ‘Business Type’ must be ‘Domestic Non-Profit’.
- ‘Business Status’ must be **Active/Compliance**.
- Click on agency name to expand record.

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name:	GOSHEN VALLEY FOUNDATION, INC.	Control Number:	K745351
Business Type:	Domestic Nonprofit Corporation	Business Status:	Active/Compliance
Business Purpose:	NONE		
Principal Office Address:	387 GOSHEN CHURCH WAY, WALESKA, GA, 30183-2347, USA	Date of Formation / Registration Date:	12/19/1997
State of Formation:	Georgia	Last Annual Registration Year:	2023

REGISTERED AGENT INFORMATION

Registered Agent Name:	John Zachary Blend
Physical Address:	700 Silver Mist Way, Canton, GA, 30114, USA
County:	Cherokee

OFFICER INFORMATION

Name	Title	Business Address
Allison Smith	Secretary	387 Goshen Church Way, Waleska, GA, 30183, USA
Blanka Sloan	CFO	387 Goshen Church Way, Waleska, GA, 30183, USA
Zach Blend	CEO	387 Goshen Church Way, Waleska, GA, 30183, USA

‘Last Annual Registration Year’ **MUST** be **2023, or later** if previously filed for multiple years.

Names and titles of officers must be listed.

Option 1 Screenshot

Take screenshot, paste image into Word document and save document as a pdf identified as **STR####_SOS.pdf**

10/23, 1:48 PM GEORGIA

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

GEORGIA CORPORATIONS DIVISION

HOME (/)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: GOSHEN VALLEY FOUNDATION, INC. Control Number: K745351

Business Type: Domestic Nonprofit Corporation Business Status: Active/Compliance

Business Purpose: NONE

Principal Office Address: 387 GOSHEN CHURCH WAY, WALESKA, GA, 30183-2347, USA Date of Formation / Registration Date: 12/19/1997

State of Formation: Georgia Last Annual Registration Year: 2023

REGISTERED AGENT INFORMATION

Registered Agent Name: John Zachary Blend

Physical Address: 700 Silver Mist Way, Canton, GA, 30114, USA

County: Cherokee

OFFICER INFORMATION

Name	Title	Business Address
Allison Smith	Secretary	387 Goshen Church Way, Waleksa, GA, 30183, USA
Blanka Stoen	CFO	387 Goshen Church Way, Waleksa, GA, 30183, USA
Zach Blend	CEO	387 Goshen Church Way, Waleksa, GA, 30183, 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) 656-2617 Toll-free: (844) 753-7825, WEBSITE: <https://sos.ga.gov/>
© 2015 PCC Technology Group. All Rights Reserved. Version 6.2.19 Report a Problem?

<https://corp.sos.ga.gov/BusinessSearch/BusinessInformation?businessid=K745351&businessType=Domestic%20Nonprofit%20Corporation&fromSearch=true> 1/1

Option 2 'Print' pdf

'Print pdf' and save to folder as
STR####_SOS.pdf

NP3 - CERTIFICATE OF LIABILITY INSURANCE

- ALL non-profit applicants must submit a Certificate of Insurance (COI) confirming current liability coverage in effect. 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.
- 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.
- 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.
- 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.
- 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.pdf**

ACORD **CERTIFICATE OF LIABILITY INSURANCE**

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

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

PRODUCER: Dawson-Taylor & Company
P.O. Box 14729
3610 Wheeler Rd.
Atlanta, GA 30309

CONTRACT NUMBER: 0750-155200
DATE: 10/24/2019

INSURED: New Vision Family Center
PO BOX 10000
Atlanta, GA 30308

COVERAGES: CERTIFICATE NUMBER: 19-30

TYPE	COVERAGE	POLICY NUMBER	DATE	AMOUNT	REMARKS
A	COMMERCIAL GENERAL LIABILITY	8W00000198715	10/25/2019	\$1,000,000	
A	AUTOMOBILE LIABILITY	8W00000198715	10/25/2019	\$1,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	WV00000198715	10/25/2019	\$1,000,000	
C	Professional Liability	LP7740074C	10/25/2019	\$3,000,000	

CERTIFICATE HOLDER: George DHS/DFCS
300 Care Solutions, Inc.
1117 Piedmont Center West
Suite 19-300
Atlanta, GA 30308

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.

