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**Funding Opportunity Announcement (FOA): FY2025**

**GEORGIA’S CHILDREN’S JUSTICE ACT GRANT (CJA) PROGRAM**

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| **FOA Release Date** | February 6, 2024 |
| **Deadline for Proposal Submission** | March 22, 2024, by 12:00pm (EST) |
| **Contract period, if awarded** | October 1, 2024 – Sept 30, 2025 |
| **Maximum available** | $600,000 |
| **Maximum award for each project** | $100,000 |
| **Questions concerning these instructions, the application process, proposal requirements, or programmatic issues should be submitted by e‐mail to:** | Estelline Beamon  DFCS CAPTA Contracts Specialist  Email: [CJAGrants@dhs.ga.gov](mailto:CJAGrants@dhs.ga.gov)  Christine Barbery  DFCS Federal Plans Specialist  Email: [CJAGrants@dhs.ga.gov](mailto:CJAGrants@dhs.ga.gov) |
| **FOA Informational Webinar Dates**  **(Applicants are required to attend one)** | Tuesday, February 20, 2024 / 10:00 am EST or Tuesday, February 27, 2024/ 3:00 pm EST |
| **FOA Informational Webinar Registration Link** | <https://forms.office.com/g/DKZBy1sied> |

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**Georgia Division of Family and Children Services –**

**GEORGIA’S CHILDREN’S JUSTICE ACT GRANT PROGRAM**

1. OVERVIEW

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

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

1. The assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child’s family.
2. The assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities.
3. The investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and
4. The assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect.
5. FUNDING OPPORTUNITY ANNOUCEMENT (FOA) CRITERIA

## **Eligibility Criteria**

Georgia’s Department of Human Services, Division of Family and Children Services (DHS/DFCS), in collaboration and consultation with Georgia’s Children’s Justice Act Task Force (Task Force), is seeking proposals from non-profit agencies and public entity/state agency organizations for projects or activities that are responsive to both CJA goals and objectives, and Task Force priorities and/or opportunities identified in the 2021 Three-Year Assessment to improve the quality of legal representation. Eligible applicants are agencies, organizations, or professional disciplines involved in the handling of civil and/or criminal cases when child abuse and neglect is suspected or has occurred.

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

**Attendance by interested applicants at the informational webinar on Tuesday, February 20, 2024 / 10:00 am EST is required. Information regarding technical assistance will be made available during the webinar. The cutoff date to register is February 19, 2024, at 5:00pm**

**or**

**Tuesday, February 27, 2024 / 3:00 pm EST is required. Information regarding technical assistance will be made available during the webinar. The cutoff date to register is February 26, 2024, at 5:00pm**

**Ineligible Projects**

Ineligible projects (direct treatment, prevention programs, for-profit organizations, individuals, suspended/debarred)

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## **Contract Terms**

Proposals received by the declared deadline will be reviewed to ensure all necessary worksheets and documentation are completed and included in submitted proposals. Incomplete applications will not be reviewed, and applicants will not be permitted to add information or otherwise update their application after submission. Please note: applicants should only submit one email with all contractual documents uploaded at the time of submission. Multiple and additional submissions will not be accepted. **Communication via telephone, email, and/or fax regarding award notices is prohibited before official notification by the Department.** **All decisions are final, and no appeals will be considered.**

The awarded contract is for the 12-month federal fiscal year, beginning on **October 1, 2024, through September 30, 2025. All proposed activities must be completed by September 30, 2025.** Program or project expenses incurred prior to the effective start date are ineligible for reimbursement. The awardee should have sufficient capital to cover the cost of services outlined on the budget for the first 45 days after the commencement of the contract.

Payment under the CJA contract will be on a reimbursement basis upon completion of identified deliverable(s) listed on the Scope of Services (required document). The grantee must submit, at a minimum, a quarterly programmatic report within thirty (30) days after the end of each quarter. Quarterly programmatic reports are required in January, April, July and October. Invoices supported by appropriate documentation are required. The grantee agrees to use the Contract Budget Quarterly Cumulative Expenditure Report. request for Reimbursement form that will be provided by DHS/DFCS. To be eligible for reimbursement under the CJA contract, a cost must be incurred in accordance with the approved budget, applicable Cost Principles, and within the grant period. Final invoices are due November 15, 2024.

