



Statement of Need (SoN)

GEORGIA SECOND STEP PROGRAM

SoN Release Date: January 25, 2021

Deadline for Proposal Submission: February 26, 2021 by NOON

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Required Statement of Need Informational Webinar: February 3, 2021 at 2:00 pm EST

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

1. OVERVIEW

1a. Introduction

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

1b. Prevention and Community Support Section

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

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

This Statement of Need (SoN) is for the school-based implementation of the Second Step Program (SSP), which includes the Social Emotional Learning (SEL) curriculum, the Child Protection Unit (CPU), and the Bullying Prevention Unit (BPU) for the 2021-2022 school year.

PCS staff is available to assist you if you have questions in completing this application. Please see the **technical assistance contact list on page 12** of this SoN. **All proposals MUST be submitted electronically** using assigned username and password. Information on obtaining usernames and passwords will be made available at the mandatory informational webinar on February 3, 2021. If you or a representative are unable to attend this webinar, please email laura.griggs@dhs.ga.gov.

1c. Second Step Curriculum

The Second Step SEL curriculum, developed by the Committee for Children (CfC), is a universal, classroom-based curriculum designed to promote children's social and academic success by decreasing problem behaviors, increasing students' school success, and promoting social-emotional competence and self-regulation. The curriculum aims to reduce

impulsive and aggressive behaviors and increase protective factors and social-emotional competence. Organized by grade level, the program teaches children empathy, problem-solving skills, risk assessment, decision-making, and goal-setting skills. The Second Step SEL curriculum is classified as a universal intervention, meaning that it is appropriate for whole classrooms of children and not just those at risk. Second Step is an excellent resource that complements the work of **Positive Behavioral Interventions and Supports (PBIS)** and school climate in Georgia and is NOT a replacement or substitute for PBIS. To learn more about Second Step's alignment with PBIS and other programs and objectives, please visit: <https://www.secondstep.org/alignment-charts>.

Senate Bill 401 - Sexual Abuse and Assault Awareness and Prevention Education

Effective July 1, 2018, Senate Bill 401 requires:

- Annual age-appropriate sexual abuse and assault awareness and prevention education in kindergarten through grades 9 (O.C.G.A. § 20-2-143).
- The provision that professional learning may include participating in or presenting at in-service training on sexual abuse and assault awareness and prevention (O.C.G.A. § 20-2-200).
- In-service training programs on sexual abuse and assault awareness and prevention for professional personnel that will be providing instruction in annual age-appropriate sexual abuse and assault awareness and prevention education in K through grade 9 (O.C.G.A. § 20-2-201).

In 2018, Senate Bill 401 was signed into law, requiring schools to provide child sexual abuse prevention curricula to students. For more information about the Georgia Department of Education's response to this law, please visit:

<http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Curriculum-and-Instruction/Pages/Title-IV-Additional-Information.aspx>.

Georgia's Statewide Human Trafficking Task Force produced [Georgia's Child Sexual Abuse & Exploitation Prevention Technical Assistance Resource Guide](#). The TARG is intended to outline how communities and schools can utilize existing sexual abuse prevention strategies and programs to improve the health and well-being of their youth population. This guide contains the review of several curricula, including The Second Step Child Protection Unit, that would meet the requirements of SB401. You may download a copy of the TARG by visiting: <https://abuse.publichealth.gsu.edu/targ/>.

Second Step lessons are organized into skill-building units. Lessons are sequential, developmentally appropriate, and provide opportunities for modeling, practice, and skills reinforcement. The curriculum includes discussion, teacher modeling, coaching skills, and role-plays. Stories are used to demonstrate important peer-relations skills and to teach affective (emotional), cognitive, and behavioral social skills. Lessons can be incorporated into health, science, social studies, language arts, and other subjects.

The Second Step Early Learning (Pre-K) curriculum is designed to promote young children's readiness skills for school and life. It teaches core social-emotional and self-regulation skills. **The Elementary (K-5th) hard copy Second Step** curriculum is based on best practice models of pedagogy and instruction, which incorporate lesson skill practice, using skills every day,

following-through activities for reinforcement of skills, and home link activities for parents and caregivers. **The Second Step K-8th** online streaming curriculum is a first-of-its-kind SEL curriculum that's modern, web-based, and responsive to the needs of today's students and educators. The program's lessons, which address key areas of SEL, are projected from a web-based portal, and are supported by the latest research in child and adolescent brain development and social psychology.

The Child Protection Unit (CPU) is designed to address the multiple influences of parent, family, child, community, and environmental characteristics that can contribute to child abuse and neglect. The curriculum includes four elements of school-based child protection: policies/procedures, staff training, student lessons, and family education. The unit focuses on relatable, real-life scenarios and teaches students the "Three R's:" Recognize, Respond, and Report.

The Bullying Prevention Unit (BPU) is designed to prevent bullying by changing multiple levels of the school ecology through intervention components that affect schools and classrooms, peer norms and behavior, and individual attitudes and skills. The unit builds upon the social-emotional skills taught through the Second Step SEL curriculum to decrease physical bullying, malicious gossip, and major fighting. The "Three R's:" Recognize, Report and Refuse, are used to teach students, staff, and teachers to better prevent bullying in the school environment.

The Principal Toolkit provides concrete support for successful principal leadership within an SEL program. Principals play a pivotal role in the quality implementation of Second Step, and this resource provides easy, everyday ways to help Second Step make a difference in schools. Tools include scripted meeting agendas to introduce staff to the program, ready-to-use morning announcements and communications to staff and families and an office-referral conversation guide to engage students in how to use Second Step skills to change behavior.

The Second Step add-on units of the CPU and the BPU build upon the foundation set by teaching the Second Step SEL curriculum. Schools implementing the Second Step SEL curriculum in grades Pre-K through 5th **MUST** also implement the CPU and those implementing in K through 5th **MUST** implement the BPU in the corresponding grades, through this funding opportunity.

The Principal Toolkit is optional through this funding opportunity and is available for grades K-5th.

Additional information regarding the Second Step Program:

1. Programs are encouraged to use teachers as the presenters of Second Step SEL lessons rather than counselors or social workers in a "drop-in" fashion. Social workers and counselors are welcome to teach the CPU and BPU lessons when they push into the classroom, but it is helpful if the teacher is also present. Securing the "buy-in" of teachers is essential for successful implementation in the school setting.

2. The curriculum must be used with all children, not just those identified as at-risk or those with behavior problems.
3. Programs must purchase the appropriate grade level kits from Committee for Children (CfC). It is recommended to talk through your implementation plan with Committee for Children and apply for a roll out that is reasonable and feasible for your district with the **max amount being \$100,000**.
4. Applicants are required to contact Jennifer Sanderlin (jsanderlin@cfchildren.org; 206-438-6522) with CfC, to complete a budget worksheet and receive a price quote **before applying. Failure to do so may result in your application not being reviewed. Please submit the budget workbook as well as the price quote from CfC when you upload your application.**
5. If awarded funding, programs must participate in Second Step and CPU/BPU training. The training is offered online through an activation key provided with the Second Step kits. All staff should be trained in the Second Step SEL curriculum by September 3, 2021.
6. All staff should be trained in the CPU and BPU by January 1, 2022.
7. The Second Step Implementation Assurances (P3) must be completed by both the Superintendent of the School System and the Principal of **each** school implementing Second Step.
8. Programs are expected to begin implementation by September 6, 2021.
9. All Second Step, CPU, and BPU lessons must be taught within the school year.
10. 100% of the cost of Second Step and CPU/BPU materials will be paid for through this funding opportunity. This funding is only for reimbursement of the curriculum purchased and not for staff salary or other expenses.
11. The Middle School curriculum is all accessed via an online portal. No hard copy materials are available for 6th-8th grade.
12. The Elementary curriculum is available in hard copy or as an online subscription.
13. Pre-K-5th hard copy kits include digital streaming for lesson media as well as hard copy lesson materials.

For more information about Second Step, please visit: <http://www.secondstep.org/>

2. Statement of Need (SoN) Criteria

2a. Eligibility Criteria

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

- Be a public-school system, a charter school, or a private school that is a 501c3 nonprofit.
- Serve as the fiscal agent for the contract and the point of contact to PCS.
- Be responsible, liable, and oversee financial, program, and post-award reporting requirements.
- All applications must be submitted by noon on February 26, 2021.
- Applicants must comply with all forms, assurances, and certifications attached to this SoN.