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD

- Date coverage described is in effect.
- Applicant must be identified as 'Insured'.

Coverages must be described as required and specify per occurrence and aggregate coverage:

- Commercial General Liability (\$1M/\$3M)
- Automobile Liability (\$1M) (unless eligible for waiver)
- Worker's Comp (as required by Georgia law, based on number of employees)
- Professional Liability (\$1M/\$3M)
Please note: Errors & Omissions coverage may satisfy this requirement, however, Directors & Officers coverage does not.

Any gap in \$3M in aggregate coverage can be satisfied using Umbrella Liability to cover the difference.

- Expiry dates must fall within the contract period (October 1, 2023-September 30, 2024). If any coverage expires prior to October 1, an updated certificate will need to be submitted.

- DHS/DFCS must be identified as the Certificate Holder.

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:

- 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.

Additional information regarding automobile liability coverage...

If Applicant receives an award, contractors that do not own vehicles and cannot provide auto insurance are able to request a waiver for Auto coverage if their circumstances satisfy the following:

1. They must state that they do not own any vehicles and that if they obtain vehicles, they understand the insurance requirements will be required.
2. They must attest that the contractual requirement of obtaining a business automobile policy is not necessary at the time because there are no vehicles, owned, non-owned or hired and used by them or their employees in the performance of the work described in the contract.

3. *They would also need to include that the statement is true and correct for the date the contract is executed. If any facts related to that statement change at any point, the Contractor will immediately contact DHS.*

Do not submit waiver request with proposal, However, waiver request will be required prior to the execution of a 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.
- 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.

7c. Submitting Documents

PROPOSAL SUBMISSION DEADLINE:

March 17, 2023, 12:00PM (noon)

All GA Second Step proposals must be submitted electronically through a secure proposal submission site, TheProposalSolution.com. A proposal ID# and password is required for access to the site.

- See Section 7d for instructions on obtaining a proposal ID# and password.
- See Section 7e for instructions on documents.

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.
- 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.

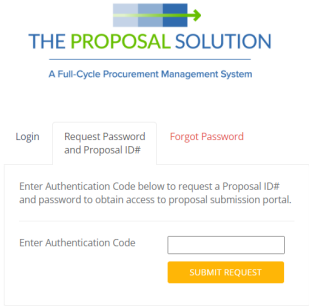
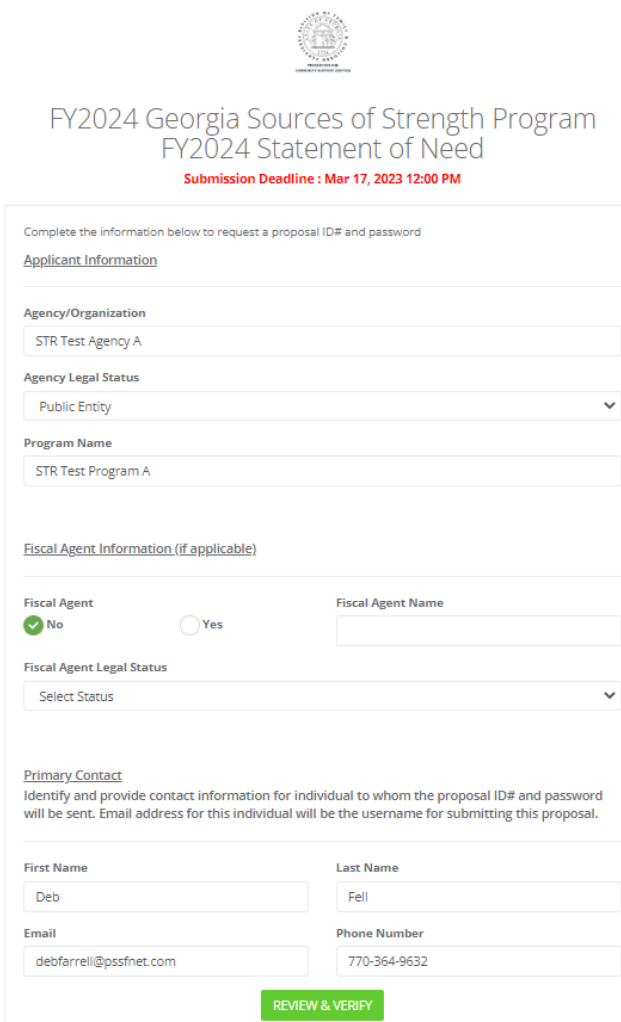
HELPFUL HINTS

