



State of Georgia
Division of Family and Children Services
Prevention and Community Support Section

FY2024 Statement of Need

SEXUAL RISK AVOIDANCE EDUCATION YOUTH DEVELOPMENT PROGRAM (SRAE)

Subject: FY2024 Statement of Need (SoN)

SoN Release Date: March 6, 2023

Mandatory Information Webinar: *Registration required for either morning or afternoon session.*

March 15, 2023 9:30AM-11:00AM

<https://us02web.zoom.us/join/zoom-join-link/tZ0tdOGtqT4sGd1gh-oJleqNVvMJyT9mbRU0>

or

March 20, 2023, 2:00-3:30PM

<https://us02web.zoom.us/join/zoom-join-link/tZwsd-2hqTsuGtUSBw8xxFY2-YsmpBy6YYrD>

Proposal Submission Deadline: **April 20, 2023, at 12:00PM (NOON)**

ONLY ELECTRONIC SUBMISSIONS WILL BE ACCEPTED

Contact Person: Missy Thompson, Program Specialist
E-mail: Missy.Thompson@dhs.ga.gov
Phone: (404) 858-2343

Wynecoka Thompson, Program Specialist
Email: Wynecoka.Thompson@dhs.ga.gov
Phone: (229)854-2959

Erika Dennis, Adolescent Pregnancy Prevention Unit Manager
Email : Erika.Dennis2@dhs.ga.gov
Phone : (404) 859-0412

Table of Contents

1. OVERVIEW	3
1a. Georgia Division of Family and Children Services	3
1b. Prevention and Community Support Section	3
1c. Sexual Risk Avoidance Education (SRAE) Youth Development Program	3
1d. Positive Youth Development Framework	4
1e. Georgia Afterschool & Youth Development Quality Standards	5
1f. Youth Thrive Protective Factors	6
2. PROGRAM DELIVERY & PERFORMANCE EXPECTATIONS	7
2a. Target Population	7
2b. SRAE Curriculum & Requirements	7
2c. Youth Development Activities	10
2d. Goals & Objectives	11
2e. Strategic Results Framework	11
2f. Program Expectations	12
2g. Program Evaluation & Reporting Requirements	14
3. STATEMENT OF NEED (SoN) CRITERIA	16
3a. Purpose	16
3b. Eligibility Criteria	16
3c. Application & Proposal Requirements	17
3d. Proposal Review & Selection Process	18
3e. Award Amount, Decisions & Notifications	18
3f. Contract Period & Requirements	19
3g. Award Distribution	20
4. APPLICATION & DOCUMENT REQUIREMENTS	21
4a. Required Proposal Documents	21
4b. Preparing Proposal Documents	25
4c. Completing Proposal Documents	26
4d. Preparing Other Documents, Forms & Screenshots	30
4e. Submitting Documents	47
4f. Obtaining Proposal ID# and Password	48
4g. Uploading Documents	50
5. FORMS & TEMPLATES	52



State of Georgia
Division of Family and Children Services
Prevention and Community Support Section

Sexual Risk Avoidance Education (SRAE) Youth Development Program

Statement of Need

1. OVERVIEW

1a. Georgia Division of Family and Children Services

The Georgia Division of Family and Children Services' (DFCS) mission is to prioritize the safety of Georgia's children in the decisions we make and the actions we take. We strengthen families toward independence and build stronger communities with caring, effective and responsive services.

1b. Prevention and Community Support Section

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

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

1c. Sexual Risk Avoidance Education Youth Development Program

The Title V State Sexual Risk Avoidance Education (SRAE) Program is authorized and funded by Section 510 of the Social Security Act (42 U.S.C. § 710), as amended by Section 50502 of the Bipartisan Budget Act of 2018 (Pub. L. No. 115-123) and extended by Section 2104 of the Continuing Appropriations Act, 2021 and Other Extensions Act (Pub. L. No. 116-159).

The purpose of the Title V State SRAE Program is to fund states/territories to provide education to youth that normalizes the optimal health behavior of avoiding non-marital sexual activity. The program is designed to teach youth personal responsibility, self-regulation, goal setting, healthy

decision-making, a focus on the future, and the prevention of youth risk behaviors such as drug and alcohol usage without normalizing teen sexual activity.

The goal of the SRAE program is to provide messages to youth that normalizes the optimal health behavior of avoiding non-marital sexual activity. The objectives of the SRAE program are to:

- Implement education and/or strategies that include medically accurate and complete information referenced in peer-reviewed publications by educational, scientific, governmental, or health organizations.
- Select sexual risk avoidance education and/or strategies with an evidence-based approach based on adolescent learning and developmental theories for the age group receiving the education and be culturally appropriate recognizing the experiences of youth from diverse communities, backgrounds, and experiences.
- Teach sexual risk avoidance skills through methods that do not normalize teen sexual activity.
- Target youth ages 10 to 19.

Division of Family and Children Services–Prevention and Community Support (DFCS-PCS) Section will accept Statement of Need (SoN) applications for funding of the Sexual Risk Avoidance Education (SRAE) and Youth Development Program under the Title V State SRAE Grant Program from the United States Department of Health and Human Services (CFDA 93.235). The purpose of this solicitation is to identify and partner with community-based agencies, non-profit organizations, school districts, post-secondary institutions, etc. to provide abstinence-based programming in their local community.

Applicants are encouraged to develop flexible, medically accurate, and effective abstinence-based plans responsive to their target population's specific needs. These plans must provide abstinence education and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock. An expected outcome for all programs is to promote abstinence from sexual activity. Applicants should demonstrate their ability to include abstinence education in an intensive youth development framework. To be eligible for funding under this announcement, programs are required to adhere to the A-F federal definition of and criteria for abstinence education on SoN page 8.

Note: Prior approval from a local board of education and its sex education committee is needed to implement a Sexual Risk Avoidance Education curriculum and to administer the entry and exit surveys in a school or school system. Once approval is granted, the superintendent and applicable principal must sign the Evaluation Acknowledgement form.

1d. Positive Youth Development Framework

States use an evidence-based approach and/or effective strategies to educate youth on the optimal health behavior of avoiding non-marital sexual activity and other risky behaviors. Title V State SRAE projects are implemented using a Positive Youth Development framework as part of risk avoidance strategies to help participants develop healthy life skills, increase individual protective factors that reduce risks, make healthy decisions, engage in healthy relationships, and set goals that lead to self-sufficiency and marriage before engaging in sexual activity. Linking program participants to services provided by local community partners that support the safety and well-being of youth is also a key component of the program.

The four key elements of positive youth development are the following:

1. *An asset-based framework* that recognizes and builds the talents, energies, strengths, and constructive interests that every young person possesses.

The Search Institute's 40 Developmental Assets for Adolescents (Ages 12 – 18): The Search Institute has identified building blocks of healthy development that help youth become healthy, caring, and responsible. The Developmental Assets represent the relationships, opportunities, and personal qualities that youth need to avoid risks and thrive.

The Developmental Asset framework is categorized into two groups of twenty assets. The first group of twenty are External Assets, the positive experiences youth receive from the world around them. These twenty assets discuss supporting and empowering youth, setting boundaries and expectations, and positive activities for youth involvement. External Assets identify important roles that families, schools, neighborhoods, and organizations can play in promoting healthy development.

The second group of twenty assets are Internal Assets, assets that identify youth characteristics and behaviors that reflect positive internal growth and development. The twenty assets in this category state the positive values and identities, social competencies, and commitment needed for youth to make positive and thoughtful choices.

To learn more about the Search Institute's 40 Developmental Assets, go to <http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18>.

2. *A person-in-context perspective* as a consciously holistic view of youth as individuals, considering the whole community in relation to the whole child.
3. *Youth Voice* includes the perspectives, ideas, experiences, knowledge, and actions of young people.
 - a. Consider the perspectives and ideas of young people. Respect what the young people have to say.
 - b. Work with young people as active and equitable partners in the youth development initiatives that impact them.
4. *Developmentally appropriate practice* promotes a child's social, emotional, physical, and cognitive development by basing all practices and decisions on theories of child development.

1e. Georgia Afterschool & Youth Development Quality Standards

The Georgia Afterschool & Youth Development (ASYD) Quality Standards are a collaborative project endorsed by three state agencies – DFCS, Department of Education, and Department of Public Health. The Standards are research-based, best practice guidelines that describe the critical components of high-quality youth development programs. These guidelines are organized by the following nine quality elements:

1. Programming & Youth Development
2. Linkages with the School Day
3. Environment & Climate
4. Relationships
5. Health & Well-Being
6. Staffing & Professional Development
7. Organizational Practices
8. Evaluation & Outcomes
9. Family & Community Partnerships

The Georgia ASYD Quality Standards can be used as a framework for the design and implementation of high-quality youth programs. These Standards, when adopted by afterschool and youth development programs, can be used as a framework for the design and implementation of high-quality programs for youth from elementary through high school. Employed as an assessment tool, the Standards can help assist programs facilitate a process of continual improvement through an examination of what they are doing well and where to make improvements. In this regard, the Standards are a vehicle for engaging staff and stakeholder teams in ongoing data-driven collaborative decision-making processes. The assessment tool is intended to support a reflective process in which program staff and stakeholders explore their own programs and work collaboratively to develop strategies to enhance policies, procedures, and practices. To learn more about the standards and how you can incorporate them into your programs, go to <http://georgiaasyd.org/>.

1f. Youth Thrive Protective & Promotive Factors

Youth Thrive Protective & Promotive Factors is both a research-informed framework on youth well-being and an action-oriented Initiative, based on the framework, that is designed to better support healthy development and promote well-being for youth with partners across the country. DFCS-PCS requires that contractors incorporate, at minimum, one (1) of the five (5) Youth Thrive Protective & Promotive Factors in their program curriculum.

The five protective factors are as follows:

1. Youth Resilience: Managing stress and functioning well when faced with stressors, challenge, or adversity. The outcome is personal growth and positive change.
2. Social Connection: Having healthy sustained relationships with people institutions, the community, and a force greater than oneself that promotes a sense of trust, belonging and feeling that s/he matters.
3. Knowledge of Adolescent Development: Understanding one's behavior and stage of maturation in the context of the unique aspects of adolescent development (e.g., brain development, the impact of trauma); services that are developmentally and contextually appropriate (e.g., positive youth development strategies).
4. Concrete Support in Times of Need: Understanding the importance of asking for help and advocating for oneself; receiving quality services designed to preserve youth's dignity providing opportunities for skill development, and promoting healthy development (e.g., strengths-based, trauma informed practice).
5. Cognitive and Social-Emotional Competence: Acquiring skills and attitudes that are essential for forming an independent identity and having a productive, responsible, and satisfying adulthood (e.g., self-regulation, executive functioning, and character strengths).

For additional information visit <https://cssp.org/our-work/project/youth-thrive/#framework>

2. PROGRAM DELIVERY & PERFORMANCE EXPECTATIONS

2a. Target Population

The target population for the program are youth ages 10-19 years old, who live in geographic locations with high teen pregnancy and birth rates, live in economically disadvantaged communities, are in foster care or are involved with the juvenile court.

Special Populations

As section 510(b)(1) of the Social Security Act (42 U.S.C. § 710(b)(1)) describes, applicants are to focus on groups that are most likely to bear children out-of-wedlock. Applicants are required to provide services to youth populations that are the most high-risk or vulnerable for pregnancies or otherwise have special circumstances.

DFCS-PCS recognizes youth that are the most high-risk or vulnerable for pregnancies include culturally underrepresented youth populations, especially Hispanic and African American, youth in or aging out of foster care or adjudication systems, and youth living in communities with high rates of teen pregnancies, teen births, and poverty. Applicants are encouraged to address the unique needs of these vulnerable populations.

2b. SRAE Curriculum & Requirements

There is a growing body of literature on effective interventions for reducing teen pregnancy. These interventions range in program models and target populations. These evidence-based programs have demonstrated impacts on adolescent sexual activity (including delaying initiation of sexual activity), STDs/STIs, pregnancies, and births. DFCS-PCS encourage contractors to select and implement programs with proven effectiveness for the target populations they plan to serve.

DFCS-PCS has reviewed several curricula and programs for SRAE, and has identified the following as examples of evidence-based or promising practice curricula/programs:

- Choosing the Best WAY, LIFE, PATH, JOURNEY, and SOUL MATE
- Relationship Smarts Making A Difference!
- Love Notes REAL Essentials: Relationship Education And Leadership

DFCS-PCS does not endorse any specific evidence-based curriculum or program. The above are examples of effective SRAE curricula/programs. Applicants are not limited to this list and are encouraged to research many curriculum choices for implementation. Ascend, formerly the National Abstinence Education Association, published *Abstinence Works*, a compendium of research demonstrating that SRAE works. *Abstinence Works* can be found at the following webpage:

<https://weascend.org/resource/sexual-risk-avoidance-works/>.