- Submission must include the original signature of the executive officer of the fiscal agent (applicant) on the application face sheet.
- Submission must include the application program narrative, application budget, quote, and application attachments.
- Submission must include documents in the appropriate format as indicated on the Second Step Program Application Checklist (page 14).
- Application Budget must be approved by Committee for Children prior to submission as evidenced by the inclusion of a budget workbook and price quote from CfC.
- For applicants that received PCS funding to implement Second Step in the previous six years (beginning in 2014), you may apply for the Second Step SEL curriculum for any additional grades or schools that are not currently implementing. You must apply for the CPU and BPU for those new schools or grades. You may also apply for the Principal Toolkit.

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

2b. Contract Award Period

The awarded contract is for a 12-month period, July 1, 2021 to June 30, 2022, which includes a 2-month planning period (July 1, 2021 to September 5, 2021). The contract award includes quarterly program reporting.

2c. Strategic Results Framework

PCS Outcome Measures for Second Step

Applicants must adhere to the following outcome measures, with a target population of schools serving Pre-K through 8th grade children. Quarterly implementation and evaluation reports will be required throughout the contract implementation period.

Outcome Indicator	PCS Performance Levels
Academic Achievement	At least 95% of target children in Grades PreK-8 will be promoted to the next grade.
Student Behavior	At least 75% of target children in Grades PreK-8 will be free of in-school suspensions. At least 90% of target children in Grades PreK-8 will be free of out-of-school-suspensions and expulsions.
Child Protection	At least 97% of target children in Grades PreK-5 will be free from child maltreatment.

At the end of the school year, each awarded school will be required to report on all of the above Outcome Indicators. Schools will also be asked to submit office referral and abuse

disclosure data from the previous school year (2020-2021) at the end of the first period, and for the awarded school year (2021-2022) at the end of the contract period.

3. PROPOSAL NARRATIVE

The following information provides a description of necessary components to be contained in the narrative portion of your proposal. The narrative is a detailed statement of the work to be undertaken and answers who, what, when, where, why, and how statements about the contract proposal. Download Narrative Form P2 and complete. See section 7 for sample documents.

SSP = GA Second Step Program includes:

SEL = Social Emotional Learning, CPU = Child Protection Unit, and BPU = Bullying Prevention Unit

3a. Proposal Summary (2 pages)

1. Identify the school(s) that will be implementing the GA Second Step Program.
2.
 - a. Identify what best describes your implementation plan for GA Second Step Program. Select one.
 - b. Identify grade levels for Social Emotional Learning curriculum. Select all that apply.
 - c. Identify grade levels for Child Protection curriculum. Select all that apply.
 - d. Identify grade levels for Bullying Prevention curriculum. Select all that apply.

a. Implementation Plan	b. Social Emotional Learning	c. Child Protection Unit	d. Bullying Prevention Unit
<input type="checkbox"/> System Wide, All Grades	<input type="checkbox"/> Pre-K	<input type="checkbox"/> Pre-K	<input type="checkbox"/> Kindergarten
<input type="checkbox"/> System Wide, One or More Grades	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 1
<input type="checkbox"/> Multiple Schools, All Grades	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> Multiple Schools, One or More Grades	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> Single School, All Grades	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> Single School, One or More Grades	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> Head Start, Early Head Start or PreK	<input type="checkbox"/> 5	<input type="checkbox"/> 5	
	<input type="checkbox"/> 6		
	<input type="checkbox"/> 7		
	<input type="checkbox"/> 8		

3. Describe need for social emotional learning for the target population and school(s) in your community.
4. Describe how GA Second Step Program is expected to impact overall school climate.
5. Describe how each of the following GA SSP curricula will enhance school climate.
 - a. Social Emotional Learning
 - b. Child Protection Unit
 - c. Bullying Prevention Unit
6. Describe other social emotional learning programs or school initiatives currently being implemented.
7. If applicable, describe how Principal Toolkit will enhance GA Second Step Program and overall school climate.

8. a. Describe how at least one of the five Strengthening Families Protective Factors will be incorporated in your work. See Protective Factors Core Meanings (Attachment A-1) and visit <https://abuse.publichealth.gsu.edu/strengthening-families-georgia/> for more information.
- b. Describe how SSP services will increase Protective Factor(s) identified for families served.

3b. Administration (2 pages)

Contract Oversight and Fiscal Management

9. Describe Applicant's qualifications and experience managing contracts.
10. Identify Applicant representative who will be responsible for coordinating, monitoring, and reporting on SSP/BPU/CPU activities. Describe relevant qualifications and experience.
11. If the 'implementing agency' is **NOT** the Applicant,
 - a. Identify implementing agency and why they were selected to implement SSP.
 - b. Describe qualifications and experience that demonstrates that the implementing agency has the capacity and experience to successfully deliver SSP/BPU/CPU curricula.

Fiscal Agent, if not the Applicant.

12. a. Identify fiscal agent.
- b. Describe relationship of fiscal agent to the Applicant.
- c. Describe fiscal agent qualifications.
13. Is the fiscal agent delinquent on any federal debt? If yes, explain.
14. In preceding fiscal year, did fiscal agent receive 80% or more of its annual gross revenue in federal funds?
15. In preceding fiscal year:
 - a. Was annual gross revenue from federal sources \$25,000 or more and is required to comply with "Federal Funding Accountability and Transparency Act"? If yes, ...
 - b. Provide names and total compensation for five most highly compensated officers.

3c. Target Population (1 page)

The target population is the group of participants that the services in a program are intended and designed for. Applicants must serve one or more of the following grades: Pre-K through 8th.

16. Identify geographic location of target population including school(s), neighborhood(s) and county, and how each was selected. *(Must also complete "Target Population and School Sponsorship" form- pg. 30)*
17. Describe target participants by grade level, Pre-K through Grade 8, and how each was selected.

18. Identify subject(s) by grade level, Pre-K through Grade 8, into which SEL, CPU and BPU curricula will be incorporated.
19. How many students are expected to participate in GA Second Step Program during the contract year (July 1, 2021 – June 30, 2022)? Identify by grade level, # of classrooms, and # of students.

3d. Methods and Procedures (2 pages)

20. Describe plan for obtaining teacher buy-in for GA Second Step Program.
21. Describe SEL, CPU and BPU orientation and training plan for teachers.
22. Describe your system's/school plan for ongoing support and TA for teachers.
23. Describe how non-teaching staff will be engaged in the use of the GA Second Step Program.
24. Describe plan for engaging parents in the GA Second Step Program.

4. SELECTION AND CONTRACT AWARD PROCESS

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

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

Contract Award Agreement

PCS will offer a reimbursement contract agreement to selected applicants for purchase of Second Step program materials. PCS will require that selected applicants provide quarterly program reports that measure process and qualitative outcomes.

Contract Award Management Training

If an applicant is awarded a contract, it is mandatory to participate in PCS contract award management training, as requested. The initial training will include financial and program expectations as well as Contract Reporting Training. The training will take place in a central location, at the contractor's site and/or online via webinar. The timing of the training will be determined at a later date.