- **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.

7d. Obtaining Proposal ID# & Password

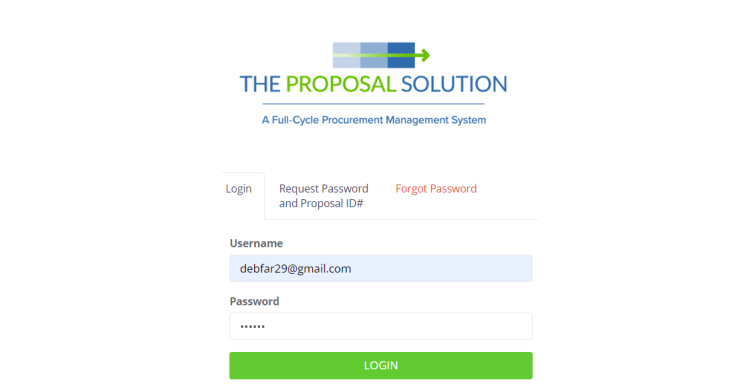
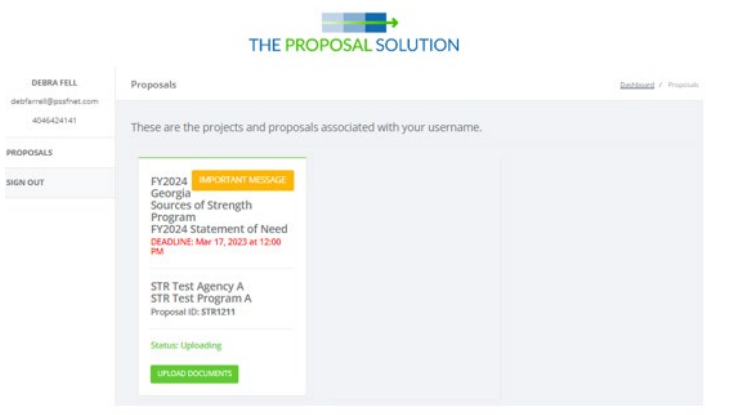
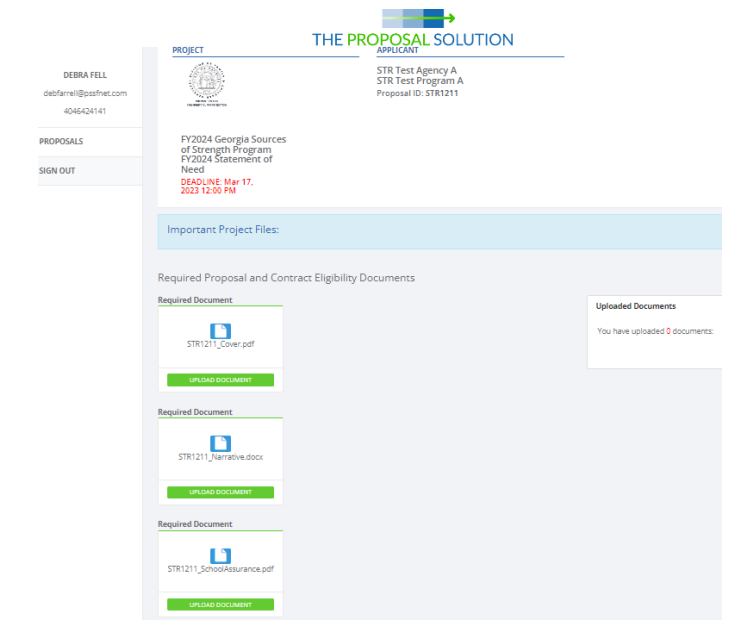
Immediately following informational webinar, email Program Specialist, Lindsey Dale at lindsey.dale@dhs.ga.gov for the Authentication Code needed to request a Proposal ID# and password required to upload documents.