A resource that may be helpful in determining which SRAE curriculum is a good fit for your program is the Systematic Method for Assessing Risk-avoidance Tool (SMARTool), developed by The Center for Relationship Education. The SMARTool is designed to:

- Describe effective sexual risk-avoidance interventions and programs
- Provide insights into program and community needs and resources
- Guide assessment of potential curricula that may be used for sexual risk-avoidance program
- Improve program implementation

Developed through a Federal grant, the SMARTool is available to download at <https://www.myrelationshipcenter.org/resources/smartool>.

DFCS-PCS requires that each contractor select a curriculum based in SRAE for implementation in its program. The curriculum must be Federal Sexual Risk Avoidance Education A-F compliant, medically accurate, and age-appropriate with regard to developmental stage of the intended audience.

DFCS-PCS must approve curriculum prior to implementation. DFCS-PCS also requires that every staff person delivering the program model or curriculum to youth is trained and certified in the model or curriculum by its developer.

Contractors are restricted from implementing SRAE without curriculum certification. Proof of certification may be requested by DFCS-PCS at any time.

Federal Sexual Risk Avoidance Education Criteria

Regardless of program type, no funds can be used in ways that contradict the federal A-F provisions for sexual risk avoidance education. Education on sexual risk avoidance must ensure that the unambiguous and primary emphasis and context for each topic described below is a message to youth that normalizes the optimal health behavior of avoiding sexual activity.

- A. The holistic individual and societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision making, and a focus on the future.
- B. The advantage of refraining from non-marital sexual activity in order to improve the future prospects, and physical and emotional health of youth.
- C. The increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity.
- D. The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families.
- E. How other youth risk behaviors, such as drug and alcohol usage, increase the risk for teen sex.
- F. How to resist and avoid, and receive help regarding, sexual coercion and dating violence, recognizing that even with consent, teen sex remains a youth risk behavior.

Contraception. For programs that provide information on contraception, the information must be medically accurate and complete, and ensure students understand that contraception offers physical risk reduction, but not risk elimination, and the education cannot include demonstrations, simulations, or distribution of contraceptive devices.

It is required that sexual risk avoidance education is the major component and is incorporated into an intense positive youth development framework. Contractors must also promote asset development, encourage healthy lifestyle choices, and provide positive youth development opportunities and activities for youth. Programs may be specifically developed for this contract funding or may be designed to provide an abstinence education component to an existing after-school program, community-based organization, youth development program, or a school-based project. Regardless of arrangement, programs should be ongoing, long-term, and intensive for program participants.

Minimum Program Hours

DFCS-PCS does not require that contractors offer a minimum number of program hours. Program hours should consist of primarily abstinence education with youth development activities serving as supplemental material. Research has shown that high dosage programs tend to be more effective than low dosage programs.

Contraception

SRAE programs may discuss contraception in the context of risk of pregnancy and sexually transmitted diseases/infections (i.e., efficacy rates of contraception). The discussion always should encourage the prevention of risk, that is, refraining from sexual activity is the only way to avoid all the possible risks associated with sexual activity. Information on contraception must be medically accurate. Contractor programs may not demonstrate or distribute contraception.

Religion

SRAE programs may not promote, discuss, or teach religion. Program activities and services are required to be accessible to any interested participant, regardless of religious affiliation.

The following statement is from Part 87.2 (c) of the Equal Treatment Regulation:

“(c) Organizations that receive direct financial assistance from the United States Department of Health and Human Services may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded with direct financial assistance from the Department. If an organization conducts such activities, the activities must be offered separately, in time or location, from the programs or services funded with direct financial assistance from the Department, and participation must be voluntary for beneficiaries of the programs or services funded with such assistance.”

Medical Accuracy

SRAE programs supported with these funds must be medically accurate. Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, complete, and objective. Contractors may not present information as factual when it reflects a value or opinion instead of fact. As a condition of receiving funding under this SoN, applicants must certify that “all abstinence education materials that are presented as factual will be grounded in scientific research.”

Applicants must complete the Medical Accuracy Assurance form provided.

Parental Consent

Contractors will need to receive parental consent for each youth to participate in the evaluation. This year, the Family and Youth Services Bureau (FYSB), Georgia's SRAE federal funder, is requiring the use of uniformity and exit surveys. Entry surveys must be administered to youth prior to any instruction. Exit surveys must be administered at the close of the program. Contractors with multiple program cycles during the year will administer the entry and exit surveys to each cycle throughout the year. Survey results are crucial to the evaluation of each program and must be received in a timely manner. Entry and exit surveys should be entered electronically immediately after administration to program participants.

DFCS-PCS requires parental consent for a youth to participate in the program and the evaluation. Parental consent should be obtained prior to youth's enrollment into the program. Contractors must maintain a copy of these records.

2c. Youth Development Activities

DFCS-PCS is committed to promoting the behavioral health and social and emotional well-being of vulnerable young people through strengths-based, positive youth development. The intention of DFCS-PCS is that SRAE is the central and primary focus of this funding opportunity. In addition, positive youth development activities are encouraged to supplement this central purpose. The following are youth development activities that are appropriate to include under this funding opportunity, in addition to the required SRAE curriculum.

Please note that selecting the activities below means that all of the activities chosen will be provided to your specific target population. Applicants are encouraged to carefully choose activities as these will be tracked through reporting.

- Alcohol, tobacco, and other drug prevention
- Career awareness
- Character education
- College preparation
- Community service
- Counseling
- Enrichment
- Financial literacy
- Healthy relationships
- Life skills
- Mentoring
- Parenting instruction for teen parents
- Tutoring

The youth development activities must be from evidence-based or evidence-informed curricula or practices. Examples of evidence-based curricula that may be used for the youth development activities are:

- All Stars (Character education)
- Botvin Life Skills Training (Alcohol, tobacco, and other drug prevention)
- *Safe Dates* (Healthy Relationships)
- The Dibble Institute's *Connections: Dating and Emotions* (Healthy Relationships) Youth development activities may not violate any aspect of the Federal Sexual Risk Avoidance Education Criteria A-F provisions for SRAE.

2d. Goals and Objectives

Each contractor must utilize the following goals and objectives for its SRA education and youth development program.

Goals

1. Reduce adolescent sexual activity, pregnancies, births, repeat births, and sexually transmitted diseases/sexually transmitted infections (STDs/STIs).
2. Increase the use of abstinence education as the optimal health message for adolescents by implementing positive youth development programs with a Sexual Risk Avoidance emphasis.

Objectives

1. 80% of program participants will define abstinence as the best health method to prevent teen pregnancy and STDs/STIs by the end of the program.
2. 75% of youth enrolled will complete at least 75% of the program.
3. 75% of program participants will report being able to implement refusal skills.
4. Programs will report a delay in having sexual intercourse activity among program participants by the end of the program year.
5. 100% of program participants will receive youth development activities.

NOTE: These objectives may change at any time that the federal fund source, FYSB, implements new required objectives or performance measures. Contractors will be required to meet any federally required objectives upon notification by GA SRAE.

2e. Strategic Results Framework

PCS Outcome Measures for GA-SRAE

Applicants must adhere to the following reporting requirements and outcome measures:

1. Contractors must attend the contract management orientation.
2. Contractors must attend the DFCS-PCS' Fiscal Management Orientation for Cost Reimbursement.
3. Financial report to the Department through the Prevention and Community Support (PCS) section for each month of service of the contract will be submitted by the 13th working day of the following month:
 - a. Contract Budget and Monthly Cumulative Contract Expenditure Report with supporting expenditure documentation.
 - b. Request for Reimbursement Form for the month
 - c. Programmatic report completed and submitted as verification of service provision by the 13th business day of each month.
 - d. Program enrollment and attendance data reported in the data collection system.
 - e. Prior approval for contract-funded materials, media information, and public information received from the DFCS-PCS Program Contact
4. Performance Measure: Served at least 40% of the yearly target number of youth by the end of the second reporting period (3/31/2024).

5. Annual Performance Measure - Contractor will submit a brief narrative summary of the work completed during the contract year to promote Youth Thrive Protective Factors selected in their contract proposal.
6. Annual Performance Measure – 95% of the target population served and reported to DFCS- PCS by 07/31/2024.
7. Annual Performance Measure - 80% of program participants will define abstinence as the best health method to prevent teen pregnancy and STDs/STIs by the end of the program.
8. Annual Performance Measure - 75% of youth enrolled will complete at least 75% of the program.
9. Performance Measure: 100% of Entry and exit surveys will have been submitted to the data collection evaluator for enrolled youth by the end of the reporting period.
10. Performance Measure – Documentation of satisfactory completion of mandatory state office required training events by the end of the contract period.
11. Performance Measure - Documentation of attendance at minimally four (4) DFCS-PCS sponsored, contract related professional development opportunities or special events by the end of the contract period.

DFCS-PCS reserves the right to modify performance requirements as stated in the SoN prior to a contract being issued or upon any implementation of any federally required performance requirements.

2f. Program Expectations

Use of Funds

Awarded SRAE funds must be used for the delivery of approved evidenced-based pregnancy prevention curricula and youth development activities to vulnerable at-risk youth between the ages of 10-19 residing in counties throughout the state of Georgia. Funds may be used to cover costs of personnel, supplies, instructional materials, grant-related travel, and other grant-related costs. Allowable administrative functions/costs include usual and recognized overhead, including indirect rates for all consortium organizations that have an approved indirect cost rate, and management and oversight of specific project components funded under this program.

Funding Restrictions and Limitations

Under this funding source, contractors are not allowed to use funds to support inherently religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing. Funds may not be used for building alterations or renovations, construction, fundraising activities, political education, or lobbying. Funds under this announcement cannot be used to supplant or replace current public or private funding, to supplant ongoing or usual activities of any organization involved in the project, to purchase or improve land, to purchase, construct, or make permanent improvements to any building, or to reimburse pre-award costs.

Program Evaluation Costs

Evaluation design and analysis will be coordinated by DFCS. If an applicant plans to implement a more extensive evaluation plan, then these costs must be covered by other funding sources.

Cost Sharing or Matching

Cost-sharing or matching of non-Federal funds is not required under this announcement. Although there is no statutory match requirement for this SoN, leveraging other resources and related ongoing efforts to promote sustainability is encouraged. Leveraging of other funding sources should be documented in the budget narrative section.

Required Training

Training Topic	Tentative Date	Location	# Days
SRAE Contractor Orientation ***	TBD	Virtual	1
DFCS-PCS' Fiscal Management Orientation for Cost Reimbursement*****	TBD	Virtual	1
Curriculum Training**	TBD	Virtual	5
Data Collection and Reporting Training ***	TBD	Virtual	1
Professional Development Training (TBD)**	TBD	TBD	1
Contactor Wrap Up Meeting ***	TBD	TBD	1

Mandatory Attendance

* Administrator

** Facilitator

*** Administrator and Facilitator

**** Administrator or Fiscal Agent

Travel costs associated with required trainings must be included in budget.

2g. Program Evaluation and Reporting Requirements

DFCS-PCS requires that contractors comply with and fully participate in the financial, program, and evaluation reporting of the SRAE Program.

The purpose of this program is to provide long-term, ongoing, intensive sexual risk avoidance education programming for youth utilizing a positive youth development framework and supplemental activities. This program does not support one-time curriculum-only approaches for SRAE programs.

For this program, contractors must abide by all program requirements and the stated goals and objectives, provide abstinence education in a positive youth development framework, assure medical accuracy, and must consider appropriate youth development activities and program effectiveness.

PCS GA-SRAE will monitor awarded applicants to promote accountability. Monitoring ensures the mutual success of DFCS and the Contractor in achieving contract deliverables. Annual work plans will be reviewed by the assigned GA-SRAE Program Specialists, Adolescent Pregnancy Prevention Unit Manager and/or GA-SRAE designee.

Monitoring will occur routinely through ongoing communication between GA-SRAE and contractors, annual administrative site visits, and contractor reporting (i.e., work plan, monthly fiscal and programmatic reports, and process and outcome performance measures).

Contractors are required to adhere to the programmatic and fiscal reporting requirements as described below:

Financial

1. **Monthly Fiscal Report:** Contractors must submit a Contract Budget and Monthly Cumulative Contract Expenditure Report Form. Reports are due within 13 working days of the last day of the reporting period. Payment requests will not be processed until programmatic reports have been approved.
2. **Request for Reimbursement Workbook:** Contractors are required to maintain expenditure documentation such as timesheets, equipment purchases, travel logs, supply purchases, inventory records, and consultant contracts. This documentation must be submitted as proof of monthly expenditures along with the Request for Reimbursement Workbook each month. Contractors must submit workbook of expenses for the program, including contract (federal) funds. Reports are due within 13 working days of the last day of the reporting period. Financial reports will not be processed until programmatic reports have been approved. Receipts of all expenses are required prior to payment.

Contractors' budgets must adhere to all allowable and nonallowable expenses as per the GA SRAE Standard Operating Procedures manual, current version updated in October 2023

NOTE: Reported expenditures by the contractor do not guarantee reimbursement payment in full.