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

Evaluation and Reporting Requirements

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

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

Second Step Reporting Timeline

Reporting Periods	Reporting Requirements	Due Date
July 1, 2021-September 30, 2021	<ul style="list-style-type: none"> • Executed contract award agreement and attachments • Submission of a signed "Performance Report and Payment Request" • Planning program report • Submission of a financial report that includes documentation of the curriculum purchase • Submission of office referral data and abuse disclosure data from the previous (2019-2020) school year 	September 30, 2021
October 1, 2021-December 31, 2021	<ul style="list-style-type: none"> • Submission of a signed "Performance Report and Payment Request" • Implementation program report 	December 31, 2021
January 1, 2022-March 31, 2022	<ul style="list-style-type: none"> • Submission of a signed "Performance Report and Payment Request" • Implementation program report 	March 31, 2022
April 1, 2022-June 30, 2022	<ul style="list-style-type: none"> • Submission of a signed "Performance Report and Payment Request" 	June 30, 2022

	<ul style="list-style-type: none"> • Ending Perspective implementation program report • Outcome data • Submission of office referral data and abuse disclosure data from current school year (2020-2021) 	
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5. TECHNICAL ASSISTANCE

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

PROGRAM/SoN QUESTIONS:

Laura Griggs
 Program Specialist
 Prevention and Community Support
Laura.Griggs@dhs.ga.gov
 (404) 657-5152

SECOND STEP CURRICULUM/TRAINING QUESTIONS:

Jennifer Sanderlin
 Regional Outreach Manager
 Committee for Children
jsanderlin@cfchildren.org
 (206) 438-6522

6. PREPARING AND SUBMITTING A PROPOSAL

- **All proposals MUST be submitted electronically** using assigned username and password. Information on obtaining usernames and passwords will only be made available at the mandatory informational meeting on February 3, 2021 at 2:00PM.
- Proposals MUST be uploaded to the secure proposal submission site by **NOON on Friday, February 26, 2021**. Proposals submitted that do not include ALL required forms and documents will be disqualified.
- Download required forms from website. Complete forms, documents and screenshots as directed. Only use forms provided with this Statement of Need unless otherwise directed or this may result in disqualification of proposal. Prepared documents and screenshots MUST also be current (and not from previous proposals or prepared or downloaded in 2020.) See Section 7 for copies of forms.
- The identification of the Applicant agency on all forms should be consistent with its full legal name. Applicant and authorized officers and their titles MUST be identified consistently on all required documents, forms, and screenshots.
- Record assigned **proposal username** (SSP_520_#####) in the space provided on all forms. If submitting more than one proposal, ensure that you use the corresponding **proposal username** (SSP_520_#####) assigned on all documents for each proposal.
- Complete each form as directed using Arial Narrow 10 point, single-spaced. Do not change text, format, font size, spacing or margins imbedded in the forms. Completed example of many forms and screenshots are included in this section.
- Save final documents as instructed on each document or the Application Checklist provided. All documents MUST follow the prescribed naming convention which includes the assigned **proposal username**. For example, scanned Assurances are identified as "ssp_520_11111_Assurances. Documents not identified correctly will not upload.
- If printing any document to sign, scan using a resolution no greater than 150 dpi to reduce the risk of timing out when uploading. Scanned signed documents MUST be saved as a **pdf**. Documents saved as images, png or jpg files WILL NOT upload.
- Only one document may be uploaded for each document required. If any document includes multiple signed or scanned documents, they must be combined and saved as a single document and saved as described. This may occur with multiple signed MOUs or Assurances.
- Technical assistance regarding proposal requirements and submission will be available after the informational meeting on February 3, 2021, by contacting the Second Step Program Specialist, Laura Griggs at laura.griggs@dhs.ga.gov.

PROPOSAL SUBMISSION DEADLINE:
Friday, February 26, 2021 at NOON EDT

Second Step Program Application Checklist

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

Applicant Agency: _____	Proposal Username
	SSP_520_#####

When saving final documents, include assigned Proposal Username followed by an underscore and the designated document name. No spaces. No other description is necessary. For example: **SSP_520_11111_Cover**

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

NP	PE	For applicant use	Proposal Documents	Document Type	Required naming Convention*
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		P1 Application Cover*	Scanned pdf	SSP_520_#####_Cover
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		P2 Narrative*	Word	SSP_520_#####_Narrative
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		P3 Assurances*	Word	SSP_520_#####_Assurances
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		P4 Target Population and School Sponsorship*	Word	SSP_520_#####_TargetPop
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		P5 Program Timeline*	Word	SSP_520_#####_Timeline
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Budget Worksheet	Excel	SSP_520_#####_Budget
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		MOUs (w/ other sites not under jurisdiction)	Scanned pdf	SSP_520_#####_MOUAgreements
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Committee for Children Quote	pdf	SSP_520_#####_Quote
Financial Documents					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Applicant Audit, if required, or Balance Sheet & certified Statement of Financial Activities	pdf	SSP_520_#####_AppAudFin
<input checked="" type="checkbox"/>	n/a		Fiscal Agent Audit, if Fiscal Agent used	pdf	SSP_520_#####_FiscalAudit
<input checked="" type="checkbox"/>	n/a		MOU or Agreement with Fiscal Agent, if Fiscal Agent used	Scanned pdf	SSP_520_#####_FiscalAgreement
Additional Contract and Eligibility Documents, Forms or Screenshots					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		C1 Tax Compliance*	pdf	SSP_520_#####_TaxComp
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		C2 Vendor Management Form* (first two pages only)	Scanned pdf	SSP_520_#####_Vendor
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		C3 W9 Form* (first page only)	Scanned pdf	SSP_520_#####_W9
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		C4 Criminal History Certification*	Scanned pdf	SSP_520_#####_History
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		C5 Security & Immigration E-Verify Affidavit*	Scanned pdf	SSP_520_#####_Everify
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		C6 Pre-Award Risk Assessment*	Excel	SSP_520_#####_RiskAssessment
<input checked="" type="checkbox"/>	n/a		T1 Non-Profit Corporate Resolution (template provided)	Scanned pdf	SSP_520_#####_Resolution
n/a	<input checked="" type="checkbox"/>		T2 Public Entity Authorization (template provided)	Scanned pdf	SSP_520_#####_Authorization
<input checked="" type="checkbox"/>	n/a		GA Secretary of State Registration screenshot	pdf screenshot	SSP_520_#####_Registration
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		SAM/Excluded Parties screenshot	pdf screenshot	SSP_520_#####_SAM
<input checked="" type="checkbox"/>	n/a		Certificate of Liability Insurance	pdf	SSP_520_#####_Insurance

***Download and complete standard forms provided.**

Preparing Proposal Documents

The following documents are REQUIRED for ALL proposals.

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

- Download form and complete all fields as directed.
- Check corresponding box to identify which Statement of Need applies to this proposal.
- Identify whether a proposal is for a continuing program or a new program, if applicable
- Record Applicant (agency, school, school district, government agency) legal name. For non-profits, record agency name exactly as it appears on your Georgia Secretary of State registration screenshot.
- Record assigned **proposal username**.
- For any field that is also reported on another document, verify that the information is consistent. For example, the Federal Work Authorization User Identification Number reported on the E-Verify Affidavit.
- Application Cover must be signed by an **authorized** officer identified on the Corporate Resolution for non-profits or by the individual authorized to enter into a contract by the public entity on the Authorization.
- If using a Fiscal Agent, Application Cover must also be signed by an authorized individual for the Fiscal Agent.
- Electronic signatures are NOT allowed.
- Scan signed form and save pdf as **ssp_520_#####_Cover**

P2 - NARRATIVE *(Use form provided.)*

- Download form and complete as directed. Respond to all questions. If any question is not applicable, record N/A in the space for a response.
- Record Applicant name as recorded on Application Cover.
- Record assigned **proposal username** in the space provided.
- Respond to each question in the space provided. Boxes will expand as you type. Be clear. Be concise. Be comprehensive. Avoid including information that is not relevant to the question.
- Save Word document as **ssp_520_#####_Narrative**

P3 – ASSURANCES *(Use form provided.)*

- An Assurance form must be included in the proposal for each participating school.
- Download form and complete as directed.
- Record Applicant name as reported on Application Cover. Applicant identified on Assurance(s) **MUST** be consistent with the Applicant identified on the Application Cover.
- Record assigned **proposal username**.
- If more than one form is used, scan all signed forms as a single pdf.
- Save scanned pdf identifying it as **ssp_520_#####_Assurances**

P4 – TARGET POPULATION AND SCHOOL SPONSORSHIP *(Use form provided.)*

- A Target Population and School Sponsorship form must be included in the proposal for each participating school.
- Download form and complete as directed.
- Record Applicant name as recorded on Application Cover. Applicant identified on all forms MUST be consistent with the Applicant identified on the Application Cover.
- Record assigned **proposal username**.
- Verify that numbers reported on forms are represented accurately in corresponding responses on the Narrative.
- If more than one form is used, scan all signed forms as a single pdf.
- Save scanned pdf identifying it as **ssp_520_#####_TargetPop**