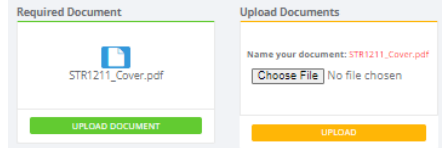
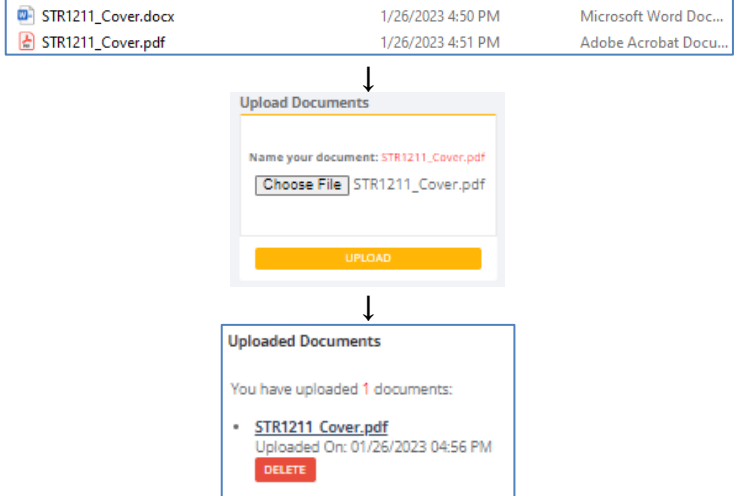
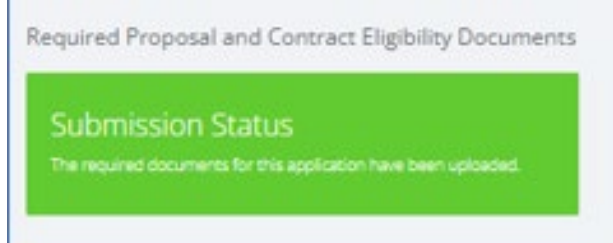
<ul style="list-style-type: none"> Go to TheProposalSolution.com. Select 'Request Password and Proposal ID'. Enter authentication code and submit. 	
<ul style="list-style-type: none"> Record full legal name of applicant. Select applicable legal status of applicant (non-profit or public entity). Record name of program/project, if known. Do not complete Fiscal Agent section. Identify primary contact. This is the only individual who will receive communications related to your application and will have access to the submission portal. Primary contact's email will be the username for your proposal. If submitting multiple proposals, same user may request additional Proposal ID#s. 	