**Proposal Review and Award Recommendations**

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

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

**Notification**

Applicants will be notified of their application status by email on or before April 30, 2024.

# APPLICATION, SUBMISSION AND DUE DATES

* 1. Introduction

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

* 1. Proposal Documents
     + Application Cover
     + Proposal Narrative, including an evaluation plan.
     + Timeline
     + Budget Narrative
     + Budget Spreadsheet
  2. Contract & Eligibility Documents
     + Additional application documents required are dependent on applicant’s organizational status as a non-profit or public entity. See Application Checklist for information on other required forms, documents, and screenshots.

# PREPARING AND SUBMITTING A PROPOSAL

Proposal must identify and target one or more of the following four CJA objectives and demonstrate potential for improvement in the system‐level response to child abuse and neglect at the front end from the initial identification and assessment of maltreatment in dependency cases to the investigation and criminal prosecution of cases of maltreatment with special emphasis on child victims with special needs or complex medical conditions and maintaining fairness to the accused. This includes legal representation of children and/or parents, the subject of the CJA Task Force Three-Year Assessment in 2021.

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

The proposal narrative must be written in 11-point Arial font, with 1.5 spacing, and should not exceed 10 pages.

**Proposal Narrative with the following components:**

• Project Summary/Abstract – Summary of the purpose and anticipated outcomes of the project.

• Target Population & Assessment of Need- Narrative should provide relevant demographic characteristics, geographic location, etc., and identify the need that the project seeks to address. The assessment of need should draw on existing research data and where appropriate include specific information based on the applicant’s prior work. The applicant should identify any gaps that will be addressed through its proposed project.

• **Project Description** ‐Describe the work to be undertaken and explain how the proposed project will address the identified needs of the target population. The description of work should include the specific deliverables and outcomes that will be achieved by the end of the grant period. Include the key individuals who will be working on project activities and describe their roles and responsibilities. Indicate if any subcontractors will be utilized.

• **Goals & Objectives** – List measurable goals and objectives related to the development, implementation, and/or monitoring of the activities. Goals identify the overall effects your program will have on the target population while objectives identify the steps that will be taken to accomplish your goals. The goals and objectives should be specific, realistic, and quantifiable.

• **Alignment with Best Practices** – Indicate whether proposed project or activities is based on best practices for meeting the identified needs within the target population. Does the proposed approach build on similar projects or other work in Georgia (or nationwide, if applicable) addressing similar needs? If the project is not based on existing best practices, describe the logic used to develop the project and explain why you think it will be successful.

• **Qualifications** - Describe the training or qualifications of your organization relevant to the ability to complete the proposed project or activities. Describe experience and expertise in the development of similar activities. Provide information on personnel responsible for administrative oversight. Describe their role(s), responsibilities, and qualifications.

• **Project Timeline** – Identify the project activities and implementation timeline that will be included in the proposed project and provide anticipated dates for completion. Activities should reflect a sequential approach to achieving the deliverables and outcomes identified in the Project Description.

• **Outcomes & Evaluation Plan** – Describe evaluation measures and data that demonstrate how the project supports one (or more) of the CJA program priorities defined in Section 107(e)(1)(A) (B) and (C)).

Describe outcome measures and data that demonstrate how the project impacts individuals from historically underserved communities.

• **Budget Worksheet** - The Budget Worksheet should provide a clear budget outline and include a budget narrative with details and justification for all costs necessary to implement support project or activities. The Budget Narrative should explain each corresponding line item on the Budget Worksheet to justify the expense and explain how you arrived at the projected dollar amounts. Line items include Salaries; Benefits; Travel; Operating; Contractual; Other.