P5 – PROGRAM TIMELINE *(Use form provided.)*

- Download form and complete as directed.
- Record Applicant name as recorded on Application Cover.
- Record assigned **proposal username**.
- Save Word document as **ssp_520_#####_Timeline**

BUDGET WORKSHEET *(Document obtained from CfC.)*

- Budget Worksheet must be obtained from Committee for Children. Contact Jennifer Sanderlin at jsanderlin@cfchildren.org.
- Applicant identified on Budget Worksheet MUST be consistent with the Applicant identified on the Application Cover.
- Save Excel spreadsheet as **ssp_520_#####_Budget**

MOU(s)

- Applicant identified on MOUs MUST be consistent with the Applicant identified on the Application Cover.
- If more than one MOU must be submitted, scan all signed MOUs as a single pdf.
- Save scanned pdf identifying it as **ssp_520_#####_MOUAgreements**

COMMITTEE FOR CHILDREN QUOTE *(Document obtained from CfC.)*

- Quote must be obtained from Committee for Children. Contact Jennifer Sanderlin at jsanderlin@cfchildren.org.
- Applicant identified on quote MUST be consistent with the Applicant identified on the Application Cover.
- Scan, or save quote as a pdf identifying it as **ssp_520_#####_Quote**

Preparing Financial Documents

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

APPLICANT AUDIT (or BALANCE SHEET & CERTIFIED STATEMENT OF FINANCIAL ACTIVITIES)

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

- Only a single document can be uploaded.
- If submitting balance sheet and certified statement of financial activities, document MUST be combined as a single document and saved or scanned as a pdf.
- Save document as a pdf (or scan as a pdf) and identify as **ssp_520_#####_AppAudFin**

Audit Alternative: In the event that the audit for the Applicant is so large that uploading may be hindered, Applicant may upload an audit facsimile as an alternative to uploading the full Audit. Using a Word document, record "Applicant Audit Link" as the title, identify Applicant and Proposal Username, and provide the URL and link to access the full Audit. Scan or save Word document as a pdf identifying it as **ssp_520_#####_AppAudFin**, as you would an Audit.

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

FISCAL AGENT AUDIT, if using a Fiscal Agent

- Only a single document can be uploaded.
- Save audit document as a pdf (or scan as a pdf) and identify as **ssp_520_#####_FiscalAudit**


Audit Alternative: In the event that the audit for the Applicant is so large that uploading may be hindered, Applicant may upload an audit facsimile as an alternative to uploading the full Audit. Using a Word document, record "Fiscal Agent Audit Link" as the title, identify Applicant and Proposal Username, and provide the URL and link to access the full Audit. Scan or save Word document as a pdf identifying it as **ssp_520_#####_FiscalAudit**, as you would an Audit.

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

- Applicant and Fiscal Agent identified on MOU or Agreement MUST be consistent with the Applicant and Fiscal Agent identified on the Application Cover.
- Scan signed MOU or Agreement, and save pdf identified as **ssp_520_#####_FiscalAgreement**

Additional Contract and Eligibility Documents, Forms & Screenshots

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

C1 – Tax Compliance <i>(Use form provided.)</i>	ALL
<ul style="list-style-type: none"> Download form and complete as directed, providing responses to all applicable questions. Use legal name of Applicant as reported on Application Cover. Save <u>final</u> document as a pdf (or print and scan as a pdf) and identify as ssp_520_#####_TaxComp 	
C2 – Vendor Management Form <i>(Use form provided.)</i>	ALL
<ul style="list-style-type: none"> Download form and complete as directed. Instructions are provided. Use legal name of Applicant as reported on Application Cover. Print pages 1-2 only, sign and scan pages saving pdf as ssp_520_#####_Vendor 	
C3 – W9 Form <i>(Use form provided.)</i>	ALL
<ul style="list-style-type: none"> Download form and complete as directed. Instructions are provided. Use legal name of Applicant as reported on Application Cover. Print page one only, sign and scan pages saving pdf as ssp_520_#####_W9 	
C4 - CRIMINAL HISTORY INVESTIGATIONS <i>(Use form provided.)</i>	ALL
<p>Applicant MUST certify that it conducts criminal history investigations in accordance with DHS/DFCS contract and:</p> <ul style="list-style-type: none"> Is registered with the Georgia Applicant Processing Services (GAPS) at: https://www.aps.gemalto.com/ga/index.htm: 	
	
<p style="text-align: right;">and,</p> <ul style="list-style-type: none"> Conducts criminal record background checks to obtain OIS Fitness Determinations on all staff, volunteers and/or subcontractors pursuant to the provisions of O.C.G.A. §49-2-14. Download form and complete as directed. Record Applicant name as recorded on Application Cover. Record assigned proposal username. Record ORI or OAC# verifying agency registration with Georgia Applicant Processing Service (GAPS). This should be consistent with the corresponding field reported on the Application Cover. 	

- Form must be signed by an officer **authorized** by the Corporate Resolution (or Authorization for public entities) and notarized. *Signing officer must be identified by name and title indicated on Georgia Secretary of State website screenshot or Authorization.*
- Expiration date of notary's commission must be included.
- Scan signed document, save as a pdf, identifying it as **ssp_520_#####_History**

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

C5 – E-VERIFY AFFIDAVIT *(Use form provided.)*

ALL

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

- Download form and complete as directed.
- Record Applicant name as "Name of Contractor" as recorded on Application Cover.
- Record assigned **proposal username**.
- Record Federal Work Authorization User Identification number (E-Verify #). This should be consistent with the corresponding field reported on the Application Cover.
- Record Date of Authorization (date that E-Verify # was issued to agency).
- Form must be signed by an officer **authorized** by the Corporate Resolution (or Authorization for public entities) and notarized. *Signing officer must be identified by name and title indicated on Georgia Secretary of State website screenshot or Authorization.*
- Expiration date of notary's commission must be included.
- Scan signed and notarized document, Save pdf, identifying it as **ssp_520_#####_Everify**

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

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

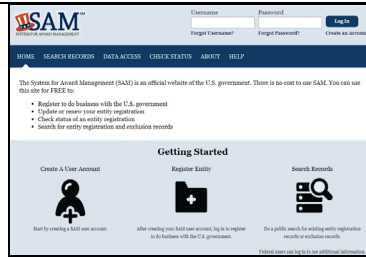
ALL

- Download form and complete as follows:
Complete (Pre-Award) Risk Assessment form. Only provide responses for the following questions on page one:
 - Grantee name (name of Applicant as it appears on Application Cover)
 - Grant amount (amount of request)
 - Question 1
 - Question 2
 - Question 3
 - Question 4a, d, e, f, k, l, m, n & o
- Do not alter form in any way. Score will calculate automatically based on your responses.
- Do not complete any information on second page.
- Form is not signed by the Applicant.
- The remaining information will be completed by the Second Step Program Specialist based on prior year(s)' contract performance.
- Save completed Excel document saving as **ssp_520_#####_RiskAssessment**

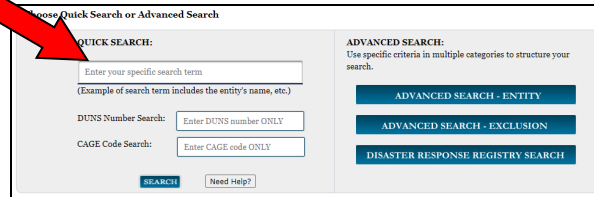
T1 - CORPORATE RESOLUTION (<i>Template provided.</i>)	Non-Profits ONLY
<ul style="list-style-type: none"> • Non-profit applicants MUST provide a <u>certified copy of corporate resolution</u> passed by its governing board authorizing an officer(s) of the non-profit organization to enter into an agreement with DHS/DFCS, if an award is approved. • Prepare resolution on corporate letterhead using template provided. • Individual(s) identified as officer(s) of the corporation authorized to sign the contract <u>must be</u> one of the officers identified on the Secretary of State screenshot. “Agent” of the corporation that may be identified on the registration screenshot is NOT considered an “Officer” and cannot be designated as the signatory for any proposal or contract documents. • Resolution should be signed by the Corporate Secretary or other officer identified on the Secretary of State screenshot and include a corporate seal. Seal must be evident/visible on scanned document. <i>Affix foil to document before impressing seal to improve contrast for scanning.</i> • If corporate seal is not available, resolution may be notarized. Expiration date of notary’s commission must be included. • If resolution stipulates any amount, the amount must exactly match amounts in Section 3 on Application Cover. • Scan notarized/sealed resolution, saving pdf as ssp_520_#####_Resolution 	
<p><i>Keep original for your records in the event that it is requested at a later date.</i></p>	