3. **Monthly Programmatic Reports:** Monthly Programmatic Reports will be required along with the monthly fiscal report on the 13th business day following the close of each month. The *Monthly Programmatic Report* will describe progress on achieving work plan deliverables and associated measures.

Programmatic

1. **Notice of Implementation:** The Notice of Implementation documents the date when the program is fully implemented and operational, which is indicated by youth being enrolled into the program, completing entry surveys, and receiving services. This notice must be submitted within 90 days of the contract start date.
2. **Monthly Program Summary:** The Monthly Program Summary addresses the following each month: overall program and site information; program highlights; program challenges; and technical assistance needed. The Monthly Program Summary is a narrative summary of the month's activities and is due on the 13th business day of the following month. It should be attached with the "Request for Reimbursement Workbook" and the "Contract Budget and Monthly Cumulative Contract Expenditure Report Form".
3. **Program Calendars:** The Program Calendar includes information regarding program times and locations, assemblies, field trips, and special events that are DFCS-PCS funded activities. The Program Calendar is due with the Performance Report and Payment Schedule Form (see section 2j. Performance Deliverables for due dates). Not clear on the purpose of this and it is not mentioned anywhere else in SoN. If it is meant to update on any changes from the timeline, then that should be stated here.
4. **Evaluation Reporting:** Contractors are required to submit accurate and timely program reports. Contractors must stay up to date on reporting as this is a requirement prior to payment. Contractors must submit participant enrollment and attendance data via an online system to an external evaluator.
5. **Entry and Exit Surveys:** Contractors will need to receive parental consent for each youth to participate in the evaluation using Entry and Exit surveys. This year, the Family and Youth Services Bureau (FYSB), Georgia SRAE's federal funder, is requiring the use of uniform entry and exit surveys. Entry surveys must be administered to youth prior to any instruction. Exit surveys must be administered at the close of the program. Contractors with multiple program cycles during the year will administer the entry and exit surveys to each cycle throughout the year. Survey results are crucial to evaluation of each program and must be received in a timely manner. Entry and exit surveys must be entered electronically immediately after administration to program participants.

NOTE: Further direction regarding the FYSB-generated surveys will be forthcoming.

All Applicants must submit an Evaluation Acknowledgement certifying their understanding of the compliance requirement.

Data Collection and Reporting

DFCS-PCS has contracted with an external data system consultant for the purpose of collection of programmatic data. Contractors will have the following roles and responsibilities within the data collection and reporting:

1. Must collect, enter, and maintain participant-level implementation and outcome data.
2. Must enter participant enrollment and attendance data into the online data system.
3. Must properly administer the entry and exit surveys using the designated data collection database system.
4. Must receive parental consent for each youth to participate in the program.
5. Must receive parental consent for each youth to participate in the evaluation.
6. Must have staff person(s) who are responsible for any part of the data reporting trained by the contractor.

3. STATEMENT OF NEED (SON) CRITERIA

3a. Purpose

This Statement of Need has been issued by the Georgia Division of Family and Children Services – Prevention and Community Support (DFCS-PCS) Section to seek proposals from eligible entities to implement Sexual Risk Avoidance Education (SRAE) and Youth Development Program under the Title V State SRAE Grant Program from the United States Department of Health and Human Services (CFDA 93.235). The purpose of this solicitation is to identify and partner with community-based agencies, non-profit organizations, school districts, post-secondary institutions, etc. to provide abstinence-based programming in their local community.

3b. Eligibility Criteria

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

- Be a state government agency, public education agency, local county governments, or a 501c3 non-profit organization in Georgia.
- Be responsible, liable, and oversee financial, program, and post-award reporting requirements.
- To obtain proposal ID# and password necessary for electronic submission of proposals, Applicant **MUST** attend one of the mandatory information webinars on:
 - March 15, 2023, 9:30-11:00AM. Click link below to register.
<https://us02web.zoom.us/j/84461212693>
 - or
 - March 20, 2023, 2:30-3:30PM. Click link below to register.
<https://us02web.zoom.us/j/84461212693>
- Submit complete application, including all forms/documents electronically by **April 20, 2023, 12:00PM (NOON)**.
- 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.
- Satisfy all proposal, eligibility, and contract requirements described in Statement of Need.
- Demonstrate that it has the qualifications and capacity to meet implementation, oversight and reporting requirements outlined in Statement of Need.

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

Fiscal Agent Responsibilities

All applicant agencies receiving GA-SRAE funds should have an annual agency budget that derives at least 25% of its income from other federal, state, local or private funds, exclusive of GA-SRAE awards. The applicant agency should meet the following criteria as outlined below:

1. Accounting records provide information needed to identify each contract awarded (State, Federal, Local Government, and Private) to applicant by identifying the receipt of funds for each contract and the expenditure of funds for each contract award.

2. Entries in accounting records refer to subsidiary records and/or documentation which support the entry and can be readily located.
3. The accounting system provides accurate and current financial reporting information.
4. The accounting system integrates with an adequate system of internal controls to safeguard the funds and assets covered, check the accuracy and reliability of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.

Federal Funding Accountability and Transparency Act & Consolidated Appropriations Act

The Transparency Act requires information disclosure concerning entities receiving federal financial assistance through federal awards such as federal contracts, sub-contracts, grants, and sub-grants (Reference 31 U.S.C. 6101).

Successful applicants will be required to provide total compensation of the five highest compensated officers of the contractor if the contractor in the preceding fiscal year received 80 percent or more of its annual gross revenue in federal awards and \$25,000,000 or more in annual gross revenue from federal awards. Successful applicants will also need to provide the following information in order to comply with the "Federal Funding Accountability and Transparency Act."

The Consolidated Appropriations Act, 2016, (Title VII, General Provisions – Government-Wide), limits the salary amount that may be awarded and charged to ACF grants and cooperative agreements. Award funds issued under this SoN may not be used to pay the salary, or any percentage of salary, to an individual at a rate in excess of Executive Level II. The Executive Level II salary of the "Rates of Pay for the Executive Schedule" is \$185,100. This amount reflects an individual's base salary exclusive of fringe benefits and any income that an individual may be permitted to earn outside of the duties of the applicant organization. This salary limitation also applies to sub- awards/subcontracts under an Administration for Children and Families mandatory and discretionary grant. Therefore, this salary limitation applies to the SRAE and Youth Development Program contractors.

3c. Application & Proposal Requirements

All required documents **MUST** be submitted electronically - uploaded to secure submission site by **April 20, 2023, 12:00PM (NOON)**. Proposals submitted that do not include ALL required forms and documents will be disqualified.

Information on obtaining proposal ID#s and passwords will only be made available at the mandatory informational webinars on **March 15, 2023, 9:30AM-11:00AM** and **March 20, 2023, 2:00-3:30PM**.

Required forms must be downloaded from website. Only use forms provided with this Statement of Need unless otherwise directed or this may result in disqualification of proposal.

Complete forms, documents and screenshots as directed. Prepared documents and screenshots **MUST** be current (and not from previous proposals or prepared or downloaded in 2022.) See Section 5 for copies of forms.

3d. Proposal Review & Selection Process

Applications received by the submission deadline undergo a Compliance Review to determine if all required documentation has been submitted as required and Applicant is eligible for further consideration.

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.

Applications that meet all compliance and eligibility criteria will advance to a qualitative Proposal Review by an independent review team.

Intent to Award notices will be sent by email. Contracts with Applicants awarded funding will begin October 1, 2023, and end September 30, 2024. Communication via telephone, email, and/or fax regarding award notices is prohibited before official notification by PCS.

3e. Award Amount, Decisions and Notification

Contract Award Amount

Applicants are applying for 2023–2024 funding through this SoN. The maximum amount of federal funds applicants can apply for is \$100,000.00.

Competitive Funding

A funding application is required annually. An initial contract does not guarantee continued funding. The annual submission allows contractors to improve or modify objectives or activities as needed.

Competitive contracts are awarded to applicants that demonstrate the following:

- Professional management of contract funds and compliance with administrative and performance requirements,
- Accurate and prompt submission of required program, evaluation, and financial reports,
- Positive performance compliance with completion of program goals & objectives, and
- Implementation plan for their program.

Please keep in mind that competitive funding is contingent on several factors including organizational capacity, performance history, contractual compliance, and availability of funds.

Modification of Funds

DFCS-PCS reserves the right to make changes to the application budget at the time of the contract award and will communicate any changes to the fiscal agent. DFCS-PCS may negotiate all or part of any proposed budget after award of the contract award agreement in the event that funding, or program requirements so dictate.

NOTE: Due to the state award amount not yet being determined by the federal funder for this grant year, all budgeted amounts may be adjusted upon notice from FYSB.

3f. Contract Period & Requirements

Contract Period

FFY2024 contract period covers 12 months, from October 1, 2023, through September 30, 2024. The total contract amount will be the awarded federal amount and does not require a match. Programs must be *fully* implemented within ninety (90) days of the contract start date.

DFCS-PCS Contract Management Orientation

If an applicant is awarded a contract, it is mandatory to attend the DFCS-PCS contract management orientation. The date and location are to be determined.

DFCS-PCS' Fiscal Management Orientation for Cost Reimbursement

If an applicant is awarded a contract, it is mandatory to attend the DFCS-PCS' Fiscal Management Orientation for Cost Reimbursement for contractors. The date and location are to be determined.

Site Visits

DFCS-PCS staff will conduct a site visit to each contractor during the contract period. Additional visits may be conducted, but each contractor will have at least one visit from DFCS-PCS staff during the contract year. Site visits will be conducted to monitor the program for progress, implementation, compliance, and to view program and financial documents.

Training, Technical Assistance, and Events

PCS GA-SRAE staff will provide ongoing, individual technical assistance and other support activities to contractors as needed or requested throughout the year.

DFCS-PCS will offer a number of post-award training and technical assistance opportunities and special events (e.g., SRAE workshops, youth development workshop, Youth Summit, etc.). Contractors will be informed of the opportunities via email.

Contractors are required to attend at least four (4) DFCS-PCS sponsored, contract-related professional development opportunities or special events per contract year. The number of required trainings may change between the issuance of the Statement of Need and the contracting process with awardees. Awardees should review all contract deliverables prior to signing as they may be different than the SoN.

Communications

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 SoN process.

Program/SoN Questions:

Missy Thompson
SRAE Program Specialist
Missy.Thompson@dhs.ga.gov
(404) 858-2343

Wynecoka Thompson
SRAE Program Specialist
Wynecoka.Thompson1@dhs.ga.gov
(229) 854-2959

Erika Dennis
Adolescent Pregnancy Prevention Unit Manager
Prevention & Community Support
Erika.Dennis2@dhs.ga.gov
(404) 859-0412

Karsten Hartman
Prevention & Community Support Director
Karsten.Hartman@dhs.ga.gov
(404) 520-0529

Budget/Finance & Contract Questions:

Bonnie Kelley
Interim
Prevention and Community Support
bonnie.kelley1@dhs.ga.gov

3g. Award Distribution

DFCS-PCS will offer a cost reimbursement contract agreement to selected applicants that will define performance standards, process and quantitative outcomes, and an approved budget. Contract payments will be based on the achievement of specific accomplishments of process and quantitative outcomes, and incurred costs of the contractor. Contractors will utilize their own funds prior to receiving reimbursement and must maintain a minimum of four months capital to support full program operations.

NOTE: If program funds for the contract year are not being adequately expended by the end of the second quarter, DFCS-PCS may de-obligate contract funding to reflect current spending projections. Mandatory de-obligations will be incurred at the end of the third period, if DFCS-PCS feels federal funds may be lapsed.

4. APPLICATION AND DOCUMENT REQUIREMENTS

4a. Required Proposal Documents

Download and complete all forms as instructed. See Section 5 for sample documents.

P1 - Application P1 - Cover

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

P2 - Proposal Narrative (15 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. The narrative provides a detailed description of the work to be undertaken.

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

Part A. Needs Assessment: Questions 1-9 (Maximum 4 Pages)

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

Part B. Administration; Questions 10-18 (Maximum 4 pages)

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

Part C. Implementation: Questions 19-25 (Maximum 5 pages)

Responses MUST demonstrate that Applicant has an appropriate and comprehensive plan to promote, deliver, and support a successful SRAE program.

Part D. Outcomes: Questions 26-27 (Maximum 2 pages)

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

P3 - Medical Accuracy Assurance

Download and complete Medical Accuracy Assurance form as directed.

Programs supported with these funds must be medically accurate. Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, complete, and objective.

Applicants must certify that "all abstinence education materials that are presented as factual, will be grounded in scientific research." Programs may not present information as factual when it reflects a value or opinion instead of fact.

P4 – Evaluation Acknowledgement

Download and complete Evaluation Acknowledgement form as directed.

Prior approval from a local board of education and its sex education committee is needed to implement a Sexual Risk Avoidance Education curriculum and administer the entry- and exit-surveys in a school or school system.