<ul style="list-style-type: none"> • Review. • Edit if necessary. • Submit. 	<div data-bbox="1036 205 1092 268"></div> <h3 style="text-align: center;">FY2024 Georgia Sources of Strength Program FY2024 Statement of Need</h3> <p style="text-align: center; color: red;">Submission Deadline : Mar 17, 2023 12:00 PM</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p>Review the information you have entered about this applicant carefully. To edit, select 'Go Back' and make the necessary changes.</p> <p>Information Review</p> <hr/> <p>Agency/Organization: STR Test Agency A</p> <p>Agency Legal Status: Public Entity</p> <p>Program Name: STR Test Program A</p> <hr/> <div style="display: flex; justify-content: space-between;"> <p>First Name: Deb</p> <p>Last Name: Fell</p> </div> <div style="display: flex; justify-content: space-between;"> <p>Email: debfarrell@pssfnnet.com</p> <p>Phone: 770-364-9632</p> </div> <div style="text-align: right; margin-top: 10px;"> SUBMIT GO BACK </div> </div>
<p><u>Request Confirmation</u></p> <p>Email with Proposal ID# and password will be emailed from communications@theproposalsolution.com to primary contact identified.</p> <p>Add communications@theproposalsolution.com to your 'friendly' list.</p>	<div style="background-color: #d4edda; border: 1px solid #c3e6cb; padding: 5px; margin-bottom: 10px;"> <p>Successfully Submitted to Project.</p> </div> <h3 style="text-align: center;">Request Confirmation.</h3> <p style="text-align: center;">Proposal ID# requested for the Applicant has been emailed to the user identified below.</p> <p><u>Applicant Information</u></p> <p>STR Test Agency A STR Test Program A</p> <p><u>User Information</u></p> <p>Primary Contact: Debra Fell Username: debfarrell@pssfnnet.com</p> <div style="text-align: center; margin-top: 10px;"> RETURN TO LOGIN </div>
<p>If you do not receive an email within two hours, check your spam/junk folder.</p> <p>Contact support@thepoposalsolution.com for assistance if needed.</p> <p>Do not reply to this email.</p>	<div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>From: communications@theproposalsolution.com <communications@theproposalsolution.com> Sent: Thursday, January 26, 2023 4:12 PM To: debfarrell@xxxxxx.com Subject: The Proposal Solution: Proposal ID # Request</p> </div> <p>Your request for a proposal ID# for FY2024 Georgia Sources of Strength Program: FY2024 Statement of Need has been approved.</p> <p>Username: debfell@abcde.com Your password is: Deb###</p> <p>Your proposal ID#: STR#### <i>This is a unique identification number used only to identify this proposal.</i></p> <p>If submitting more than one proposal for this project, you must request additional proposal ID#. If you have questions regarding the Statement of Need or documentation requirements, email your DHS program contact. If you experience any problems logging in or need technical support, email support@theproposalsolution.com.</p> <p>Thank you.</p> <p>The Proposal Solution</p> <p>Do not reply to this email.</p>

7e. Uploading Documents

Documents can be uploaded at any time they are complete and final. Updated documents can also be replaced prior to the submission deadline.

<p>Go to login screen, TheProposalSolution.com</p>	
<p>Select 'Upload Documents'.</p> <p>Read any messages... Advise to periodically check.</p>	
<p>Link to Checklist posted and any other documents that may have been revised since release of SoN</p> <p>Each tile represents a document you are REQUIRED to submit based on your legal status. If you believe a document is listed incorrectly, contact: support@theproposalsolution.com for assistance.</p>	

<ul style="list-style-type: none"> • Select 'Upload Document'. • Required naming convention and format are displayed. 	
<ul style="list-style-type: none"> • Select 'Choose File' and locate document. • Select 'Upload'. Tile will disappear and uploaded documents will be listed to the right. • Click document link to verify that correct document was selected and uploaded. <p>A document MUST be uploaded for each tile listed or application is considered 'incomplete'.</p>	
<p>When all required documents have been uploaded, a 'Submission Complete' message will display.</p> <p>You will be able to review or replace any document uploaded up to the submission deadline when the 'upload' function will be disabled.</p> <p>If you delete a document at any time, its tile will display indicating it is an outstanding upload.</p>	 <p><i>If this message does not display, your application is not considered complete and may be disqualified.</i></p>

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-opportunities>.

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 - prepared or downloaded in 2023.

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 - Timeline
- C1 - Tax Compliance
- C2 - Vendor Management
- C3 - W9
- C4 - Criminal Records Certification
- C5 - Security Immigration & compliance (E-Verify)
- C6 - Pre-Award Risk Assessment
- C8 - PCS Contract Signed/Approver Information

Templates

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



Georgia Department of Human Services, Division of Family and Children Services,
Prevention and Community Support Section

FY2024 Sources of Strength Program (STR)

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: **STR1200_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 Timeline*	Word	STR####_Timeline
Additional Contract and Eligibility Documents, Forms or Screenshots					
✓	✓		C1 Tax Compliance*	Word	STR####_Tax
✓	✓		C2 Vendor Management Form*	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
✓	✓		C8 PCS Contract Signer/Approver Information	pdf	STR####_Information
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: March 17, 2023, at 12:00PM (noon)