T2 - AUTHORIZATION (<i>Template provided.</i>)	Public Entity ONLY
<ul style="list-style-type: none"> • Public entities (state agencies, public school/school districts or educational institutions) must provide a scanned copy of the authorization passed by the governing body of public entity authorizing designated representative to enter into an agreement with DHS/DFCS, if an award is approved. • Prepare authorization using template provided on official letterhead. • If authorization stipulates any amount, the amount must exactly match amounts in Section 3 on Application Cover. • Document must identify a representative who is authorized to act on behalf of the public entity and must be signed by a public entity official and notarized. Expiration date of notary’s commission must be included. • Scan notarized/sealed authorization, saving pdf as ssp_520_#####_Resolution 	
<p><i>Keep original for your records in the event that it is requested at a later date.</i></p>	

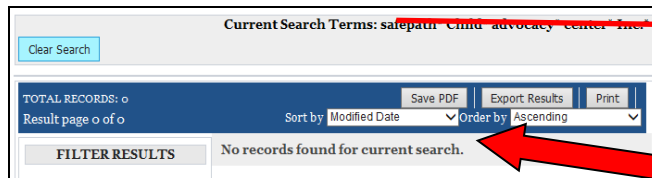
SAM (FEDERAL EXCLUDED PARTIES) Screenshot	ALL
<ul style="list-style-type: none"> • Applicant must obtain a screenshot from the Federal System for Award Management (SAM) demonstrating that the Applicant (non-profit or public entity) is currently registered, has an “active” status and that there are no “active exclusions”, otherwise they may be ineligible for an award. • Copy and paste this link in your browser: https://www.sam.gov/SAM/ <i>Effective June 2017, you can no longer access the System for Award Management (SAM) using Internet Explorer (IE) Versions older than IE11. You either need to upgrade to an Internet Explorer version of IE11 or higher, or access SAM with another supported browser type (Chrome, Firefox, Safari, etc).</i> • If Applicant is not currently registered on SAM, see instructions on the SAM website for how to register. • Click on icon under “Search Records”. 	



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



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



NOT ACCEPTABLE!

By Record Status

Active

Inactive

By Record Type

Entity Status: **Active**

Fulton County Board Of Education

DUNS: **079362182** CAGE Code: **4F7Z3**

Has Active Exclusion?: **No** DoDAAC:

Expiration Date: **05/18/2021** Debt Subject to Offset?: **No**

Purpose of Registration: **All Awards** [View Details](#)

Expiration date should be in 2021.

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

By Record Status

Active

Inactive

By Record Type

Entity Status: **Active**

Fulton County Board Of Education

DUNS: **079362182** CAGE Code: **4F7Z3**

Has Active Exclusion?: **No** DoDAAC:

Expiration Date: **05/18/2021** Debt Subject to Offset?: **No**

Purpose of Registration: **All Awards** [View Details](#)

Fulton County Board Of Education 6201 Powers Ferry Rd
 DUNS: 079362182 CAGE Code: 4F7Z3 Atlanta, GA 30329-2906,
 Status: Active UNITED STATES

Expiration Date: 05/18/2021

Purpose of Registration: All Awards

Entity Overview

Entity Registration Summary	
Name:	Fulton County Board Of Education
Business Type:	US Local Government
Last Updated By:	Kelly Hopkins
Registration Status:	Active
Activation Date:	05/18/2020
Expiration Date:	05/18/2021

Exclusion Summary

Active Exclusion Records? No

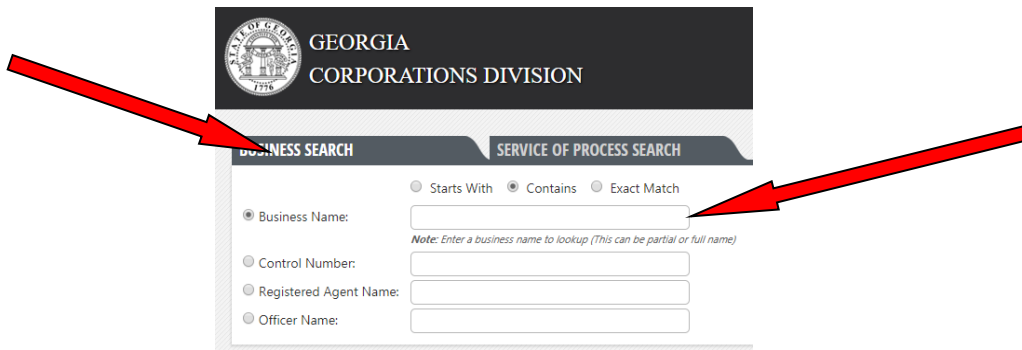
OR

- Take a screenshot if either image, copy and paste into a Word document. Then save as a pdf or print, scan and save pdf identifying document as **ssp_520_#####_SAM**
- There are also “Print” or “Save pdf” options. Save either pdf identifying it as **ssp_520_#####_SAM**

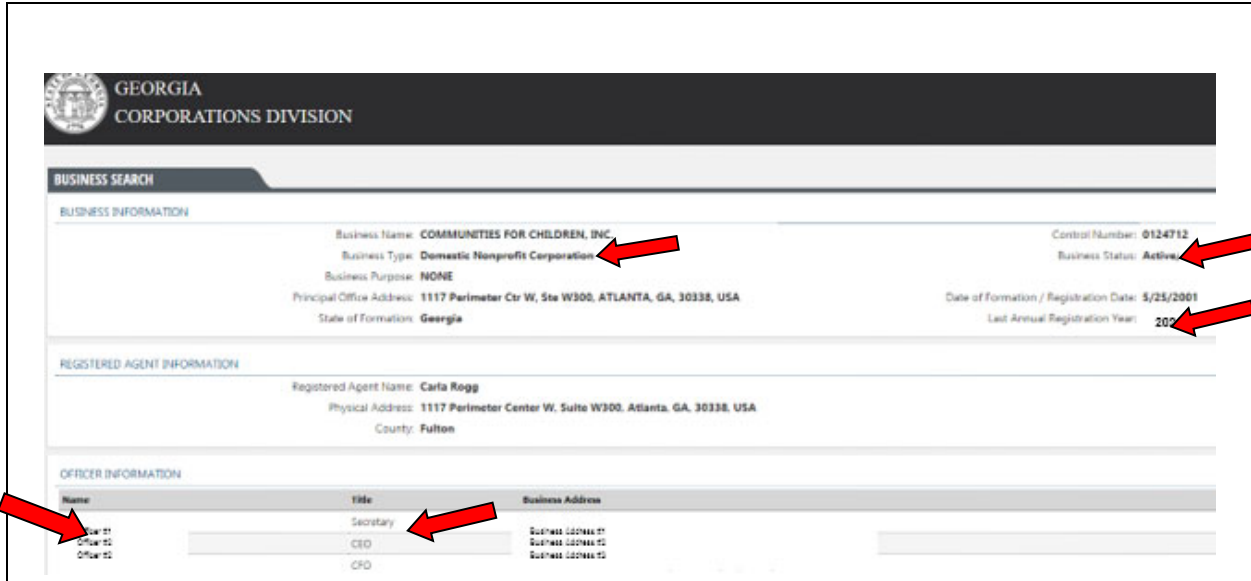
The left screenshot shows the SAM.gov search results for 'Cherokee Child Advocacy Council, Inc.'. It includes fields for EIN (06981714), CAGE Code (447P2), and address (6201 Powers Ferry Rd, Atlanta, GA). The right screenshot shows a detailed view of the 'Fulton County Board Of Education' with fields for DUNS (079362182), CAGE Code (4F7Z3), and address (6201 Powers Ferry Rd, Atlanta, GA).