## **Application Checklist**

**CJA GRANT**

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| **Agency Name** |  | **Program Name** |

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

When saving final documents, include Agency name followed by an underscore and the designated document name.  No spaces.  No other description is necessary.  For example: ” DFCS**\_Cover”**

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| **ALL APPLICANTS: REQUIRED PROPOSAL DOCUMENTS** | | |
| **Document** | **File Type** | **Label as (file name for upload)** |
| Application Cover | Scanned pdf | AGENCY NAME\_Cover |
| Narrative | Word or pdf | AGENCY NAME\_Narrative |
| Budget (includes Budget Narrative) | Excel | AGENCY NAME\_Budget |
| Project Timeline | Word or pdf | AGENCY NAME\_Timeline |
| **ALL APPLICANTS: REQUIRED COMPLIANCE DOCUMENTS** | | |
| W9 | Scanned pdf | AGENCY NAME\_W9 |
| SAM Registration (screenshot of status from sam.gov) | pdf | AGENCY NAME\_SAM |
| Security & Immigration E-Verify Affidavit | Scanned pdf | AGENCY NAME\_SECIM |
| Criminal History Certification | Scanned pdf | AGENCY NAME\_History |
| Tax Compliance | pdf | AGENCY NAME\_Tax |
| Pre-Award Risk Assessment | Excel | AGENCY NAME\_Risk |
| Supplier Change Management Form (Vendor Form) | Scanned pdf | AGENCY NAME\_Supplier |
| Applicant Audit, if required, or  Balance Sheet & certified Statement of Financial Activities | pdf | AGENCY NAME\_Audit |
| **NON-PROFIT APPLICANTS ONLY: ADDITIONAL REQUIRED COMPLIANCE DOCUMENTS** | | |
| Corporate Resolution (use template provided) | Scanned pdf | AGENCY NAME\_Resolution |
| GA Secretary of State Registration (provide current screenshot) | pdf | AGENCY NAME\_Registration |
| Certificate of Liability Insurance (provide current COI) | pdf | AGENCY NAME\_COI |
| **PUBLIC ENTITY APPLICANTS ONLY: ADDITIONAL REQUIRED COMPLIANCE DOCUMENTS** | | |
| Authorization for Public Entity (use template provided) | Scanned pdf | AGENCY NAME\_Authorization |
| **FISCAL AGENTS ONLY: ADDITIONAL COMPLIANCE DOCUMENTS ONLY IF FISCAL AGENT IS USED** | | |
| Fiscal Agent Audit | pdf | AGENCY NAME\_FiscalAudit |
| MOU or Agreement with Fiscal Agent | Scanned pdf | AGENCY NAME\_FiscalAgreement |

**PROPOSAL SUBMISSION DEADLINE:**

**MARCH 22, 2024, at 12:00 NOON EST**

**Preparing Proposal Documents**

**The following documents are REQUIRED for ALL proposals.**

**Applicant name should be the legal entity name and consistently labeled on all forms and documents submitted with proposal.**

* **Non-Profits- record applicant name exactly as it appears on the Georgia Secretary of State registration**
* **Public Entities- record applicant name exactly as it appears on the Federal Excluded Parties List (SAM.gov registration)**

**Use the corresponding form or template for each document.**

**Upload file using the file name as indicated on the application checklist.**

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| **APPLICATION COVER** |
| * + Download form and complete all fields as directed.   + Record Applicant (agency, school, school district, government agency) legal name. For non-profits, record agency name exactly as it appears on your Georgia Secretary of State registration screenshot.   + Applicant fiscal information should be consistent with information provided on corresponding compliance forms.   + Application Cover must be signed by an officer authorized by the corporate resolution (for non-profits), or Authorization (for public entities)     - Authorized signing officer must be identified by name and title indicated on Georgia Secretary of State registration (for non-profits), or as indicated on the Authorization (for public entities). * Please keep the application cover limited to 1 page. * Print, sign, scan before uploading final pdf as indicated on application checklist. |

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| **NARRATIVE** |
| * Download the form and complete as directed. Respond to all questions. If any question is not applicable, record N/A in the space for a response. * Respond to each question in the individual space provided. Boxes will expand as you type. Be clear. Be concise. Be comprehensive. Avoid including information that is not relevant to the question. |

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| **Budget Workbook** |
| * Download Excel file and complete budget spreadsheet and budget narrative. An example budget narrative is included for reference. |

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| **PROGRAM TIMELINE** |
| * Download form and complete, elaborating on quarterly deliverables to improve your agency’s approach and response to child abuse and neglect, and include any applicable reporting or summary reports that will need to be completed for each period. |

