



FY2023 Statement of Need (SoN)

GEORGIA SECOND STEP PROGRAM

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| SoN Release Date: | January 6, 2022 |
| Deadline for Proposal Submission: | February 7, 2022, by NOON EST |
| Contact: | Laura Griggs Prevention and Community Support Program Specialist Phone: (404) 938-6259 Email: Laura.Griggs@dhs.ga.gov |
| Mandatory SoN Informational Webinar: | January 14, 2022 12:00 - 1:30pm EST |

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Georgia Division of Family and Children Services Prevention and Community Support GA 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.

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. The Prevention and Community Support Unit of DFCS is committed to supporting quality child abuse and neglect prevention and child and family resource programs throughout the state.

In 2018, Senate Bill 401 - Sexual Abuse and Assault Awareness and Prevention Education 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>.

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).

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/>.

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 2022-2023 school year.

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.

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 Statement of Need. **All proposals MUST be submitted electronically** using assigned proposal ID# and password. Information on obtaining proposal ID# and passwords will be made available at the mandatory informational webinar on **January 14, 2022**. If you or a representative are unable to attend this webinar, please email laura.griggs@dhs.ga.gov.

1c. Second Step Social Emotional Learning 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 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 Second Step Elementary (K-5th) hard copy curriculum is based on best practice models of pedagogy and instruction, which incorporate lesson skill practice, using skills every day, follow-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 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.

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.

Additional information regarding the Second Step Program:

- All Second Step, CPU, and BPU lessons must be taught within the school year. The curriculum must be used with all children, not just those identified as at-risk or those with behavior problems.
- Schools are expected to begin implementation by September 5, 2022. An assurance must be completed by each participating school and submitted with application.
- Schools 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.
- 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 2, 2022. All staff should be trained in the CPU and BPU by January 1, 2023.
- **Maximum award is \$100,000.00 per proposal** for reimbursement of curriculum purchases only. Staff and other expenses are not covered. One hundred percent of the cost of Second Step and CPU/BPU materials will be paid for through this funding opportunity.
- It is required that you also consult with the Committee for Children to develop a reasonable and effective implementation plan and obtain a Second Step Budget Worksheet and materials quote.

Contact:

Jennifer Sanderlin, Senior Education Partnerships Manager
206-438-6522

jsanderlin@cfchildren.org (for districts with 25,000+ students)

Forrest Walter, Education Partnerships Manager
206-438-6488

fwalter@cfchildren.org (for districts with 9,000–25,000 students)

Wesleigh Jones, Education Account Manager
206-438-6562

wjones@cfchildren.org (for districts with 1,000–9,000 students)

- Programs must purchase the appropriate grade level kits from Committee for Children.
- The Middle School curriculum is all accessed via an online portal. No hard copy materials are available for 6th-8th grade.
- The Elementary curriculum is available in hard copy or as an online subscription.
- Pre-K-5th hard copy kits include digital streaming for lesson media as well as hard copy lesson materials.
- Quarterly implementation and evaluation reports will be required throughout the contract implementation period and at the end of the school year.

Applicants are required to monitor and report on the following desired outcomes for the GA Second Step Program:

| 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 participating school will be required to report on all the above Outcome Indicators. Schools will also be asked to submit office referral and abuse disclosure data from the previous school year (2021-2022) at the end of the first period, and for the awarded school year (2022-2023) at the end of the contract period.

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

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>.

2. STATEMENT OF NEED (SoN) CRITERIA

2a. Proposals

The Prevention and Community Support Unit is seeking proposals from eligible schools/school-systems either to:

1. Implement new GA Second Step SEL programs,
or
2. Expand a Second Step SEL program implemented during the previous seven years (since 2014) by adding new grades within a school or adding new schools within a school system. Application MUST include the CPU and BPU for those new schools or grades. The Principal Toolkit is optional.