Georgia Department of Human Services, Division of Family and Children Services
Prevention and Community Support Section

FY2024 Sources of Strength Program (STR)

Application Cover

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

Check one.	<input type="checkbox"/> New applicant or new project for FY2024	<input type="checkbox"/> Continuation of project funded in FY2023	<input type="checkbox"/> Expansion or modified project funded in FY2023
-------------------	--	---	---

Section 1: APPLICANT AGENCY/INSTITUTION (for contracting purposes)			
Applicant: (legal name):			Proposal ID#:
Street Address: <i>Must be physical address, not PO.</i>		Fiscal Year End (month):	
		NON-PROFITS ONLY - Date of 501c3:	
City:	State:	Zip:	Federal Employer ID#:
County:	Telephone:	Federal Authorization User ID# (as per SECIM form):	
Mailing Address:		GAPS ORI/OAC# (as per CRC form):	
City:	State:	Zip:	DUNS#:
Executive Director:	Title:	SAM Unique Entity # (from SAM screenshot):	
Telephone:	Email:	SAM Registration Expiry Date (from SAM screenshot):	

Section 2: APPLICANT ORGANIZATIONAL STATUS & SIGNING AUTHORITY. Check status that applies to Applicant and complete, as instructed.			
<input type="checkbox"/> Non-Profit Applicants ONLY: Identify officer(s) listed on SOS registration and identified as contract signing authority on Non-Profit Corporate Resolution.			
Authorized Officer #1 (name):		Authorized Officer #2, if required (name):	
Title:		Title:	
Telephone:		Telephone:	Email:
<input type="checkbox"/> Public Entity Applicants ONLY Identify individual listed on Public Entity Authorization as contract signing authority.			
Signing Authority #1 (name):		Signing Authority #2, if required:	
Title:		Title:	
Telephone:		Telephone:	Email:

Section 3. PROPOSED PROJECT INFORMATION			
Project Name:		Project Contact:	Title:
Street Address:		Telephone:	Email:
City:	State:	Zip:	Title:
		Telephone:	Email:

Section 4: FISCAL AGENT & CONTACT, if applicable.			
Complete only if Applicant contracts with another legal entity to manage financial matters for this project. Copy of executed agreement between Applicant and Fiscal Agent must be included with proposal submission.			
Fiscal Agent: (legal name):			
Check one: <input type="checkbox"/> Public Entity <input type="checkbox"/> Non-Profit Agency		Fiscal Contact (name):	
Street Address:		Title:	
City:	State:	Zip:	Telephone:
Federal Employer ID#:	DUNS#:	Fiscal Year End (month):	

Section 5: PROJECT AMOUNT REQUESTED	Amount: \$	Amount must be consistent with total Budget or Budget Worksheet.
--	------------	--

Section 6: AUTHORIZED SIGNATURES
<i>I(We), the undersigned, an authorized officer/authority for the applicant, have read, understand, and agree to all relative conditions specified in the DFCS – CJA 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>

Applicant Signature

Authorized Authority/Officer:
(signature)

Name: _____
Title: _____ Date: _____

Second signature ONLY if Resolution or Authorization requires two.

Authorized Authority/Officer:
(signature)

Name: _____
Title: _____ Date: _____



Division of Family and Children Services, Prevention and Community Support Section
FY2024 Sources of Strength Program (STR)

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 (Limit 2 pages)

Program Summary

1. Provide a brief description of the community where the school/ school system is located. Include demographics and economic data for the community.

2. List schools that will be implementing Sources of Strength. Indicate if Middle or High School, proposed implementation year and projected enrolment for each participating school. Insert additional rows as needed.

Each participating school must complete and submit School Assurance and School Sponsorship forms.

School	Middle or High School	FY2024 Implementation Year (First, 2 nd , 3 rd , etc.)	Projected 2024 Enrollment

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

4. 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.	