All applicants must sign the Evaluation Acknowledgement Form to certify their understanding and compliance with regard to administering entry and exit surveys and the data collection and reporting requirements.

P5 - Activities Chart

Download and complete Activities Chart form as directed.

Ensure that the information reported on the chart is consistent with information reported in narrative responses.

Example:

Identify Site or Group:	Marietta YMCA Afterschool Program		
Activity	Curriculum or Type	# Hours	# Cohorts
Primary SRAE Curriculum	Choosing the Best	6	2
Youth Development	Alcohol, Tobacco, and Other Drug Prevention	2	2
Youth Development	Community Service	3	4
Youth Development	Healthy Relationships - <i>REAL Essentials</i>	5	2
TOTALS		16	10

Insert additional rows as needed to list all activities.

P6 - Budget Workbook (Budget & Budget Narrative)

Download and complete Budget Workbook as directed. Ensure that the information reported in the workbook is consistent with information reported in budget narrative.

Proposed Budget

Complete the Proposed Budget Summary workbook. The Excel workbook contains a budget summary for the applicant. The budget summary must provide computation of requested funds and justification of costs in relation to activities.

Allowable and Unallowable Costs

A list of allowable and unallowable costs is provided in the Budget Summary Workbook. Examples of allowable expenses are defined under the budget categories.

The following indirect activities may not exceed 10% of the budget: administrative oversight; supervision of staff; bookkeeping/data entry; local evaluation; real estate rental/utilities/other facility costs; equipment; other agency shared costs. A list of some common indirect costs is listed below.

Any DFCS-PCS required activity (e.g., the contract management meeting) is considered a direct cost for the purpose of this contract.

Common Indirect (Administrative) Costs:

- | | |
|--|--|
| • Contract Manager | • Pens, paper, etc. |
| • Finance Director/Accountant/Bookkeeper | • Insurance |
| • Trainer | • Employee travel to non-required training |
| • Bookkeeping costs | • Printing |
| • Financial and/or programmatic audit costs | • Meeting Expenses |
| • Rent and/or mortgage on administrative offices | • Copier |
| • Utilities on administrative offices | • Postage |
| • Office supplies for staff | • Vehicle Maintenance |
| | • Background Investigations |

Costs that will need justification to be considered direct service:

- | | |
|---|---|
| • Trainings | • Administrative Staff and Supervisors who also provide direct services |
| • Conferences | • Meeting expenses |
| • Travel outside of direct service travel | • Cell phones for direct service employees requiring travel |
| • Equipment | |
| • Volunteers | |

Budget Narrative

The budget narrative also must be completed providing details for each expense identified on the budget. For example, applicants may not just report a cost item for "Speaker Contracts." The applicant must describe what the purpose is, who the speaker is, what event is happening, and a justification of including this expense and the amount and value added to the proposed program.

In the budget narrative, all cost items should be properly detailed and identified as direct or indirect in order for DFCS-PCS to make the proper determination on use of funds.

Contractors are responsible for obtaining and executing MOAs or MOUs with partners or sub-contractors providing services under this agreement. Documentation and copies of agreements can be requested by DFCS-PCS at any time during the contract period.

P7 – Timeline

Download and complete program timeline, as instructed.

Ensure that the information reported on the chart is consistent with information reported in narrative responses

P8 - Additional Document(s) Confirmation & Summary

Applicant must determine, based on responses provided in the Narrative, if they are required to submit any or all of the following MOU agreements with proposal.

Site MOU Agreement with Site(s) not under Jurisdiction of Applicant or Implementing Agency, if applicable

If any site/location identified in Narrative, Needs Assessment Question #2 where program services will be provided is not under the jurisdiction of the Applicant or the Implementing Agency, Applicant must also submit a copy of an executed MOU/Agreement between the Applicant or Implementing Agency and the site.

MOU Agreement with Implementing Agency, if applicable

If Implementing Agency was identified in Narrative, Administration Question #14, a copy of an executed MOU/Agreement between the Applicant and the Implementing Agency MUST be submitted with proposal.

MOU Agreement with Fiscal Agent, if applicable

If Applicant contracts with another entity to manage all its financial matters, a copy of the executed agreement between the Applicant and the Fiscal Agent MUST be submitted with proposal.

A copy of the Fiscal Agent's audit may be required prior to contract preparation, if proposal receives an award.

See Section 5, Additional Document(s) Confirmation & Summary for instructions on preparing required MOU agreements for uploading.

Ensure that the information in MOU/Agreements, such as Applicant, Authorized officer, site description and address are consistent with information provided in narrative responses or on other documents.

A copy of the Applicant's most recent audit may be required if they have not had a contract with the Division within the last two years. If this is the case, a copy of the audit will be requested prior to preparation of a contract.

4b. Preparing Proposal Documents

Information on obtaining proposal ID#s and passwords will only be made available at the mandatory informational webinar on **March 15, 2023, 9:30AM-11:00PM** or **March 20, 2023, 2:00-3:30PM**. Registration is required.

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.
- 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 5 for copies of forms and templates. Samples of screenshots are included with instructions for completing documents.
- 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 Individual Site Plans, Additional Document(s) Confirmation & Summary and Vendor Management form, if copy of blank check is required.

PROPOSAL SUBMISSION DEADLINE

April 20, 2023, 12:00PM (NOON)

4c. 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 5 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#** (SRAE####) in the space provided on all forms. If submitting more than one proposal, ensure that you use the corresponding **proposal ID#** (SRAE####) 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 jpg 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: **SRAE####_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 SECIM form, corporate resolution, Authorization, SAM, or SOS 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 ***SRAE####_Cover.pdf***

P2 – Proposal Narrative *(Use form provided.)*

Maximum 15 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 and assigned **proposal ID#** as recorded on Application Cover.
- 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 ***SRAE####_Narrative.docx***

P3 – Medical Accuracy Assurance *(Use form provided.)*

Applicants must certify that "all abstinence education materials that are presented as factual will be grounded in scientific research". Medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals where applicable or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, complete, and objective.

- Download form and complete as directed.
- Record Applicant name and assigned proposal ID# as reported on Application Cover.
- Form must be signed in accordance with the authority identified on the Application Cover as the authorized authority and be consistent with:
For public entities
 - Authorized individual identified on the Authorization and as the signing authority identified on the Application Cover, Section 2.For non-profits
 - Officer(s) identified by corresponding title on Georgia Secretary of State website screenshot and authorized by the Corporate Resolution to sign contracts and as the signing authority identified on the Application Cover, Section 2.
- Electronic or digital signatures are allowed. Do not password protect document.
- Typed signatures are not acceptable.
- Save scanned pdf as ***SRAE####_MedicalAssurance.pdf***

P4 – Evaluation Acknowledgement (Use form provided.)

Applicants must certify their understanding of their role and expectations with respect to program evaluation.

- Download form and complete as directed.
- Record Applicant name and assigned proposal ID# as reported on Application Cover.
- Form must be signed in accordance with the authority identified on the Application Cover as the authorized authority and be consistent with:
 For public entities
- Authorized individual identified on the Authorization and as the signing authority identified on the Application Cover, Section 2.
 For non-profits
- Officer(s) identified by corresponding title on Georgia Secretary of State website screenshot and authorized by the Corporate Resolution to sign contracts and as the signing authority identified on the Application Cover, Section 2.
- Electronic or digital signatures are allowed. Do not password protect document.
- Typed signatures are not acceptable.
- Save scanned pdf as ***SRAE####_Evaluation.pdf***

P5 – Activities Chart (Use form provided.)

Activities Chart MUST be completed identifying each activity, type and # hours/site/group. See example in SoN page 22.

- Download form and complete as directed.
- Record Applicant name as reported on Application Cover.
- Record assigned proposal ID# in the space provided.
- Identify Activity: Primary SRAE Curriculum, Youth Development or Other activity/service.
- Identify Curriculum or Type: Identify certified curriculum or describe activity.
- Record # of hours/cohort.
- Estimate # of cohorts during the program year.
- Ensure that the information reported on the chart is consistent with information reported in narrative responses.
- Save Word document as ***SRAE####_Activities***

P6 – Budget Workbook (Use form provided.)

The Budget Workbook includes:

1. Proposed Budget Summary - Completed documenting expected program expenses (for reimbursement).
 2. Budget Narrative - Completed providing detailed descriptions to justify expense item, and allocation and calculation for amount of expense.
 3. Budget Narrative Example
 4. Allowed Costs
 5. Unallowed Costs
- Download form and complete as directed.
 - See SoN page 23 for additional information on completing the Budget Workbook.
 - Record Applicant name as reported on Application Cover.
 - Record assigned proposal ID# in the space provided.
 - Total Budget MUST be consistent with Amount Request on Application Cover.
 - Save EXCEL document as ***SRAE####_Budget.xlsx***

P7 – 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 **SRAE####_Timeline.docx**

P8 – Additional Document(s) Confirmation & Summary *(Use form provided.)*

Applicant MUST determine if any of the following document requirements apply to its application/proposal.

- **Individual Site MOU agreement(s). See Narrative, Needs Assessment, Q2.**
 - *REQUIRED for proposals when the Applicant, or Implementing Agency, will provide services at a site not under its jurisdiction. Applicant must submit a copy of the agreement with the non-profit or public entity that covers the site where program services will be delivered.*
 - Copy of executed agreement must include description of negotiated terms between the Applicant or Implementing Agency and the Site that are consistent with contract and performance implementation requirements described in the Statement of Need.
 - Applicant identified on site MOUs MUST be consistent with the Applicant identified on the Application Cover or with Implementing Agency identified on Implementing Agency Agreement.
 - Individual site(s) MOUs MUST be consistent with information reported in responses to corresponding Narrative Q2.
 - If more than one MOU must be submitted, scan or combine all signed MOUs as a single pdf.
- **Implementing Agency MOU agreement. See Narrative, Administration, Q14.**
 - *REQUIRED for proposals when the Applicant is NOT implementing program services and all implementing activities will be the responsibility of another legal entity - non-profit or public entity.*
 - Copy of executed agreement must include description of negotiated terms between the Applicant and the Implementing Agency that are consistent with contract and performance implementation requirements described in the Statement of Need.
 - Implementing Agency identified MUST be consistent with information reported in responses to corresponding Narrative Q14.
- **Fiscal Agent Agreement. See Narrative, Administration, Q18.**
 - *REQUIRED if Applicant does not manage its own financial matters and contracts with another legal entity to manage its financial affairs.*
 - Copy of executed agreement between Applicant and Fiscal Agent must be consistent with information reported on Cover, Section 4 and information provided in response to Narrative Q18.
 - Copy of Fiscal Agent audit may be required if proposal receives an award.
- Applicant identified on MOU agreements MUST be consistent with the Applicant identified on the Application Cover.
- Applicant must complete and upload Additional Document Confirmation & Summary form confirming that they have assessed the requirement criteria for each of the MOU agreements identified in the Statement of Need that may apply to their SRAE proposal.
- If no MOU agreements apply, form must be completed and submitted to confirm that none are required. Save completed form as a pdf identified as **SRAE####_Additional.pdf** and upload as directed.
- If Applicant is required to include any MOU agreements with their SRAE proposal, copies of all required MOU agreements that apply to their SRAE proposal must be submitted.
- Scan copies of all required executed MOU agreements (at a low resolution) and combine with confirmation form as a single pdf identified as **SRAE####_Additional.pdf** and upload as directed.²⁹

4d. 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.

To help to avoid contract delays should the proposal be awarded funding. ...

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, Section 2. Typed signatures are not acceptable.

- Application Cover ((MUST have original signature)
- 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)
- Medical Accuracy Assurance and Evaluation Acknowledgment forms may be signed electronically or digitally*. Names and titles MUST be consistent with other documentation.

The following forms may be signed by other individuals within the Applicant's organization responsible for those duties.

- Vendor Management form (MUST have original, electronic, or digital signature)*
- W9 (MUST have original, electronic, or digital signature)*

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

- Follow required format and naming convention for each document using assigned proposal ID# followed by an underscore and the required document name. Example: **SRAE####_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 **SRAE####_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 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. § 5-5-32) or whether there are any other outstanding tax issues. MISSING, INCOMPLETE, OR EXHAUSTIVE 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 tax.state-contractors@dor.ga.gov for processing in accordance with the Georgia Procurement Manual.

Revised: 12/22/2010 SPD-SP148

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 **SRAE####_VendMgt.pdf**

See additional guidance on completing Vendor Management form below.



SUPPLIER (VENDOR) MANAGEMENT FORM

Agency vendor accounts MUST review this form to ensure the supplier has completed the appropriate highlighted sections 2-6.

Agency vendor accounts MUST complete section 1 the "AGENCY LIAISON USE ONLY" section prior to submission to SAS.