2b. Eligibility Criteria

An eligible Applicant MUST meet all the following criteria:

- Be a public-school system, a charter school, or a private school that is a 501c3 nonprofit.
- Demonstrate that it has the qualifications and capacity to meet implementation, oversight and reporting requirements outlined in Statement of Need.
- Satisfy all proposal, eligibility, and contract requirements described in Statement of Need.
- Application MUST include all required documents identified on the Application Checklist, as applicable.
- If original signature(s) is required for any document, signature(s) MUST be that of the individual(s) authorized to sign contracts for the applicant.
- Demonstrate consultation with Committee for Children by obtaining approved Budget Worksheet and Quote.
- Submit complete application, including all forms/documents electronically by noon on February 7, 2022.

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

3. PROPOSAL REQUIREMENTS

3a. Application Cover

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

3b. Proposal Narrative

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

Part A. Needs Assessment: Questions 1-7 (Maximum 3 Pages)

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

Part B. Administration: Questions 8-12 (Maximum 2 pages)

Responses MUST demonstrate that school/school system has the resources, experience, and capacity to administer a Social Emotional Learning program and meet implementation requirements.

Part C. Implementation: Questions 13-20 (Maximum 4 pages)

Responses MUST demonstrate that school(s)/school system has an appropriate and comprehensive plan to promote, deliver, and support GA Second Step program.

Part D. Outcomes: Questions 21-23 (Maximum 1 page)

Responses should demonstrate the benefits expected to be achieved through implementation of the GA Second Step program.

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

3c. School Assurance(s)

Each participating school MUST complete and submit an assurance demonstrating its commitment to implementing the GA Second Step program curriculum with fidelity to the Social Emotional Learning curricula.

3d. School Sponsorship(s)

Each participating school MUST complete and submit a school sponsorship form confirming the commitment by administrators from both the school system and the school and identifying the target grades and subjects at that school into which the GA Second Step program will be incorporated.

3e. Budget Worksheet

Applicant MUST consult with Committee for Children to obtain an approved Budget Worksheet. Total on Budget Worksheet MUST be consistent with amount reported on Application Cover. *Example provided in Section 8.*

3f. Quote

Applicant **MUST** consult with Committee for Children to obtain an approved Quote for Second Step materials needed to support proposal implementation plan for GA Second Step program. *Example provided in Section 8.*

4. OTHER APPLICATION DOCUMENT REQUIREMENTS

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

Use Application Checklist provided as a guide for determining required documents for your GA Second Step proposal.

Instructions for completing all documents/forms/screenshots is included in Section #6.

Important Note:

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

5. REVIEW, SELECTION AND CONTRACT AWARD PROCESS

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

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

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

Contract Award Period

The awarded contract is for a 12-month period, July 1, 2022, to June 30, 2023, which includes a 2-month planning period (July 1, 2022, to September 4, 2022).

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 several 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, 2022- September 30, 2023 | <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 (2021-2022) school year | September 30, 2022 |
| October 1, 2022- December 31, 2022 | <ul style="list-style-type: none"> Submission of a signed "Performance Report and Payment Request" Implementation program report | December 31, 2022 |
| January 1, 2023- March 31, 2023 | <ul style="list-style-type: none"> Submission of a signed "Performance Report and Payment Request" Implementation program report | March 31, 2023 |
| April 1, 2023- June 30, 2023 | <ul style="list-style-type: none"> Submission of a signed "Performance Report and Payment Request" Ending Perspective implementation program report Outcome data Submission of office referral data and abuse disclosure data from current school year (2022-2023) | June 30, 2023 |

6. TECHNICAL ASSISTANCE

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

PROGRAM/STATEMENT OF NEED QUESTIONS

Laura Griggs
Program Specialist
Prevention and Community Support
Laura.Griggs@dhs.ga.gov
(404) 938-6259