GA SECRETARY OF STATE REGISTRATION Screenshot Non-Profits ONLY

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

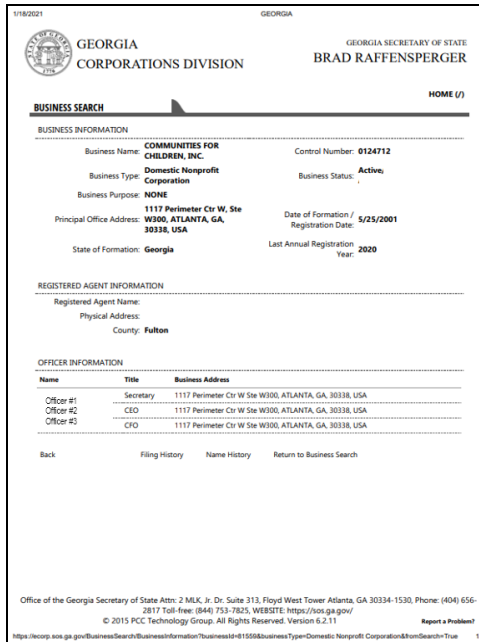


- Click on agency name to display registration status. If there are several agencies with similar names, you will have to select the correct one to get the corresponding registration status.
- The agency page displays information related to the corporation’s non-profit status, the most recent filing,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



- There are two acceptable options for meeting the screenshot requirements for the registration screenshot.
 - Take a screenshot of the above screen, copy and paste into a Word document. Then save as a pdf or print, scan and save identifying pdf as **ssp_520_####_Registration**
- OR**
- Select "Print" from your drop down menu. Either save as a pdf, or print, scan and save identifying pdf as **ssp_520_####_Registration**

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



Screenshots taken in previous years are NOT acceptable.

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

CERTIFICATE OF LIABILITY INSURANCE**Non-Profits ONLY**

- ALL non-profit applicants must submit a Certificate of Insurance (COI) describing current liability coverage in effect.
- COI can be obtained through your insurance agent or carrier identifying Applicant as insured and describing general liability, professional liability, automobile liability, and workers compensation coverage in effect. Facsimile of required certificate is posted at the bottom of this section. No other document will be accepted.
- DHS/DFCS MUST be identified as the certificate holder.
- In the event that coverage expires prior to the commencement of the contract year, proof of renewal will be required.
- Applicants who receive an award, whose coverage is insufficient will be required to obtain additional coverage and provide an updated certificate to demonstrate full coverage prior to receiving a contract.
- Applicant is responsible for ensuring that any approved Subcontractor (s) also maintain required liability coverage.
- Scan and/or save insurance COI as a pdf identifying it as **ssp_520_#####_Insurance**

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

- 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.

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
10/24/2019

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

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

PRODUCER Dawson-Taylor & Company P. O. Box 14729 3810 Wheeler Rd. Augusta GA 30619	AGENT Christine Hayes (706) 738-6665 FAX: (706) 738-6093 E-MAIL: chhayes@dfinsurance.com
INSURED New Vision Family Center, Inc. 10000 10000 Atlanta GA 30338	INSURER(S) AFFORDING COVERAGE INSURER A: American States Ins Co INSURER B: Fidelity Insurance Co INSURER C: General Insurance Co of America INSURER D: INSURER E: INSURER F:

COVERAGES: CERTIFICATE NUMBER: 19-30 REVISION NUMBER:

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

TYPE	DESCRIPTION	POLICY NUMBER	DATE	EXPIRES	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	81WAC00156715	10/20/2019	10/20/2020	EACH OCCURRENCE \$ 1,000,000
	MEDICAL PROFESSIONAL FEES (As Occurred) MEDICAL (Any one person) PERSONAL & ADV INJURY PERSONAL AUTOMOBILE PRODUCTS - CLAIMS-MADE				
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY NON-OWNED AUTOS ONLY	N/A	10/20/2019	10/20/2020	\$ 1,000,000
	UMBRELLA LIAB EXCESS LIAB WORKERS COMPENSATION AND EMPLOYERS LIABILITY EMPLOYERS LIABILITY PROFESSIONAL LIABILITY PROFESSIONAL LIABILITY PROFESSIONAL LIABILITY				
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	81WAC00156715	10/20/2019	10/20/2020	\$ 100,000
C	Professional Liability	LP7740074C	10/20/2019	10/20/2020	\$ 5,000,000

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

CERTIFICATE HOLDER: Georgia DHS/DFCS, 30 Care Solutions, Inc., 1117 Parkside Center West, Suite W-300, Atlanta GA 30338

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

AUTHORIZED REPRESENTATIVE: *[Signature]*

ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD © 1988-2015 ACORD CORPORATION. All rights reserved.

Submitting Your Proposal

All Second Step proposals must be submitted electronically through a secure proposal submission site. A proposal username and password are required for access to the site. Information on obtaining a proposal username and password will be provided at the mandatory informational meeting on February 3, 2:00PM. Instructions for submitting a Second Step proposal will be provided when proposal username and password emails are distributed.

Questions? Contact Second Step Program Specialist, Laura Griggs at laura.griggs@dhs.ga.gov.

7. SAMPLE DOCUMENTS TO BE SUBMITTED

The following documents must be downloaded from

<https://dfcs.georgia.gov/services/prevention-and-community-support-section/funding-opportunity> and submitted electronically using assigned username and password.

Information on obtaining usernames and passwords will only be made available at the mandatory informational meeting on February 3, 2021 at 2:00PM. Complete forms, documents and screenshots as directed. Only use forms provided with this Statement of Need unless otherwise directed or this may result in disqualification of proposal.

Prepared documents and screenshots MUST also be current (and not from previous proposals or prepared or downloaded in 2020.)



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

Application Cover

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

Proposal Username
XXX ### ####

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

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

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

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

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

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

Section 4: Authorized Signatures

I, the undersigned, an authorized representative of the applicant, have read, understand, and agree to all relative conditions specified in the DFCS – PCS Statement of Need and having read all attachments thereto do submit this application on behalf of the applicant agency. If awarded a contract to implement the provision herein, I do certify that all applicable federal and state laws, rules, and regulations thereto will be followed.

Applicant Agency		Fiscal Agent (if not Applicant Agency)	
Authorized Officer: (signature)	Authorized Officer: (signature)	Authorized Officer: (signature)	Authorized Officer: (signature)
Title: _____	Date: _____	Title: _____	Date: _____



GA Second Step Program Narrative

Complete as directed. Save Word document as **SSP_520_#####_Narrative**

Applicant Agency*:		Proposal Username
		SSP_520_#####

*Legal name of 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.

PART A. PROPOSAL SUMMARY (2 pages)

SSP = GA Second Step Program includes:

SEL = Social Emotional Learning, CPU = Child Protection Unit, and BPU = Bullying Prevention Unit

Program Summary

1. Identify the school(s) that will be implementing the GA Second Step Program .

- 2.**
- a. Identify what best describes your implementation plan for GA Second Step Program. Select one.
 - b. Identify grade levels for Social Emotional Learning curriculum. Select all that apply.
 - c. Identify grade levels for Child Protection curriculum. Select all that apply.
 - d. Identify grade levels for Bullying Prevention curriculum. Select all that apply.

a. Implementation Plan

- System Wide, All Grades
- System Wide, One or More Grades
- Multiple Schools, All Grades
- Multiple Schools, One or More Grades
- Single School, All Grades
- Single School, One or More Grades
- Head Start, Early Head Start or PreK

b. Social Emotional Learning

- Pre-K
- Kindergarten
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

c. Child Protection Unit

- Pre-K
- Kindergarten
- 1
- 2
- 3
- 4
- 5

d. Bullying Prevention Unit

- Kindergarten
- 1
- 2
- 3
- 4
- 5

3. Describe need for social emotional learning for the target population and school(s) in your community.

4. Describe how GA Second Step Program is expected to impact overall school climate.

5. Describe how each of the following GA SSP curricula will enhance school climate. a. Social Emotional Learning b. Child Protection Unit c. Bullying Prevention Unit
a.
b.
c.
6. Describe other social emotional learning programs or school initiatives currently being implemented.
7. If applicable, describe how Principal Toolkit will enhance GA Second Step Program and overall school climate.
8. a. Describe how at least one of the five Strengthening Families Protective Factors will be incorporated in your work. See Protective Factors Core Meanings and visit http://abuse.publichealth.gsu.edu/strengthening-families-georgia/ for more information. b. Describe how SSP services will increase Protective Factor(s) identified for families served.
a.
b.