SECTION 1 – STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER

Newly Assigned Supplier ID	
Existing Transactional Supplier ID	

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

Change Supplier – Enter Last 4 (Required to Address Change)	
Change Address – Enter Addr ID#	
Replace Inactive Address (Last)	
HCM Vendor	
Statewide Contract (DOCS Use Only)	
Classification Change (statewide email, Attorney, Gas Non-State of GA, HCM, Non-Supplier, Student, Supplier Minority, Supplier Non-minority)	
Other (Provide details in Section 6 and below)	

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

FEU/SENTIN 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) LANDLINE ☐ CELL ☐ (USED FOR IDENTITY VERIFICATION)

CONTACT EMAIL:

SECTION 3 – BANK ACCOUNT INFORMATION ACCOUNTS RECEIVABLE 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.

ACCOUNTS RECEIVABLE NOTIFICATION

PRINT REMIT EMAIL:

PRINT REMIT EMAIL:

I authorize the State of Georgia to deposit payment for goods and/or services rendered into the provided bank account by the Automated Clearing House (ACH). I/We acknowledge that we agree to be bound by the terms and conditions of the bank account information provided in writing to the vendor or individual named below. It is the responsibility of the vendor or individual to verify the state of Georgia's bank account information. The State of Georgia is not responsible for unauthorized bank account transfers.

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.

☐ Deactivate Supplier Profile (Enter justification in Section 6)

☐ Reactivate Supplier Profile

☐ Add/Close Bank Accounts (Must complete Section 3)

☐ Change Existing Bank Accounts (Must complete Sections 1 & 3)

☐ FEUT/TS Change (cannot be changed if 2009 applicable)

☐ Supplier Business Name Change

☐ Add/Additional Business Address (Must complete Section 2)

☐ Change Existing Business Address (Must complete Sections 1 & 2)

☐ Non-2009 Applicable ☐ 2009 Applicable

2009-14 (Required for form 2009-01)

2009-N Code SC (SC is the only code available for the 2009-002)

2009 ADDR ID# (Enter Address ID # where to mail 2009)

☐ Other (Provide details in Section 6)

SECTION 5 – TYPE OF BUSINESS (Check all that Apply)

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

<input type="checkbox"/> "Small Business"	<input type="checkbox"/> Women Owned	<input type="checkbox"/> MINORITY BUSINESS ENTERPRISE (MBE) Owned:
<input type="checkbox"/> GA Resident Business	<input type="checkbox"/> Minority Business Certified	<input type="checkbox"/> Hispanic – Latino
		<input type="checkbox"/> Asian American
		<input type="checkbox"/> Pacific Islander
		<input type="checkbox"/> Native American
		<input type="checkbox"/> Not Applicable

*Based on Georgia law (OCGA 10-9-21) (5) "Small business" means any business which is independently owned and operated. Additionally, such business must either have 500 or less employees OR \$50 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.

Business Name: Agency BLS#:

Signature: Date:

Email: Phone:

2009 Accounting (OCGA 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. <i>SUBMIT AS AN ADDRESS REQUEST</i> <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 change 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 new number 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 new name in Section 2 and submit the current updated W9.
ADD ADDITIONAL ADDRESS	Select if adding an additional business address. Enter the additional address in Section 2 of the form.
CHANGE EXISTING ADDRESS	Select if changing current business address. Enter the new address 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.

This section **MUST** be completed to "Deactivate" a profile or address if "Other" is selected in Section 4.

Liaison Name	Required. Enter only the name of the certified Agency Liaison submitting the request.
Agency B/U	Required. Enter the Agency's 5-digit Business Unit number.
Signature	Required. Must be the electronic signature embedded in the VMF or an ink signature. Stamps, script fonts, etc. are unacceptable.
Date	Required. The date entered is the date the Agency Liaison signed the VMF. This date cannot be prior to the signature date of the supplier in Section 3.
Email	Required. Enter the Agency Liaison's email address.
Phone	Required. Enter the Agency Liaison's phone number.

- Download form and complete as directed. Document includes instructions.
- Record legal name of Applicant as reported on Application Cover.
- Ensure that Federal Identification # (FEI) reported is consistent with FEI# reported on Application Cover.
- Electronic or digital signatures are allowed. Do not password protect document.
- Typed signatures are not acceptable.
- Print page one only, sign as required and scan saving pdf as ***SRAE#### W9.pdf***

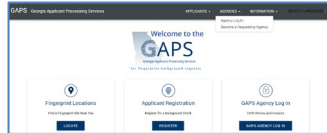
[illegible]

C4 - CRIMINAL RECORDS CERTIFICATION (Use form provided.)

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

Applicant must:

- Be registered with the Georgia Applicant Processing Services at: aps.gemalto.com/ga/index.htm
- Conduct fingerprint background checks to obtain **OIS Fitness Determinations** on all staff, volunteers and/or subcontractors pursuant to the provisions of O.C.G.A. §49-2-14



- Download form and complete as directed.
- Record legal name of Applicant and assigned **proposal ID#** as reported on Application Cover.
- Record ORI or OAC# verifying agency registration with Georgia Applicant Processing Service (GAPS). Ensure that ORI or OAC# number reported is consistent with corresponding field reported on the Application Cover.
- Form must be signed in accordance with the authority identified on the Application Cover, Section 2, as the signing authority and be consistent with:
 - 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) 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 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 signed document, save as a pdf, identifying it as **SRAE####_CRC.pdf**

Record GAPS ORI or OAC#.

CRIMINAL RECORDS CERTIFICATION	
Complete as directed. Scan signed document and save pdf as SRAE###_CRC	
Applicant SRAE###	Proposal ID# SRAE###
Project SRAE###	
Please print legal name of entity/agency/organization: Georgia Applicant Processing Services (GAPS) ORI or OAC#	
<p>By signing below, I certify that I am a duly authorized representative of the Georgia Department of Human Services (DHS) and I am authorized to provide the information requested on this form. I understand that the information provided on this form will be used for the purpose of conducting criminal background checks on all staff, volunteers, and subcontractors of the DHS. I understand that the information provided on this form will be used for the purpose of conducting criminal background checks on all staff, volunteers, and subcontractors of the DHS. I understand that the information provided on this form will be used for the purpose of conducting criminal background checks on all staff, volunteers, and subcontractors of the DHS.</p> <p>CERTIFICATION: I certify that I am a duly authorized representative of the Georgia Department of Human Services (DHS) and I am authorized to provide the information requested on this form. I understand that the information provided on this form will be used for the purpose of conducting criminal background checks on all staff, volunteers, and subcontractors of the DHS. I understand that the information provided on this form will be used for the purpose of conducting criminal background checks on all staff, volunteers, and subcontractors of the DHS. I understand that the information provided on this form will be used for the purpose of conducting criminal background checks on all staff, volunteers, and subcontractors of the DHS.</p> <p>Signature of Authorized Official: _____ Notary Signature: _____</p> <p>Printed Name of Official: _____ Date: _____</p> <p>Title of Official: _____ Notary Seal or Stamp: _____</p> <p>Date: _____</p>	

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

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 **SRAE####_SECIM.pdf**

SECURITY IMMIGRATION & COMPLIANCE AFFIDAVIT E-VERIFY	
Complete as directed. Scan signed document and save pdf as SSP####_SECIM	
Applicant: <small>(Legal name)</small>	Proposal ID#
Project:	SSP####
<small>*Record full legal name of entity/agency/organization/institution.</small>	
SECURITY AND IMMIGRATION COMPLIANCE AFFIDAVIT Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)	
<p>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:</p>	
<p>..... Federal Work Authorization User Identification Number <small>This is a 4, 5, or 6-digit number, also known as gphoto 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 City, GA.</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>..... Signature of Notary Public</p>	
<p>..... Date Commission Expires</p>	
<p><small>CS_FY2024_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 **SRAE####_Risk.xlsx**

Grantee Name: Grant Award Number(s) or CFDA Number: Program Name(s): Risk Assessment Completed by and date: Grant Period(s): Grant Amount(s): Total Score: Risk Assessment:		Insert Applicant Agency:	
1. Amount Amount of the award (if award amount is unknown, insert estimate of award amount (in dollars))		Small (\$15,000) Medium (\$25,000 to \$250,000) Large >\$250,000	
2. Accounting System Type of accounting system used by the entity		Automated Manual Combination	
3. Program Complexity Risk the complexity of the program Programs with complex compliance requirements have a higher risk of non-compliance. Is 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: ▶ Complex programmatic requirements and/or must adhere to regulations ▶ Multiple funds or maintenance of effort are required ▶ Various types of program reports are required ▶ The entity further subcontracted out the program		Not Complex Slightly Complex Moderately Complex Highly Complex	
4. Entity Risk a. Is the entity reporting on 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 ensuring 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 disbursement of funds related to the award? g. Does the federal program require staff to track their time associated with the award? h. If you, does the entity have a system in place that will account for 100% of each employee's time? (If answer due to the, leave blank) i. Did the entity's key staff members attend required training 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 notified by the Federal government in the prior year? n. If yes, did the audit result in one or more audit findings? (If answer due to the, leave blank) (Assign 5 points for each issue from below that applies) o. Other issues that may indicate high risk of non-compliance? Explain:		Yes/No	
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 Rank the entity's two best near final step 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 year?		Yes/No	
Low = 0 - 85 Moderate = 86 - 110 High = 110 and higher		TOTAL RISK POINTS: 0	

Common Attributes of Grantees with Low, Moderate and High Risk	
Low Risk	High Risk
Most of the following attributes should be present to be considered low risk: ▶ Strong compliance with terms and conditions or prior grant ▶ No known financial management problems or financial instability ▶ High quality programmatic performance ▶ No, or very insignificant, audit or other monitoring findings ▶ Timely and accurate financial and performance reports ▶ Program fully does not have complex compliance requirements ▶ Entity has received some form of monitoring (i.e., single audit, on-site review, etc.)	One or more of the following attributes may be present to be considered high risk: ▶ History of unsatisfactory performance or failure to adhere to prior grant terms ▶ Financial management problems and/or instability, inadequate financial management system ▶ Program has highly complex compliance requirements ▶ Significant findings or questioned costs from prior audit ▶ Untimely, inadequate, inaccurate reports ▶ Recurring unresolved issues ▶ 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 moderate risk.	
Additional notes or considerations specific to the grantees:	
Reviewed by: _____ Title: _____	Date: _____
Program Manager: _____	Date: _____
Director: _____	Date: _____

DO NOT
sign
page 2

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):

- 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!!

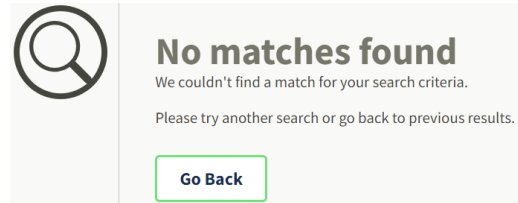
If registration expires after submission, applicant will be required to provide an updated screenshot. It is advised that registration be renewed before the expiration date to prevent unnecessary delays in contract preparation.

- Is identified as having an "active registration" and,
- Has no "active exclusions" that renders them ineligible for awards that include federal funds.

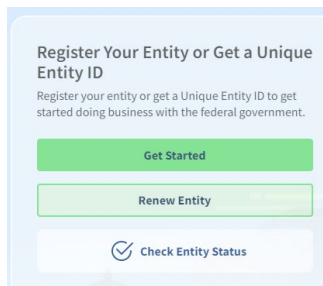
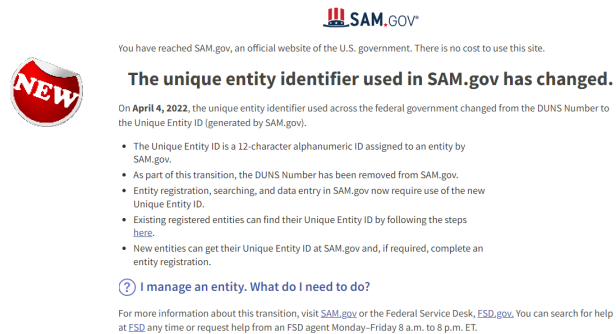
Any exclusion would need to be rectified before a contract could be awarded and an updated screenshot confirming resolution would be required.

- 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

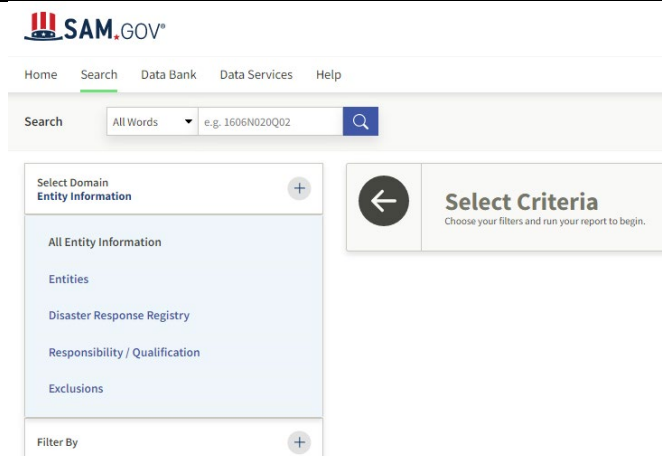


If registered select 'Check Entity Status'.
If registration expiry date does not meet FY2024 contract requirement, select 'Renew Entity'.
If you are not registered, select 'Get Started'.