## **Required Compliance Documents**

## **All Applicants**

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| **W9** |
| Download W-9 Form and Instructions.   * Must use latest revised version of W-9 (Rev. October 2018) * Line 1 should be Agency Name, exactly as it appears on SOS Registration (or Authorization for Public Entities) * **Line 2 should be left blank** unless otherwise indicated on your SOS Registration (as a DBA designation) * Complete 3-7 as applicable to your agency. * Enter 9-digit EIN (must match Tax Compliance form)   Note: Also transfer this number to the corresponding space on the Application Cover.   * W9 must be signed and dated.   + Note: W9 can be signed by anyone in the organization; does not have to be the same individual authorized by resolution. * Save as PDF and upload as indicated on the application checklist.   **Scan and submit only the 1-page W-9** “Request for Taxpayer Identification Number and Certification”.  *Please do not include the instructions in your submission.* |

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| **SYSTEM AWARD MANAGEMENT (SAM.gov) 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):   * Go to: <https://www.sam.gov/SAM/> * Select ‘Search’ option form menu bar. * Select ‘Domain: Entity Information/All Entity Information’ * Select ‘Filter By/Keyword Search/Exact Phrase’ and enter full legal name of Applicant. * Existing and registered entities can find their unique entity Id by following the steps on the SAM.gov website.   Search results must confirm/contain the following:   * Entity/Agency name is consistent with SOS Registration (for non-profits) and Authorization (for public entities) * ‘Active’ registration * Purpose of Registration should be “All Awards” or “Federal Awards Only” * Expiration date should be current (active at the time of proposal submittal).   Note: Unique Entity ID should be consistent with number reported on Application Cover.   * Note: Having active exclusions will disqualify an Agency from being eligible to receive an award * Save pdf and upload as indicated on the application checklist.   Graphical user interface, application  Description automatically generated |

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| **SECURITY IMMIGRATION & COMPLIANCE (E-VERIFY) AFFIDAVIT** |
| Purpose: To verify that agency meets security and immigration compliance   * Download the form and complete as directed. * Record Federal Work Authorization User Identification number (E-Verify #).   Note: Also transfer this number to the corresponding space on the Application Cover.   * Record Date of Authorization (date that E-Verify # was issued to agency). * Enter name of Agency as “Name of Contractor”. * Form must be signed by an officer authorized by the Corporate Resolution (or Authorization for public entities). * Title of officer must match designation indicated on Georgia Secretary of State website screenshot or Authorization. * The form must be notarized and contain notary signature, commission expiration date, and notary seal. * Scan, save as a pdf, and identify as indicated on the application checklist.   ***A scanned copy of notarized form is required to be submitted with the proposal.***  ***Keep original on file as it will be required to prepare contract if proposal is selected for funding.*** |

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| **CRIMINAL HISTORY INVESTIGATIONS** |
| Certification that applicant conducts criminal history investigations on all staff and volunteers as outlined.   * Download the form and complete as directed. * Record ORI or OAC# verifying agency registration with Georgia Applicant Processing Service (GAPS). Note: Also transfer this number to the corresponding space on the Application Cover. * Form must be signed by an officer authorized by the Corporate Resolution (or Authorization for public entities). * Title of officer must match designation indicated on Georgia Secretary of State website screenshot or Authorization. * Form must be notarized and contain notary signature, commission expiration date, and notary seal. * Scan, save as a pdf, and upload as indicated on the application checklist.   ***A scanned copy of notarized form is required to be submitted with the proposal.***  ***Keep original on file as it will be required to prepare contract if proposal is selected for funding.*** |

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| **Tax Compliance Form** |
| * Download as a word document, complete as directed below and save as a PDF. * If Agency is submitting multiple program proposals, complete only one Tax Compliance form and upload with each proposal. * “Supplier Name” should match GA Secretary of State Registration (NP) or Authorization (PE) * “Federal Identification number” (EIN or FEIN) should be 9 digits and match W-9 * Supplier’s Affiliate section should be completed if you have subcontractors. * Must include a contact person and contact information. * Save as PDF and upload as identified on the application checklist. |
| A close-up of a form  Description automatically generated |