5. 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 (Limit 2 pages)

Contract Oversight and Fiscal Management

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

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

8. 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.

If a Fiscal Agent is contracted to manage financial matters for applicant, a copy of the MOU Agreement between the Applicant and the Fiscal Agent will be required in addition to a copy of their most recent audit, if awarded a contract.

- 9.
- 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 (Limit 3 pages)

10. Describe plan for promoting Sources of Strength in the community.

11. Describe plan for obtaining community and school support for Sources of Strength

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

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

14. Describe plan for identifying and training Adult Advisors.

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

16. Describe plan for identifying and training Peer Leaders.
17. Describe plan for ongoing support and technical assistance for schools during implementation.

PART D. OUTCOMES (Limit 1 page)
18. Describe expected outcomes and <u>overall</u> impact on school climate as the result of successful implementation of Sources of Strength. Include expected changes to school and/or student needs identified in Needs Assessment, Question 3.
19. Describe plan for sustaining impact after the end of the contract period.

FY2024 Sources of Strength Program (STR)

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####

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>

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



Georgia Department of Human Services, Division of Family and Children Services,
Prevention and Community Support Section

FY2024 Sources of Strength Program (STR)

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 who 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.



Georgia Department of Human Services, Division of Family and Children Services,
Prevention and Community Support Section
FY2024 Sources of Strength Program (STR)

Timeline

Complete as directed. Bullet points are acceptable. Maximum 3 pages.
Save Word document as **STR###_Timeline**

Maximum 3 pages

Applicant*:		Proposal ID#
		STR####

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

1. Describe school system's overall plan for implementing a successful Sources of Strength program.			
2. Program Timeline: Identify activities/milestones that will occur in each month to ensure implementation of a successful Sources of Strength.			
Month	Activities/Tasks to be completed	All Sites, or	Identify schools/grades, if not all
July 2023			
August 2023			
September 2023			
October 2023			
November 2023			
December 2023			
January 2024			
February 2024			
March 2024			
April 2024			
May 2024			
June 2024			



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*.



SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons **MUST** review this form to ensure the supplier has completed the appropriate highlighted sections 2-5.

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

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

<input type="checkbox"/>	Change Bank Acct - Enter Loc#		(Required for Bank Changes)				
<input type="checkbox"/>	Change Address - Enter Addr ID#		(Required for Address Changes)				
<input type="checkbox"/>	Replace Invoicing Address	Loc#	Addr ID#	<input type="checkbox"/>	Replace Remittance Address	Loc#	Addr ID#
<input type="checkbox"/>	HCM Vendor						
<input type="checkbox"/>	Statewide Contract (DOAS Use Only)						
<input type="checkbox"/>	Classification Change (circle one) Attorney, Gov Non-State of GA, HCM, Non-Supplier, Student, Supplier Minority, Supplier Non-minority						
<input type="checkbox"/>	Other (Provide Details in Section 6 and Initial)						

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

FEI/SSN/TIN NUMBER:

SUPPLIER NAME:

PAYMENT ALT NAME: (IF PAYABLE TO A 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

ROUTING # ACCOUNT #

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

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

Describe specific purpose

ACCOUNTS RECEIVABLE NOTIFICATION

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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 <i>(Enter justification in Section 6)</i>
<input type="checkbox"/>	Reactivate Supplier Profile
<input type="checkbox"/>	Add <u>New</u> Bank Account <i>(Must complete Section 3)</i>
<input type="checkbox"/>	Change <u>Existing</u> Bank Account <i>(Must complete Sections 1 & 3)</i>
<input type="checkbox"/>	FEL/TIN Change <i>(Cannot be changed if 1099 applicable)</i>
<input type="checkbox"/>	Supplier (Business) Name Change
<input type="checkbox"/>	Add <u>Additional</u> Business Address <i>(Must complete Section 2)</i>
<input type="checkbox"/>	Change <u>Existing</u> Business Address <i>(Must complete Sections 1 & 2)</i>
<input type="checkbox"/>	Non- 1099 Applicable <input type="checkbox"/> 1099 Applicable <input type="checkbox"/>
<input type="checkbox"/>	1099-M <input type="checkbox"/> Enter Code <input type="checkbox"/> <i>(Required for Form 1099-M)</i>
<input type="checkbox"/>	1099-N <input type="checkbox"/> Code <input type="checkbox"/> 01 <i>(01 is the only code available for the 1099-NEC)</i>
<input type="checkbox"/>	1099 ADDR ID# <input type="checkbox"/> <i>(Enter Address ID # where to mail 1099)</i>
<input type="checkbox"/>	Other <i>(Provide Details in Section 6)</i>