*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.*

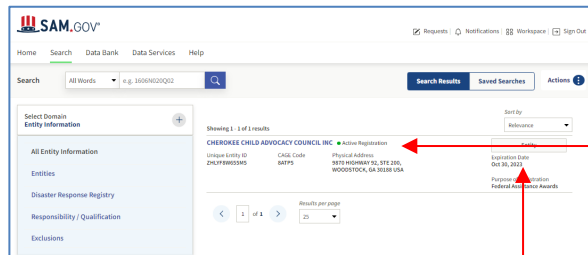
Select "Check Entity Status".
Select 'Search'.
Select 'All Entity Information'.

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



Option 1 Screenshot

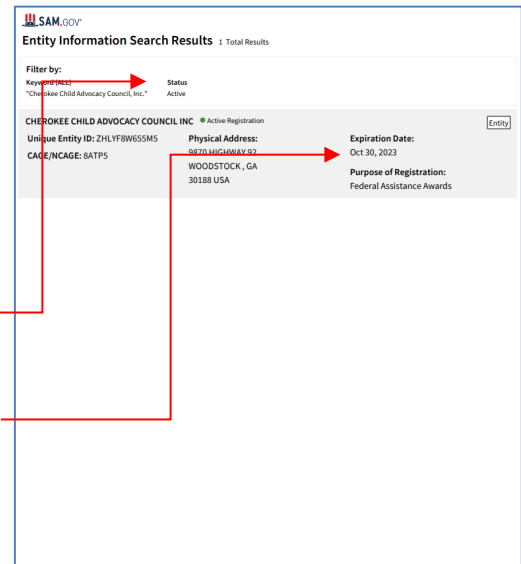
Take screenshot, paste image into Word document and save document as a pdf identified as ***SRAE####_SAM.pdf***



or

Option 2 Downloaded pdf

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




Must indicate 'Active'.

Expiration date must be later than June 15, 2023.

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

- Download form and complete as directed.
- No signatures are required.
- Save document as ***SRAE####_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 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	
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 October 1, 2023 – September 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 ***SRAE####_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 **SRAE####_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”.

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 ***SRAE####_SOS.pdf***

10/22, 1:48 PM GEORGIA

 **GEORGIA**
CORPORATIONS
DIVISION

GEORGIA SECRETARY OF STATE
BRAD
RAFFENSPERGER

BUSINESS SEARCH [HOME \(1\)](#)

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 Sloan	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 M.K. Jr. Dr. Suite 313, Floyd West Tower Atlanta, GA 30334-1530.
Phone: (404) 656-2817 Toll-free: (844) 753-7825, WEBSITE: <https://sos.ga.gov/>
© 2015 PCC Technology Group. All Rights Reserved. Version 6.2.19 [Report a Problem?](#)

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

Option 2 'Print' pdf

'Print pdf' and save to folder as
SRAE####_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 ***SRAE####_INS.pdf***

ACORD
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/01/2023

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

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

PRODUCER
Dawson-Taylor & Company
P.O. Box 14729
3510 Wheeler Rd.
Augusta
GA 30608

CONTACT
NAME: Christine Hayes
PHONE: (706) 736-4000
FAX: (706) 736-4000
EMAIL: chhayes@dtinsurance.com

INSURANCE APPROVING COVERAGE
INSURER A: American States Ins Co
INSURER B: Waco Insurance Co
INSURER C: General Insurance Co of America
INSURER D:
INSURER E:
INSURER F:

INSURED
New Vision Family Center, Inc.
10000 10000
Atlanta
GA 30308

CERTIFICATE NUMBER: 19-20
POLICY PERIOD: 10/01/2023 TO 09/30/2024

COVERAGES

TYPE	COVERAGE	POLICY NUMBER	INSURER	AMOUNT
A	COMMERCIAL GENERAL LIABILITY	BHW0000150715	10/01/2023	1,000,000
	CLAIMS-MADE			1,000,000
	OCUR			20,000
	ADDITIONAL COVERAGES			1,000,000
B	WORKERS COMPENSATION	BHW0000150715	10/01/2023	1,000,000
	ADDITIONAL COVERAGES			1,000,000
	ADDITIONAL COVERAGES			1,000,000
	ADDITIONAL COVERAGES			1,000,000
C	PROFESSIONAL LIABILITY	UPT740074C	10/01/2023	1,000,000
	ADDITIONAL COVERAGES			1,000,000
	ADDITIONAL COVERAGES			1,000,000
	ADDITIONAL COVERAGES			1,000,000

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

CERTIFICATE HOLDER
Georgia DHS/DFCS
2000 Georgia Ave.
1117 Peachtree 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.

AUTHORIZED REPRESENTATIVE
[Signature]

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.
- 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.

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 that the Business automobile insurance 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.

4e. Submitting Documents

PROPOSAL SUBMISSION DEADLINE **APRIL 20, 2023, 12:00PM (NOON)**

All SRAE 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 4f for instructions on obtaining a proposal ID# and password.

See Section 4g for instructions for uploading documents.

IMPORTANT REMINDERS

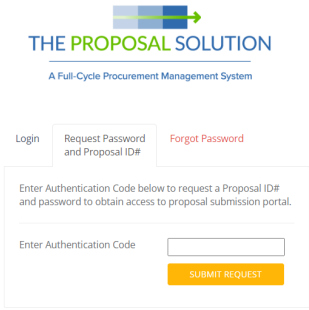
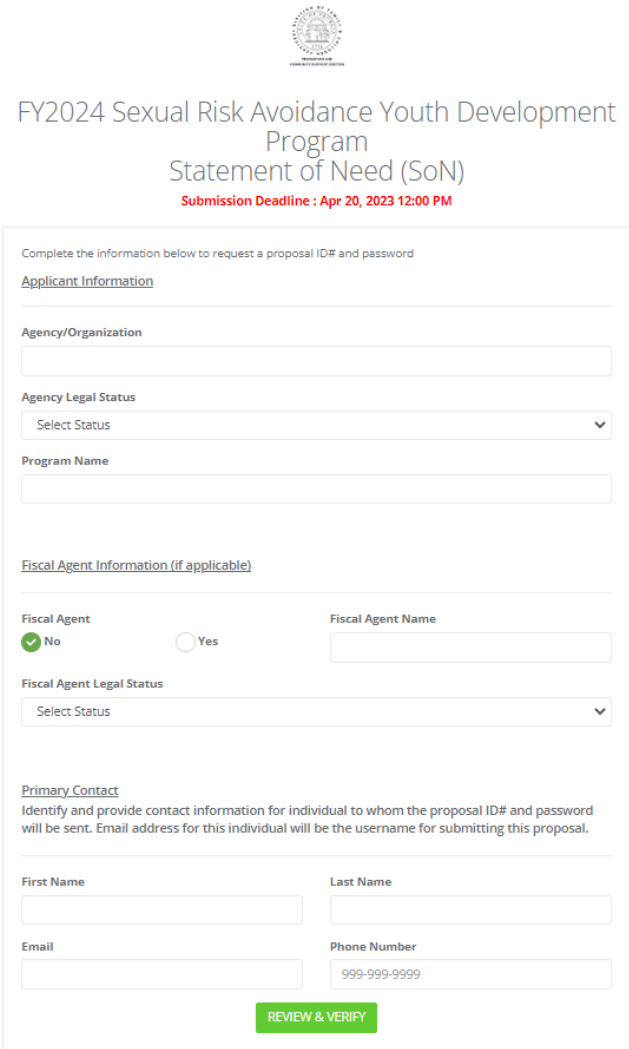
- **All required documents MUST be uploaded by the submission deadline.**
- Start early. Several documents require signatures and/or must be notarized which takes time to coordinate. Screenshots and Insurance Certificates must meet certain criteria which also may take time to confirm.
- All documents 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.

4f. Obtaining Proposal ID# & Password

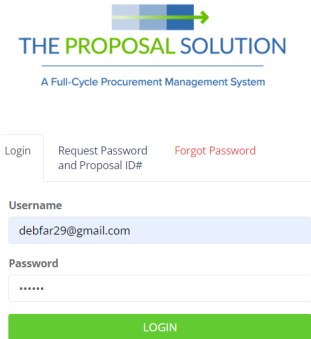
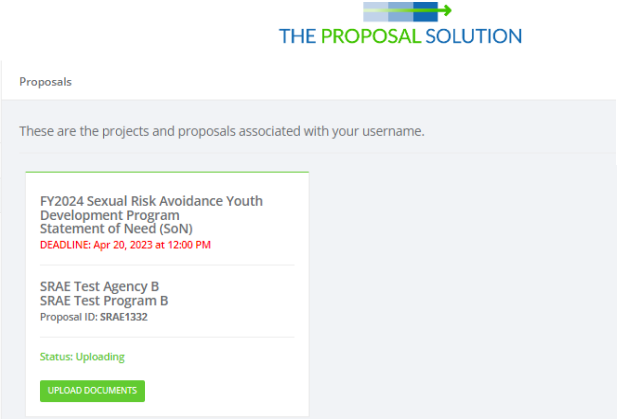
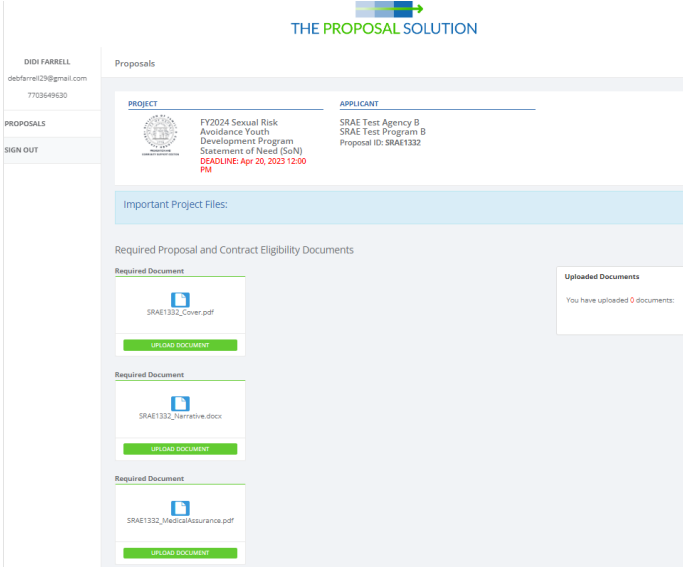
Immediately following informational webinar, email SRAE Program Specialist for the Authentication Code needed to request a Proposal ID# and password required to upload documents.

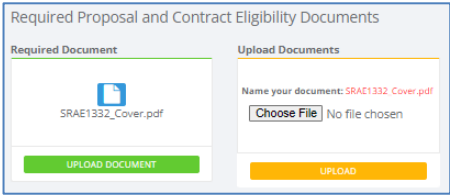
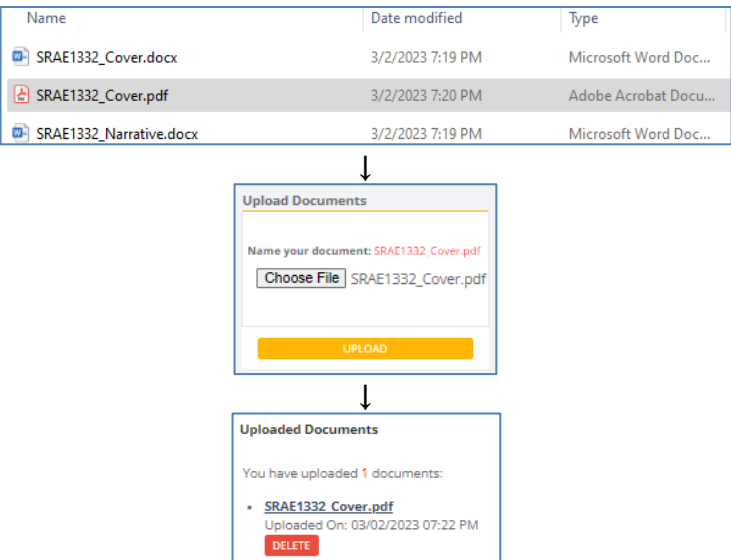
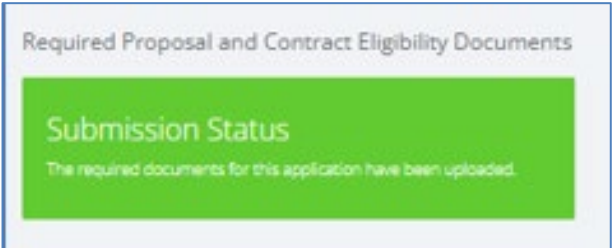
<ul style="list-style-type: none"> Go to TheProposalSolution.com. Select 'Request Password and Proposal ID'. Enter authentication code and submit. 	
<ul style="list-style-type: none"> Record full legal name of applicant. Select applicable legal status of applicant (non-profit or public entity). Record 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 style="text-align: center;">  <p>FY2024 Sexual Risk Avoidance Youth Development Program Statement of Need (SoN)</p> <p>Submission Deadline : Apr 20, 2023 12:00 PM</p> </div> <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: SRAE Test Agency B</p> <p>Agency Legal Status: Non-Profit</p> <p>Program Name: SRAE Test Program B</p> <hr/> <div style="display: flex; justify-content: space-between;"> <p>First Name: DiDi</p> <p>Last Name: Farrell</p> </div> <div style="display: flex; justify-content: space-between;"> <p>Email: debfarrell29@gmail.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: #d1ecf1; padding: 5px; border: 1px solid #c6e0b4; margin-bottom: 10px;"> <p>Successfully Submitted to Project.</p> </div> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p style="font-size: 1.2em; font-weight: bold;">Request Confirmation.</p> <p>Proposal ID# requested for the Applicant has been emailed to the user identified below.</p> <p><u>Applicant Information</u></p> <p>SRAE Test Agency B SRAE Test Program B</p> <p><u>User Information</u></p> <p>Primary Contact: DiDi Farrell Username: debfarrell29@gmail.com</p> <div style="text-align: right; margin-top: 10px;"> RETURN TO LOGIN </div> </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>	<p>From: communications@theproposalsolution.com Date: March 2, 2023 at 7:00:36 PM EST To: debfarrell29@gmail.com Subject: The Proposal Solution: Proposal ID # Request</p> <p>Your request for a proposal ID# for FY2024 Sexual Risk Avoidance Youth Development Program : Statement of Need (SoN) has been approved.</p> <p>Username: debfarrell29@gmail.com Your password is: DX211</p> <p>Your proposal ID#: SRAE1330 <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>