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| **Pre-Award Risk Assessment** |
| * Download as Excel document.   + Grantee Name: Applicant legal entity name   + Grant Award Number or CFDA Number: 93.643   + Program Name(s): GEORGIA’S CHILDREN’S JUSTICE ACT GRANT (CJA) PROGRAM   + Risk Assessment completed by and date: Enter name and date of individual completing Risk Assessment questionnaire.   + Grant Period: October 1, 2024-September 30, 2025   + Grant Amount: provide total amount of funding requested.   + Total Score: This field will update automatically as you complete Risk Assessment questionnaire.   + Risk Assessment: This field will update automatically as you complete Risk Assessment questionnaire. * Complete questions 1-5 using drop down boxes and by answering yes/no * The score will calculate automatically. * **This does not require a signature by your agency. Leave signature blank.** * Save Excel document, upload Excel document (PDFs will not be accepted) * Save as EXCEL file and upload as identified on application checklist. |
| A document with text and numbers  Description automatically generated with medium confidence |
| **Supplier Change Management Form (Vendor Form)** |
| * Download form and complete as directed. Instructions are provided. * Use applicant legal entity name. |

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| **APPLICANT AUDIT (or BALANCE SHEET & CERTIFIED STATEMENT OF FINANCIAL ACTIVITIES)** |
| All Applicants must include a copy of most recent audit with application. If Applicant is not required to conduct an audit, then application must include a balance sheet and a certified statement of financial activities form a qualified professional, with their application.   * Only a single pdf can be uploaded. * If submitting balance sheet and certified statement of financial activities, document MUST be combined as a single document and saved or scanned as a pdf. * Save document as a pdf and upload as identified on the application checklist.   **Audit Alternative: In the event that the audit for the Applicant is so large that uploading may be hindered, Applicant may upload a word document with a link accessing the file. Include**  **provide the URL and link to access the full Audit.** |

## **Required Compliance Documents**

## **Non-Profits Only**

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| **CORPORATE RESOLUTION Non-Profits ONLY** |
| Non-Profit applicants must provide a scanned copy of the corporate resolution passed by the board of directors authorizing an officer(s) of the non-profit organization to enter into an agreement with DFCS to provide services in accordance with the terms of the contract, if awarded.   * Using the template provided, complete on agency letterhead. * Only the titles Secretary, CEO, and/or CFO will be acceptable as authorized. Individual name must correspond with the correct designation on GA Secretary of State registration.   + Note: The “Registered Agent” of the corporation (listed on the SOS Registration) is NOT considered an officer and cannot be designated as the signatory for any proposal or contract documents. * Resolution can be signed by the CEO, CFO, or Secretary as identified on the Secretary of State Registration **(note the individual signing the Corporate Resolution cannot also be the individual who signs the contract documents, if awarded).** * Resolution must include a corporate seal or notary attestation. Affix seal to document and seal must be visible. * If notarized form must contain notary signature, commission expiration date, and notary seal. * Scan and upload pdf as identified on the application checklist.   ***Only a scanned copy of notarized or sealed form is required with the proposal.***  ***Keep original on file as it will be required to prepare contract if proposal is funded.*** |
| **GA SECRETARY OF STATE REGISTRATION Non-Profits ONLY** |
| Applicants must submit a copy of their Georgia Secretary of State registration with the following information:   * **Business Name:** legal name of the entity must match “Agency Name” or “applicant name” in all applicable fields throughout proposal. * **Business Type:** must be identified as “nonprofit corporation” * **Business Status**: must be “Active/compliant”   + “Owes current year” is not acceptable and does not satisfy requirement.   + Note the *annual registration filing does not include this information,* do not a submit a copy of your annual filing. Only the pdf format in the example below is acceptable because it contains complete information needed to ensure compliance. * **Last Annual Registration Year:** Must be current year (2023/2024).   + Screenshots or PDFs from previous years are not acceptable. * **Officer Information:** Must be current and contain individuals identified as CEO, CFO, and Secretary. **Only these titles will be recognized as acceptable throughout the proposal. Any individuals signing on behalf of these titles must match the corresponding names printed on the SOS registration.**   + Note: The “Registered Agent” of the corporation (listed on the SOS Registration) is NOT considered an “Officer” and cannot be designated as the signatory for any proposal or contract documents.   *Note: There may be a delay in the site being updated to reflect paid registration; complete your current filing promptly to allow time to obtain the required screenshot. Proof of payment submission does not satisfy the proposal requirement.*  Instructions for completing a Business Search on SOS website:   * Georgia Secretary of State website: <https://ecorp.sos.ga.gov/BusinessSearch>. * Select “Business Search” * Enter legal name of agency submitting proposal and select search. * Select correct agency name to display registration status. * Select “Print” from your drop-down menu and save as a PDF file. * Upload as identified on the application checklist.   **Example Registration on next page**  A document with yellow text  Description automatically generated |