PART B. ADMINISTRATION (2 pages)

Contract Oversight and Fiscal Management

9. Describe Applicant’s qualifications and experience managing contracts.

10. Identify Applicant representative who will be responsible for coordinating, monitoring, and reporting on SSP/BPU/CPU activities. Describe relevant qualifications and experience.

11. If the ‘implementing agency’ is NOT the Applicant,
 a. Identify implementing agency and why they were selected to implement SSP.
 b. Describe qualifications and experience that demonstrates that the implementing agency has the capacity and experience to successfully deliver SSP/BPU/CPU curricula.

Fiscal Agent, if not the Applicant.

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

a.

b.

c.

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

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

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

a.

b.

PART C. TARGET POPULATION (1 page)

16. Identify geographic location of target population including school(s), neighborhood(s) and county, and how each was selected. *(Must also complete "Target Population and School Sponsorship" form.)*

17. Describe target participants by grade level, Pre-K through Grade 8, and how each was selected.

18. Identify subject(s) by grade level, Pre-K through Grade 8, into which SEL, CPU and BPU curricula will be incorporated.

19. How many students are expected to participate in GA Second Step Program during the contract year (July 1, 2021 – June 30, 2022) Identify by grade level, # of classrooms and # of students.

Page break here required.

PART D. METHODS AND PROCEDURES (2 pages)

20. Describe plan for obtaining teacher buy-in for GA Second Step Program.

21. Describe SEL, CPU and BPU orientation and training plan for teachers.

22. Describe your system's/school plan for ongoing support and TA for teachers.

23. Describe how non-teaching staff will be engaged in the use of the GA Second Step Program.

24. Describe plan for engaging parents in the GA Second Step Program



GA Second Step Program Assurances

Complete one Assurance form for each participating school. Sign document(s), scan and save pdf as **SSP_520_#####_Assurances**
 If submitting multiple assurances, scan multiple assurances and combine as a single pdf.

Applicant Agency*:		Proposal Username
		SSP_520_#####

**Legal name of agency/organization/institution.*

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

1. I understand that training is one of the major commitments necessary to the initial Second Step implementation. As such, I recognize the importance of this initial commitment and I am willing to make a commitment to having staff trained in the techniques of Second Step.
2. I understand that the Georgia Division of Family and Children Services - Prevention and Community Support section (DFCS-PCS) is interested in funding systems that are willing to make a commitment to implementing the Second Step program over a minimum period of one year. I assure that our school system/school/organization, if funded to implement the Second Step program by DFCS-PCS, will continue to use the Second Step curriculum for at least one year.
3. I understand that periodic reports of Second Step training, participation and outcomes will be required of grantees. I assure that our system/school/organization will make regular and timely reports regarding the implementation of the Second Step curriculum for at least one year following implementation of the Second Step curriculum. I understand that if reports are not submitted to DFCS-PCS at the prescribed intervals, PCS maintains the right to require that Second Step Curriculum be returned to PCS and/or a repayment of funds awarded by PCS for the Second Step program be returned to DFCS-PCS.
4. I understand that regular classroom teachers must present the curriculum to all their students. I also understand that the curriculum is not intended to be used outside the regular classroom with target groups of children identified as being "at-risk" or those with behavior problems.
5. I agree to participate in a statewide impact evaluation of the effectiveness of the Second Step curriculum by allowing our evaluation information to be aggregated with information from other grantees, if necessary.
6. I understand that if awarded a contract to implement Second Step in one or more schools, each school will implement according to the timeline detailed in the grant application. If school personnel deem it necessary to make modifications to the implementation plans, timeline or Second Step model, I understand that approval must be granted from DFCS-PCS prior to implementation.
7. I understand that if awarded a contract to implement Second Step, failure to comply with contractual reporting requirements could result in returning the Second Step curriculum to DFCS-PCS and/or an immediate repayment of funds issued by DFCS-PCS.
8. I understand that if awarded a contract to implement Second Step in middle schools utilizing the streaming curriculum, failure to implement for the full subscription timeframe or to comply with reporting requirements could result in returning the Second Step curriculum to DFCS-PCS and/or an immediate repayment of funds issued by DFCS-PCS.

Superintendent: _____ (Name) _____ (Signature)

Principal: _____ (Name) _____ (Signature)

**Signatures of both the Superintendent and the Principal are required for each school implementing Second Step. Make copies of this form and include a signed, scanned copy for each school participating with your application.*



GA Second Step Program Target Population and School Sponsorship

Complete one form for each participating school. Sign document(s), scan and save pdf as **SSP_520_#####_TargetPop**

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

Applicant Agency*:		Proposal Username
		SSP_520_#####

*Legal name of agency/organization/institution.

Please enter the projected number of classrooms and children who will participate in the Second Step program from each grade that will utilize the curriculum in the charts below.

Grade Level(s)	Pre- K	K	1	2	3	4	5	6	7	8	Total all Grades	CPU	BPU
Classrooms													
Children													

It is important that each school system have at least one system wide sponsor who will oversee implementation and will be the primary contact for PCS. This individual will be responsible for submitting reports to our office.

System Sponsor:	
Title:	
Location:	

(Signature)

It is also important that each school have a sponsor who will be directly responsible for ensuring the implementation of Second Step in each school, in addition to the system wide sponsor named above. While it is not essential that this person be the principal, experience has shown that the schools that have the principal as the sponsor experience greater success with implementation of Second Step.

Please list below the school, sponsor, and title of the sponsor at each school that will participate in the Second Step implementation. Use additional copies of this page if necessary.

School Sponsor:	
Title:	
School:	

(Signature)



Second Step Program Timeline

Complete as directed. Save Word document as **SSP_520_#####_Timeline**

Applicant Agency*:		Proposal Username
		SSP_520_####

**Legal name of agency/organization/institution.*

Month	Program Activities
JUL2021	•
AUG 2021	•
SEP 2021	•
OCT 2022	•
NOV 2022	•
DEC 2022	•
JAN 2022	•
FEB 2022	•
MAR 2022	•
APR 2022	•
MAY 2022	•
JUN 2022	•



Georgia TAX COMPLIANCE

INSTRUCTIONS TO SUPPLIERS

Please complete the following information:

- Supplier Name: [REDACTED]
- Physical Location Address: [REDACTED]
- Federal Identification Number (FEI): [REDACTED]
- 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): [REDACTED]
- Sales and Use Tax Number: [REDACTED]
- Withholding Tax Number: [REDACTED]
- What type of Services will you perform? [REDACTED]
- Will you sell any tangible personal property or goods? Y N
- Supplier's Affiliate's Name: [REDACTED]
 - FEI: [REDACTED]
 - STI: [REDACTED]
 - Sales and Use Tax Number: [REDACTED]
 - Withholding Tax Number: [REDACTED]

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: [REDACTED]
 - Telephone Number: [REDACTED]
 - Email Address: [REDACTED]

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 1-5.

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

STATE OF GEORGIA-AGENCY LIAISON USE ONLY

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

SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)	
<input type="checkbox"/>	Change Bank Acct - Loc# <input type="text"/>
<input type="checkbox"/>	Change Address - # <input type="text"/>
<input type="checkbox"/>	Classification Change
<input type="checkbox"/>	HCM Vendor
<input type="checkbox"/>	Statewide Contract (DOAS Use Only)
<input type="checkbox"/>	Other (Provide Details in Section 5 and Initial)

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

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

SECTION 1 – SUPPLIER IDENTIFICATION (Complete all fields)

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

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

ROUTING # 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 SPECIFIC purpose. _____
 Describe specific purpose

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: _____
 PYMT REMIT EMAIL: _____

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Printed Name of Company Officer _____ Signature of Company Officer _____ Date _____

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

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

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

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

<input type="checkbox"/> *Small Business	<input type="checkbox"/> Women Owned
<input type="checkbox"/> GA Resident Business	<input type="checkbox"/> Minority Business Certified

MINORITY BUSINESS ENTERPRISE (51% Owned):

<input type="checkbox"/> Hispanic – Latino	<input type="checkbox"/> African American	<input type="checkbox"/> Native American
<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Not Applicable

*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.