4g. 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...</p> <p>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>

5. FORMS & DOCUMENTS

Use Application Checklist as a guide for determining required forms and documents. All required forms and templates must be downloaded from:

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

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

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

Forms

- Application Checklist: *This document is for applicant use only and is not uploaded with proposal.*
- P1 - Application Cover
- P2 - Proposal Narrative
- P3 - Medical Accuracy Assurance
- P4 – Evaluation Acknowledgement
- P5 – Activities Chart
- P6 – Budget Workbook
- P7 – Timeline
- P8 – Additional Document(s) Confirmation & Summary
- 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 Signer/Approver Information

Templates

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



Division of Family and Children Services, Prevention and Community Support Section
FY2024 Sexual Risk Avoidance Education Youth Development Program (SRAE)

Application Checklist

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

Applicant:	Proposal ID#
	SRAE####

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: **SRAE1301_Cover**

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

NP	PE	For applicant use	Proposal Documents	Document Type	Required naming Convention*
✓	✓		P1 Application Cover*	Scanned pdf	SRAE####_Cover
✓	✓		P2 Proposal Narrative* (<i>maximum 15 pages</i>)	Word	SRAE####_Narrative
✓	✓		P3 Medical Accuracy Assurance*	Scanned pdf	SRAE####_MedicalAssurance
✓	✓		P4 Evaluation Acknowledgement*	Scanned pdf	SRAE####_Evaluation
✓	✓		P5 Activities Chart*	Word	SRAE####_Activities
✓	✓		P6 Budget Workbook*	Excel	SRAE####_Budget
✓	✓		P7 Timeline*	Scanned pdf	SRAE####_Timeline
✓	✓		P8 Additional Document(s) Confirmation & Summary	Scanned pdf	SRAE####_Additional
Additional Contract and Eligibility Documents, Forms or Screenshots					
✓	✓		C1 Tax Compliance*	Word	SRAE####_Tax
✓	✓		C2 Vendor Management Form* (upload first two pages only)	Scanned pdf	SRAE####_VendMgt
✓	✓		C3 W9 Form* (upload signed first page only)	Scanned pdf	SRAE####_W9
✓	✓		C4 Criminal Records Certification*	Scanned pdf	SRAE####_CRC
✓	✓		C5 Security Immigration & Compliance* (E-Verify Affidavit)	Scanned pdf	SRAE####_SECIM
✓	✓		C6 Pre-Award Risk Assessment*	Excel	SRAE####_Risk
✓	✓		C7 SAM/Excluded Parties screenshot	pdf screenshot	SRAE####_SAM
✓	✓		C8 PCS Contract Signer/Approver Information*	pdf	SRAE####_Information
n/a	✓		PE1 Public Entity Authorization (template provided)	Scanned pdf	SRAE####_Authorization
✓	n/a		NP1 Non-Profit Corporate Resolution (template provided)	Scanned pdf	SRAE####_CorpRes
✓	n/a		NP2 GA Secretary of State Registration screenshot	pdf screenshot	SRAE####_SOS
✓	n/a		NP3 Certificate of Liability Insurance	pdf	SRAE####_INS

*Download and complete standard forms provided.

Submission Deadline
April 20, 2023, 12:00PM (NOON)



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"/>	FEI/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="text"/> <i>(Required for Form 1099-M)</i>
<input type="checkbox"/>	1099-N <input type="checkbox"/> Code <input type="text"/> 01 <i>(01 is the only code available for the 1099-NEC)</i>
<input type="checkbox"/>	1099 ADDR ID# <input type="text"/> <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"/>	<input type="checkbox"/> Women Owned	<input type="checkbox"/>	<input type="checkbox"/> Hispanic – Latino	<input type="checkbox"/> African American	<input type="checkbox"/> Native American	
<input type="checkbox"/> GA Resident Business	<input type="checkbox"/>	<input type="checkbox"/> Minority Business Certified	<input type="checkbox"/>	<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

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	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"/> 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 ►
-----------	----------------------------	--------

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 **SRAE####_CRC**

Applicant: (legal name)	Proposal ID#
Program:	SRAE####

*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 aps.gemalto.com.ga/index.htm 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 **SRAE####_SECIM**

Applicant:	Proposal ID#
Project:	SRAE####

**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

PCS, Sexual Risk Avoidance Education Youth Development 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):	PCS, Sexual Risk Avoidance Youth Development Program
Risk Assessment Completed by and date	
Grant Period(s):	October 1, 2023 - September 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:				
<div>► Complex programmatic requirements and/or must adhere to regulations</div> <div>► Matching funds or Maintenance of Effort are required</div> <div>► Various types of program reports are required</div> <div>► The entity further subcontracts out the program</div>				
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	

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

FY2024 Sexual Risk Avoidance Education Youth Development Program (SRAE)

Application Cover

Complete as directed. Scan signed document and save pdf as **SRAE####_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:	Email:	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:	Email:	Telephone:	Email:

Section 3. PROPOSED PROJECT INFORMATION			
Project Name:		Project Contact:	
		Title:	
Street Address:		Telephone:	
		Email:	
City:	State:	Zip:	
		Project Contact:	
		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:
			Email:
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 Sexual Risk Avoidance Education Youth Development Program (SRAE)

Proposal Narrative

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

Applicant:	Proposal ID#
Program:	SRAE####

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 15 pages.

PART A. NEEDS ASSESSMENT (4 pages)

Community

1. Provide a brief description of the service area where SRAE program will be implemented. Identify counties and communities and include demographic and economic data that supports the need for SRAE program.

List all proposed sites where SRAE program will be implemented. Indicate jurisdictional status and site history for each.

Status

A = Services provided at site under Applicant jurisdiction

M = Services provided at site not under jurisdiction of Applicant (SRAE program operates at NP or PE site under MOU)

Applicant MUST submit copy of executed MOU agreement for any SRAE site that is NOT under Applicant's or Implementing Agency's, jurisdiction. See P8 Additional Document(s) Confirmation & Summary form.

N = New site for FY2024

C = Continuing site (operated in FY2023)

Status/Hx		Site Name/Description	Address(Street/City/Zip)
A/M	N/C		

3. Describe how sites for the SRAE program were identified. Include relevant data to support site selection.

If Applicant's SRAE program was funded for FY2022 and/or FFY2023:

4. a. Describe outcomes achieved and impact on community.
 b. Provide a brief update on this year's implementation of SRAE, including accomplishments/highlights, and implementation challenges and how they were addressed.

Report N/A if question does not apply.

a.	
b.	

Target Population				
5. Identify grades, gender, and age range to be targeted by SRAE program by checking all boxes that apply. Estimate number of youths per grade level expected to participate. Provide additional relevant information that is distinct to the target population. <i>(Bullet points)</i>				
Middle School				
Grades	Gender	Age Range	# of Youth	Other Target Population Demographics or Characteristics
<input type="checkbox"/> Grade 6	<input type="checkbox"/> Boys <input type="checkbox"/> Girls			
<input type="checkbox"/> Grade 7	<input type="checkbox"/> Boys <input type="checkbox"/> Girls			
<input type="checkbox"/> Grade 8	<input type="checkbox"/> Boys <input type="checkbox"/> Girls			
High School				
<input type="checkbox"/> Grade 9	<input type="checkbox"/> Boys <input type="checkbox"/> Girls			
<input type="checkbox"/> Grade 10	<input type="checkbox"/> Boys <input type="checkbox"/> Girls			
<input type="checkbox"/> Grade 11	<input type="checkbox"/> Boys <input type="checkbox"/> Girls			
<input type="checkbox"/> Grade 12	<input type="checkbox"/> Boys <input type="checkbox"/> Girls			
6. Identify special populations that will be served by SRAE program.				
<input type="checkbox"/> African American/Black Youth		<input type="checkbox"/> Hispanic Youth		<input type="checkbox"/> Youth in communities w/ high teen pregnancy & birth rates
<input type="checkbox"/> Youth who identify as LGBTQIA+		<input type="checkbox"/> Youth living with AIDS		<input type="checkbox"/> Youth who are at risk of sex trafficking/exploitation
<input type="checkbox"/> Youth who are pregnant or parenting		<input type="checkbox"/> Homeless or runaway Youth		<input type="checkbox"/> Youth living in communities w/ high poverty rates
<input type="checkbox"/> Youth involved in Juvenile Justice System		<input type="checkbox"/> Youth in Foster Care		<input type="checkbox"/> Youth in residential treatment for mental health issues
7. Provide additional relevant information and/or data to support the need for SRAE for the special population(s) identified in Q6.				
Sustainability				
8. <div style="display: flex;"> <div style="flex: 1;"> a. Are these the only funds that will be used to support proposed SRAE program? b. If other funds currently support or are also going to support SRAE program, identify source, and amount. Report N/A if question does not apply. </div> <div style="flex: 4;"></div> </div>				
a.				
b.				
9. Describe plan that will be implemented during the contract period to ensure program sustainability.				

Page break here required.

PART B. ADMINISTRATION (4 pages)**Contract Oversight and Fiscal Management****10.** Describe Applicant's qualifications and experience managing grants/contracts.**11.** Describe other grant programs that Applicant has successfully implemented in the community and the results.**12.** Identify all current sources of funding for your organization (special projects, grants, contracts), the amount and directed purpose, or use, of funds.**13.** Identify Applicant representative who will be responsible for coordinating, monitoring, and reporting on SRAE activities. Include relevant qualifications and experience.**14.** **Complete if the 'implementing agency' is NOT the Applicant. Report N/A if question does not apply.** Identify and describe implementing agency, relationship to Applicant, and why they were selected to implement SRAE. Include qualifications that demonstrate that the implementing agency has the experience and capacity to successfully deliver SRAE.*If Implementing Agency is not the Applicant, a copy of the MOU Agreement between the Applicant and the Implementing Agency MUST also be submitted with proposal. See P8 Additional Document(s) Confirmation & Summary form.***15.** Describe emergency preparedness plan to ensure continuation of programming during unforeseen circumstances, such as, staffing changes, natural disasters, etc.**Program Personnel****16.** Describe plan for orientation, training, and supervision of SRAE-funded staff.**17.** Identify primary roles and responsibilities (bullet points) for each SRAE-funded position. Insert additional rows as needed.

<u>Position/Role</u>	<u>Responsibilities</u>

18. **Fiscal Agent. Report N/A if questions do not apply.**
 Only complete this section if Applicant contracts with another public entity or non-profit to manage all financial matters for program.

- Identify fiscal agent.
- Describe relationship of fiscal agent to the Applicant.
- Describe fiscal agent qualifications.

If Fiscal Agent is utilized, Applicant must also submit a copy of the executed MOU agreement with the Fiscal Agent.

a.	
b.	
c.	

Page break here required.

PART C. IMPLEMENTATION (5 pages)

19. Prepare Timeline.
Complete P7 Timeline form outlining key tasks and milestones to describe overall implementation of SRAE program

Complete chart below summarizing plan for delivery of SRAE program.