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| **CERTIFICATE OF LIABILITY INSURANCE Non-Profits ONLY** |
| * ALL non-profit applicants must submit a Certificate of Insurance (COI) describing current liability coverage in effect. * COI can be obtained through your insurance agent or carrier identifying Applicant as insured and describing general liability, professional liability, automobile liability, and workers compensation coverage in effect. Facsimile of required certificate is posted at the bottom of this section. No other document will be accepted. * DHS/DFCS MUST be identified as the certificate holder. * If coverage expires before October 1st, proof of renewal will be required. * Applicants whose coverage is insufficient will be required to obtain additional coverage and provide an updated certificate to demonstrate full coverage prior to receiving a contract. * Applicant is responsible for ensuring that any approved Subcontractor (s) also maintain required liability coverage. * Scan or save file and upload as identified on the application checklist.   **Minimum Insurance Coverage:** Contractor will be required to maintain the following limits and types of insurance coverage for the duration of the DHS/DFCS Contract:   * Workers Compensation Insurance (Occurrence) in the amounts of the statutory limits established by the General Assembly of the State of Georgia in Title 34, Chapter 9 of the O.C.G.A. (A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that Contractor qualifies to pay its own workers compensation claims). Contractor shall require all subcontractors that are required by statute to hold workers compensation insurance and that occupy the premises or perform work under this Contract to obtain an insurance certificate showing proof of Workers Compensation Coverage. * Commercial General Liability Policy (Occurrence) to include contractual liability. $1 million per occurrence/$3 million aggregate policy limits. * Business Auto Policy (Occurrence) to include but not be limited to liability coverage on any owned, non-owned and hired vehicle used by Contractor or Contractor’s personnel in the performance of this Contract. $1 million per occurrence. * Malpractice/Professional Liability Policy (Claims Based) with Errors and Omissions Coverage. $1 million per occurrence/$3 million aggregate policy limits. (Directors and Officers coverage does not satisfy this requirement.) * Commercial Umbrella Policy (Occurrence). An umbrella policy may cover the aggregate policy limits required herein. There must be no gap between the $1 million and $3 million policy limits and the umbrella policy must follow the form of the underlying $1 million primary policy. Additional umbrella coverage is not required if all other limits are satisfied.     SAMPLE CERTIFICATE  Policy effective dates MUST reflect current coverage in effect. |

## **Required Compliance Documents**

## **Public Entities Only**

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| **AUTHORIZATION** *(Template provided)* **Public Entities Only** |
| Public entities (state agencies, public school/school districts or educational institutions) must provide a scanned copy of the authorization passed by the governing body of public entity authorizing designated representative to enter into an agreement with DHS/DFCS, if an award is approved.   * Prepare authorization using template provided on official letterhead. * If authorization stipulates any amount, the amount must **exactly** match amounts on Application Cover (total funding request). * Document must identify a representative who is authorized to act on behalf of the public entity and must be signed by a public entity official and notarized. Expiration date of notary’s commission must be included. * Scan and upload file as identified on application checklist.   ***Only a scanned copy of notarized or sealed form is required with the proposal.***  ***Keep original on file as it will be required to prepare contract, if proposal is funded.*** |

## **Required Compliance Documents**

## **Only required if fiscal agent is used**

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

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| **FISCAL AGENT AUDIT only if using a Fiscal Agent** |
| * Only a single document can be uploaded. * Save audit document as a pdf (or scan as a pdf) and upload as identified on the application checklist.   **Audit Alternative: In the event that the audit for the Applicant is so large that uploading may be hindered, Applicant may upload a word document with a link accessing the file. Include**  **provide the URL and link to access the full Audit.** |

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| **MOU or AGREEMENT W/ FISCAL AGENT only if using a Fiscal Agent** |
| * Applicant and Fiscal Agent identified on MOU or Agreement MUST be consistent with the Applicant and Fiscal Agent identified on the Application Cover. * Scan signed MOU or Agreement, and save pdf and upload as identified on application checklist. |