SECTION 5 – TYPE OF BUSINESS (Check All That Apply)

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY				MINORITY BUSINESS ENTERPRISE (51% Owned):					
<input type="checkbox"/>	*Small Business	<input type="checkbox"/>	Women Owned	<input type="checkbox"/>	Hispanic – Latino	<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American
<input type="checkbox"/>	GA Resident Business	<input type="checkbox"/>	Minority Business Certified	<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 the "Other" or "Deactivate" boxes are checked in Section 1)

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's name and Tax ID listed below.

Liaison Name:	<input type="text"/>	Agency BU#:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>
Email:	<input type="text"/>	Phone:	<input type="text"/>

Request for Taxpayer Identification Number and Certification

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

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

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.	4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <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) ►	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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

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

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, 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: (legal name)	Proposal ID#
Program:	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, 2023. 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: <i>(legal name)</i>	Proposal ID#
Project:	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 & Community Support, Sources of Strength Program

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 , 2023 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 , 2023.

Affix notary seal here

Signature of Notary Public

Date Commission Expires



Georgia Department
of Human Services

Pre-Award Risk Assessment Form

Grantee Name:	Insert Applicant Agency
Grant Award Number(s) or CFDA Number:	
Program Name(s):	Prevention & Community Support, Sources of Strength Program
Risk Assessment Completed by and date	
Grant Period(s):	July 1, 2023 - June 30, 2024
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				
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:				
<ul style="list-style-type: none">Complex programmatic requirements and/or must adhere to regulationsMatching funds or Maintenance of Effort are requiredVarious types of program reports are requiredThe 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:				
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



PCS Authorized Signer & Approver Information Form

Company Name

AUTHORIZED SIGNER INFORMATION

Provide the list of authorized individuals who will sign the contract in the order they should sign.

*****NON-PROFIT ENTITIES***** - Authorized signer(s) and Titles must match the Corporate Resolution*****

NOTE - Individuals listed below cannot sign the Corporate Resolution

Authorized Signer #1		Email Address	
Title		Phone Number	
Authorized Signer #2		Email Address	
Title		Phone Number	

AUTHORIZED APPROVER INFORMATION

If contract requires approval **BEFORE** signature, provide the name(s) in the order they should approve. Approvers do not sign the contract. Signers listed above should not be listed below.

IF NO APPROVAL IS REQUIRED LEAVE BLANK.

Authorized Approver #1		Email Address	
Title		Phone Number	
Authorized Approver #2		Email Address	
Title		Phone Number	

Replicate on agency letterhead

AUTHORIZATION TO ENTER INTO CONTRACT

Date:

Program: **GA Sources of Strength Program**

Contract Period: July 1, 2023 – September 30, 2024

Proposed Cost:

Individual(s)* authorized as a signing authority on behalf of Public Entity:

Name:

Title:

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 Section, to deliver services as described in FFY2024 GA Sources of Strength proposal.

Signature of **AUTHORIZED** Representative**

Notary Signature

Printed Name

Date Commission Expires

Title

Affix notary seal or stamp below.

Date

*Individual identified should be consistent with individual identified on Application Cover, as the Signing Authority.

**Authorized official of Public Entity.

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 SFY2024 Sources of Strength Program proposal for the period beginning **July 1, 2023 and ending June 30, 2024.**

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 being identified as an authorized signer of the the contract.

Imprint Seal of Corporation Here

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

Title of Officer

Name of Officer

Date