- 20.
- Program setting: Community-based, school-based, or other (describe)
 - Program time: During school hours, after school, weekends, summer, or year-round
 - Program duration: Length of the program in number of sessions, days, weeks, and/or months
 - Program hours: Minimum number of program hours per site/group.
 - Program format: In-person, virtual or hybrid

Setting**Time****Duration****Hours****Format**

21. Prepare Activities Chart.
Complete P5 Activities Chart form with details on activities, curricula, and # of hours, and cohorts

22. Identify community partners, describe their role and contribution to the SRAE program.

23. Describe parental engagement and/or community awareness activities planned using SRAE grant funds.

- 24.
- Describe how and when youth will be recruited for the SRAE program.
 - Describe how parental consent will be obtained for youth to participate in SRAE program.
 - List criteria that will be used to determine which individuals will be offered program services.

a.

b.

c.

25. Describe enrollment process.

26. Identify services and supports that will be provided to ALL individuals in the target population using SRAE funds.
- Identify primary SRAE curriculum. Describe how and/or why it was selected?
 - Identify and describe youth development activities from list on SoN page 10 that will supplement the SRAE curriculum. Describe how and/or why they were selected.

a.

b.

24. If applicable, identify and describe other services and supports that will be made available to specific subsets of the target population. Include identification of target population subset and indicate if service is funded by SRAE grant or another fund source.

27. Identify and describe how Georgia After School & Youth Development Quality Standards on SoN pages 5-6 will be incorporated into SRAE program.

- 25.
- Identify at least one of the five Youth Thrive Protective Factors on SoN page 6 and describe how it will be incorporated into the program.
 - Describe expected results.

a.

b.

PART D. OUTCOMES (2 pages)	
26. Describe expected outcomes for SRAE program and <u>overall</u> impact on community.	
In addition to SRAE goals and objectives identified on SoN page 10: a. Identify any additional program goals and objectives, including clearly defined measurable outcomes. 27. b. Describe plan for evaluating additional program goals and objectives, including: i. Identify individual(s) responsible for collecting and analyzing data ii. Process of collecting data, including frequency iii. Process for analyzing data, including frequency	
a.	
b.i	
b.ii	
b.iii	



Division of Family and Children Services, Prevention and Community Support Section
FY2024 Sexual Risk Avoidance Education Youth Development Program (SRAE)

Medical Accuracy Assurance

Complete as directed. Sign document, scan and save pdf as **SRAE####_MedicalAssurance**

Applicant:	Proposal ID#
Program:	SRAE####

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

As the authorized individual signing the Statement of Need application on behalf of insert full legal name of Applicant, I hereby attest and certify that we will make every reasonable effort to ensure that materials proposed in this application and funded during the FFY2024 contract for Prevention and Community Services Unit, Sexual Risk Avoidance Education Youth Development Program are medically accurate and complete.

(Signature of **Authorized** Individual)*

Date

(Name* of **Authorized** Individual)

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

**Document MUST be signed by an individual identified as the Signing Authority on Application Cover, Section 2, and authorized by, Corporate Resolution (for Non-Profit) or Authorization (for a Public Entity).*

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



Division of Family and Children Services, Prevention and Community Support Section
FY2024 Sexual Risk Avoidance Education Youth Development Program (SRAE)

Evaluation Acknowledgement

Complete as directed. Save Word document as **SRAE####_Evaluation**

Applicant:	Proposal ID#
Program:	SRAE####

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

Georgia's Sexual Risk Avoidance Education Youth Development Program entry and exit surveys were developed to collect statewide demographic and programmatic data to evaluate the program's impact on Georgia's youth and the extent to which the program met its goals and objectives. The information gathered from these surveys will help to secure future abstinence funding as well as assist in local program sustainability.

Each funded program will be responsible for collecting and reporting data and administering surveys. An external, independent evaluator, contracted by DFCS-PCS, will be responsible for analyzing the data. In addition to completing a statewide annual evaluation report, the evaluator will provide each funded program with a summary of its data analysis at the end of the contract year. This systematic evaluation will ensure that all programs are reporting the same outcomes in regard to the success of the Sexual Risk Avoidance Youth Development Program.

The undersigned parties certify that the purpose and use of the entry and exit surveys is understood and acknowledge that receiving DFCS-PCS funding directly or indirectly will require survey implementation and evaluation data reporting.

<u>*Complete by Applicant if a non-profit or public entity other than a school or school system</u>
Acknowledgement of Authorized Individual**
Signature: _____
Name: _____
Title: _____
Date: _____

<u>Acknowledgement of Implementing Agency</u> <u>(only if not Applicant not implementing program)</u>
Agency: _____
Signature: _____
Name: _____
Title: _____
Date: _____

<u>Complete only if Applicant is a school or school system</u>
Acknowledgement of School Superintendent (if applicable)
Signature: _____
Name: _____
Title: _____
Date: _____
Acknowledgment of School Principal (if applicable)
School: _____
Signature: _____
Name: _____
Title: _____
Date: _____

*Applicant **MUST** submit copy of executed agreement with implementing entity.

*Document **MUST** be signed by an individual identified as the Signing Authority on Application Cover, Section 2, and authorized by, Corporate Resolution (for Non-Profit) or Authorization (for a Public Entity).

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



Division of Family and Children Services, Prevention and Community Support Section
FY2024 Sexual Risk Avoidance Education Youth Development Program (SRAE)

Activities Chart

Complete as directed. Save Word document as **SRAE####_Activities**

Applicant:	Proposal ID#
Program:	SRAE####

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

- Complete one block for each site. Copy and paste whole block to add additional sites on second page.
- See SoN page 22 for additional instructions.

Identify Site or Group:			
Activity	Curriculum or Type	#/Hours	# Cohorts
TOTALS			

Insert additional rows as needed to list all activities.

Identify Site or Group:			
Activity	Curriculum or Type	#/Hours	# Cohorts
TOTALS			

Insert additional rows as needed to list all activities.

Identify Site or Group:			
Activity	Curriculum or Type	#/Hours	# Cohorts
TOTALS			

Insert additional rows as needed to list all activities.

Identify Site or Group:			
Activity	Curriculum or Type	#/Hours	# Cohorts
TOTALS			

Insert additional rows as needed to list all activities.

Proposal ID#:

FFY 2024: Proposal Budget Summary

PERSONAL SERVICES: Enter monthly cost per position. Enter %FTE (full time equivalent applied contract) then enter number of months. Worksheet will auto calculate "Total Budget" based on FTE and number of months.								Total Requested Amount
List Position	Name of Current Employee	ENTER: Hourly or Salary	ENTER: Hours Per Week Program Work	Total Wages Earned	Taxes & Benefits	% FTE (Enter as decimal)	ENTER X Number of Months	Total
1.								0.00
2.								0.00
3.								0.00
4.								0.00
5.								0.00
6.								0.00
7.								0.00
8.								0.00
9.								0.00
10.								0.00
Sub-Total								0.00
REGULAR OPERATING: General office supplies, repairs/maintenance, rents other than real estate, insurance & bonding, registration, membership, educational materials, freight, office equipment & furniture not on inventory. List how items contribute to program's objectives/goals.								Total Requested Amount
Description								Total
1.								0.00
2.								0.00
3.								0.00
4.								0.00
5.								0.00
6.								0.00
7.								0.00
8.								0.00
9.								0.00
10.								0.00
Sub-Total								0.00
TRAVEL: List separately local and long distance travel. List staff person traveling, mileage rate, # of miles, common carrier, reason for travel. List travel expenses associated with meetings, trainings, workshops. http://sao.georgia.gov/state-travel-policy . Federal/State mileage rate as of 1/1/23 is \$0.655								Total Requested Amount
Description								Total
1.								0.00
2.								0.00
3.								0.00
4.								0.00
5.								0.00
Sub-Total								0.00
EQUIPMENT: Equipment, furniture, IT equipment costing >\$4,999 or required to be on inventory. (NON-ALLOWED BUDGET CATEGORY)								Total Requested Amount
Who will use Equipment? Description								Total
1.								0.00
Sub-Total								0.00
FACILITY COST: Real estate rental, water, sewage, electric. Cost should be pro-rated between all programs of applicant. Facility cost is a cost-shared item.								Total Requested Amount
Vendor/Provider Name	List Type of Facility Cost	Provide description. How was cost determined? What is monthly cost x pro-rated share = \$ amount charged to contract.						Total
1.								0.00
2.								0.00
3.								0.00
Sub-Total								0.00
PER DIEM/FEES/CONTRACTS: Consultants, contracts, professional services, per diem payments. Enter name of consultant/contractor. Under description enter summary of service to be provided and the rate of pay. State how service contributes to program's objectives/goals.								Total Requested Amount
Vendor/Provider Name	List Type of PD/F/C	Summarize service. How was cost determined? What is monthly cost x pro-rated share = \$ amount charged to contract.						Total
1.								0.00
2.								0.00
3.								0.00
4.								0.00
5.								0.00
Sub-Total								0.00
TELECOMMUNICATIONS: Voice/data communications. Under purpose include title of position using voice / data communications.								Total Requested Amount
Vendor/Provider Name	List Type of Telecomm	Name Employee Using Telec.	What is monthly cost x pro-rated share = \$ amount charged to contract.					Total
1.								0.00
2.								0.00
3.								0.00
Sub-Total								0.00
OTHER:								Total Requested Amount
Vendor/Provider Name	List Type of Other	List Purpose of Cost	Provide summary of cost; rate of pay; pro-rated share of cost.					Total
1.								0.00
2.								0.00
Sub-Total								0.00
0.00								
TOTAL: ALL BUDGET CATEGORIES								Total Requested Amount



Georgia Department of Human Services, Division of Family and Children Services
Prevention and Community Support Section
FY2024 Sexual Risk Avoidance Education Youth Development Program (SRAE)

Timeline

Complete as directed. Bullet points are acceptable. Boxes will expand as you type. Maximum 5 pages.

Save Word document as **SRAE####_Timeline**

Applicant:		Proposal ID#
Program:		SRAE####

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

1. Describe overall plan for implementing a successful SRAE program across all sites.			
2. Describe plan for implementing SRAE curriculum.			
3. Describe plan for implementing youth development activities.			
4. Program Timeline: Identify activities/tasks/milestones that will occur in each month to ensure implementation of a successful SRAE program.			
Month	Activities/Tasks to be completed	√ If activity applies to all sites & grades	If activity/task does not apply to all sites, identify specific site/school/grade
October 2023			
November 2023			
December 2023			
January 2024			
February 2024			
March 2024			
April 2024			
May 2024			
June 2024			
July 2024			
August 2024			
September 2024			



Division of Family and Children Services, Prevention and Community Support Section
FY2024 Sexual Risk Avoidance Education Youth Development Program (SRAE)

Additional Document(s) Confirmation & Summary

Complete as directed. Scan and combine documents as needed saving pdf as **SRAE####_Additional**

Applicant:	Proposal ID#
Program:	SRAE####

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

- Applicant must complete and upload Additional Document Confirmation & Summary form confirming that they have assessed the requirement criteria for each of the MOU agreements identified in the Statement of Need that may apply to their SRAE proposal.
- If no MOU agreements apply, save completed confirmation form as a pdf identified as **SRAE####_Additional.pdf** and upload document as directed.
- If Applicant is required to include any MOU agreements with their SRAE proposal, copies of all required MOU agreements identified below that apply to their SRAE proposal must be submitted.
- Scan copies of all required executed MOU agreements (at a low resolution) and combine with confirmation form as a single pdf identified as **SRAE####_Additional.pdf** and upload as directed.

Check the box in each of the following sections that applies to your proposal.

Narrative: Needs Assessment, Q2 Site MOU

- Required for any site/location where SRAE will be implemented that is not under the jurisdiction of the Applicant or the Implementing Agency.

☐ Does not apply to this SRAE application

☐ Attached are copies of executed MOU agreements for sites identified in Q2 that are not under the jurisdiction of the Applicant or Implementing Agency.

of Site MOUs attached: Corresponding sites are listed in Narrative Q2

Narrative: Administration, Q14 Implementing MOU

- Required if Applicant is not implementing the SRAE program proposed but has an MOU agreement with another public entity or non-profit to implement SRAE program.

☐ Does not apply to this SRAE application

☐ Attached is a copy of executed MOU agreement with Implementing agency identified in Q14.

Narrative: Administration, Q18 Fiscal Agent MOU

- Required if Applicant does not manage its own financial affairs and has an MOU agreement with another qualified entity to as their Fiscal Agent in all financial matters.

☐ Does not apply to this SRAE application

☐ Attached is a copy of executed MOU agreement with Fiscal Agent identified in Q18.

Replicate on agency letterhead

AUTHORIZATION TO ENTER INTO CONTRACT

Date:

Program: **Sexual Risk Avoidance Education Youth Development Program**

Contract Period: October 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 Sexual Risk Avoidance Youth Development Program 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, Section 2, 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 FFY2024 Sexual Risk Avoidance Education Youth Development Program proposal for the period beginning **October 1, 2023 and ending September 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 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