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

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

CRIMINAL HISTORY INVESTIGATIONS

Complete as directed. Scan signed document and save pdf as **SSP_520_#####_History**

Applicant Agency*:		Proposal Username
		SSP_520 #####

*Legal name of agency/organization/institution.

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

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

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

CRIMINAL HISTORY INVESTIGATIONS:

(135C) 03/07/18

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

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

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

D. Any adult (age 18 and over) residing permanently or temporarily in the home and having access to children must inform the approving agency of any criminal indictments or convictions. A criminal history check including GCIC and NCIC fingerprinting 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
_____ Printed Name of Officer
_____ Title of Officer
_____ Date

_____ Notary Signature
_____ Date Commission Expires

Affix notary seal or stamp below.

E-VERIFY AFFIDAVIT

Complete as directed. Scan signed document and save pdf as **SSP_520_#####_Everity**

Applicant Agency*:	Proposal Username
	SSP_520_#####

*Legal name of 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 was issued by the Federal eVerify system.)

Name of Contractor

Prevention and Community Support: Second Step 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 , 202 in , GA.

Month and date

City

Signature of Authorized Officer

Printed Name and Title of Authorized Officer

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

Signature of Notary Public

Date Commission Expires



**Georgia Department
of Human Services**

Pre-Award Risk Assessment Form

Grantee Name:	
Grant Award Number(s) or CFDA Number:	
Program Name(s):	Prevention and Community Support:Second Step Program
Risk Assessment Completed by and date	
Grant Period(s):	July 1, 2021 - June 30, 2022
Grant Amount(s):	
Total Score:	0
Risk Assessment:	Low Risk

1. Amount	Small <\$25,000	Medium \$25,000 to \$250,000	Large >\$250,000		
Amount of the award (If award amount is unknown, an estimated award amount should be used.)					
2. Accounting System	Automated	Manual	Combination		
Type of accounting system used by the entity					
3. Program Complexity	Not Complex	Slightly Complex	Moderately Complex	Highly Complex	
Rate the complexity of the program					
<p>Programs with complex compliance requirements have a higher risk of non-compliance. In your determination of complexity consider whether the program has complex grant requirements (If you choose one item, select slightly complex; if you choose two items, select moderately complex; if you choose three or four items, select highly complex). The following are some examples of reasons a program would be considered more complex:</p> <ul style="list-style-type: none"> ▶ Complex programmatic requirements and/or must adhere to regulations ▶ Matching funds or Maintenance of Effort are required ▶ Various types of program reports are required ▶ The entity further subcontracts out the program 					
4. Entity Risk	Yes/No				
a. Is the entity receiving an award for the first time?					
b. Did the entity adhere to all terms and conditions of prior grant awards?					
c. Does the entity have adequate and qualified staff to comply with the terms of the agreement?					
d. Does the entity have prior experience with similar programs?					
e. Does the entity maintain policies which include procedures for assuring compliance with the terms of the award?					
f. Does the entity have an accounting system that will allow them to completely and accurately track the receipt and disbursements of funds related to the award?					
g. Does the federal program require staff to track their time associated with the award?					
h. If yes, does the entity have a system in place that will account for 100% of each employee's time? (If answered no to 4g, leave blank)					
i. Did the entity's key staff members attend required trainings and meetings during prior grant awards?					
j. Did the entity's key staff members respond to State requests timely during prior grant awards?					
k. Did the entity have one or more audit findings in their last single audit regarding program non-compliance?					
l. Did the entity have one or more audit findings in their last single audit regarding significant internal control deficiency?					
m. Was the entity audited by the Federal government in the prior year(s)?					
n. If yes, did the audit result in one or more audit finding? (If answered no to 4m, leave blank)					
(Assign 5 points for each issue from below that applies)					
o. Other issues that may indicate high risk of non-compliance? Explain:					
<p>Other issues: (1) Having new or substantially changed systems or software packages, i.e. accounting, payroll, reporting, technology, administration; (2) Turnover in personnel, i.e. business, award management, program; (3) External risks including: economic conditions, political conditions, regulatory changes & unreliable information; (4) Loss of license or accreditation to operate program; (5) New activities, products, or services; (6) Organizational restructuring; (7) Where indirect costs are included, does the organization have adequate systems to segregate indirect from direct costs.</p>					
5. Reporting & Budget	Yes/No				
Rank the entity based on your knowledge of the following:					
a. Were performance reports submitted timely for prior grant awards? (i.e. within the agency specified timeframe)					
b. Was reasonable progress made towards performance goals for prior grant awards?					
c. Were financial reports submitted timely for prior grant awards?					
d. Were financial reports accurate for prior grant awards?					
e. Did the entity stay on budget in prior years?					
Low = 0 - 85 Moderate = 86 - 170 High = 170 and higher				TOTAL RISK POINTS:	0



**Georgia Department
of Human Services**

Pre-Award Risk Assessment Form

Common Attributes of Grantees with Low, Moderate and High Risk:	
Low Risk	High Risk
<i>Most of the following attributes should be present to be considered <u>low</u> risk</i>	<i>One or more of the following attributes may be present to be considered <u>high</u> risk</i>
▶ Entity has complied with the terms and conditions of prior grant awards.	▶ History of unsatisfactory performance or failure to adhere to prior grant terms and conditions
▶ No known financial management problems or financial instability	▶ Financial management problems and/or instability; inadequate financial management system
▶ High quality programmatic performance	▶ Program has highly complex compliance requirements
▶ No, or very insignificant, audit or other monitoring findings	▶ Significant findings or questioned costs from prior audit
▶ Timely and accurate financial and performance reports	▶ Untimely, inadequate, inaccurate reports
▶ Program likely does not have complex compliance requirements	▶ Recurring/unresolved issues
▶ Entity has received some form of monitoring (e.g., single audit, on-site review, etc.)	▶ Lack of contact with entity or any prior monitoring
	▶ Large award amount
Moderate Risk ▶ Agencies that fall between low risk and high risk are considered <u>moderate</u> risk.	

Additional notes or considerations specific to the Grantee:

Reviewed by: _____ Date: _____
 Title: _____

Program Manager

Date

Director

Date

USE CORPORATE LETTERHEAD

**CORPORATE RESOLUTION
TO ENTER INTO CONTRACT**

At the “regular or called” meeting of (insert legal name of non-profit as it appears on Secretary of State registration screenshot) on (insert date), the following resolution was presented, seconded, and passed:

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

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

RESOLVED, that (insert legal name of non-profit as it appears on Secretary of State registration screenshot) agrees to enter a written contract with the Georgia Department of Human Services, Division of Family and Children Services, Prevention and Community Support to deliver services as described in the SFY2022 Second Steps Program proposal for the period beginning July 1, 2021 and ending June 30, 2022.

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

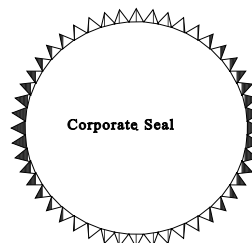
Certified true and correct

Signature of Officer

Title of Officer

Name of Officer

Imprint Seal of Corporation Here
(If no Corporate Seal available, have Resolution notarized)



AUTHORIZATION TO ENTER INTO CONTRACT

Date: _____

Program: _____

Contract Period: June 1, 2021 – July 30, 2022

Proposed Project Cost:

\$

Individual authorized to act on behalf of Public Entity: _____
(Name and title of individual authorized to sign contract)

(Insert Public Entity name as it appears on Form #1 - 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 to deliver services as described in SFY2022 Second Step Program proposal.

Signature

Notary Signature

Name and Title of Authorized Representative

Date Commission Expires

Attachment A-1

*Note: This attachment is for reference only; answer Protective Factors question in narrative

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

Protective Factors Core Meanings



CORE MEANINGS OF THE STRENGTHENING FAMILIES PROTECTIVE FACTORS

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



CORE MEANINGS OF THE STRENGTHENING FAMILIES PROTECTIVE FACTORS

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