SECOND STEP CURRICULUM/TRAINING QUESTIONS

Committee for Children

- Jennifer Sanderlin
Senior Education Partnerships Manager
206-438-6522
jsanderlin@cfchildren.org (for districts with 25,000+ students)
- Forrest Walter
Education Partnerships Manager
206-438-6488
fwalter@cfchildren.org (for districts with 9,000–25,000 students)
- Wesleigh Jones
Education Account Manager
206-438-6562
wjones@cfchildren.org (for districts with 1,000–9,000 students)

7. PREPARING AND SUBMITTING DOCUMENTS

- Information on obtaining proposal ID#s and passwords will only be made available at the mandatory informational webinar on **January 14, 2022, 12:00-1:30PM**.
 - All required documents MUST be submitted electronically - uploaded to secure submission site by **NOON on Monday, February 7, 2022**. Proposals submitted that do not include ALL required forms and documents will be disqualified.
 - Required forms must be downloaded from website. Only use forms provided with this Statement of Need unless otherwise directed or this may result in disqualification of proposal.
 - Complete forms, documents and screenshots as directed. Prepared documents and screenshots MUST be current (and not from previous proposals or prepared or downloaded in 2021.) See Section 8 for copies of forms.
 - Complete each form using Arial Narrow 10 point, single-spaced. Do not change text, format, font size, spacing or margins imbedded in the forms.
 - Record assigned **proposal ID#** (SSP####) in the space provided on all forms. If submitting more than one proposal, ensure that you use the corresponding **proposal ID#** (SSP####) assigned on all documents for each proposal.
 - The identification of the Applicant agency on all forms should be consistent with its full legal name as it appears on the System Award Management (SAM) screenshot for public entities or Secretary of State registration screenshot for non-profit.
 - Applicant and authorized officers and their titles MUST be identified consistently on all required documents, forms, and screenshots.
 - Save final documents as instructed on each document or the Application Checklist. All documents MUST follow the prescribed naming convention. For example, proposal narrative, is identified as **SSP####_Narrative** with no additional spaces or characters. Documents that do not follow this naming convention will not upload.
- Please note:** Do not change file extensions on scanned documents to meet format requirements. Document must be saved in correct format, or it will 'fail to upload'.
- If printing any document to sign, scan using a resolution no greater than 150 dpi to reduce the risk of timing out when uploading. Scanned signed documents MUST be saved as a **pdf**. Documents saved as images, png or jpeg files WILL NOT upload.
 - Only documents prepared in the required format will upload. Word documents can be .doc or .docx and Excel documents .xls or .xlsx. All scanned documents must be .pdf.
 - Screenshots taken with a mobile device will not upload to the submission site and may result in a 'failure to upload' error. All screenshots should be done on a laptop or desktop computer and saved as a pdf or image pasted into a Word document that can then be saved as a pdf.
 - Only one document may be uploaded for each document required. If any document includes multiple signed or scanned documents, they must be combined and saved as a single document and saved as described. This may occur with multiple signed School Sponsorships, School Assurances, and Vendor Management form.

PROPOSAL SUBMISSION DEADLINE: Monday, February 7, 2022, at NOON EST

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

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

7a. Preparing Proposal Documents

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

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

- Download form and complete all fields as directed.
- Identify whether a proposal is for a new program, or expansion of an existing program, if applicable.
- Record Applicant legal name (school, school district, government agency). For non-profits, record agency name exactly as it appears on your Georgia Secretary of State registration screenshot.
- Record assigned **proposal ID#**.
- For any field that is also reported on another document, ensure that the information is consistent. For example, the Federal Employer # reported on the Application Cover should be consistent with the number recorded on the W9 and Tax Compliance forms.
- Application Cover must be signed by the Authorized Authority identified on cover and be consistent with the authorized individual identified on the Authorization for public entities or by the authorized officer identified on the Corporate Resolution for non-profits.
- Electronic or digital signatures are allowed.
- Scan signed form and save pdf as **SSP####_Cover**

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

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

P3 - SCHOOL ASSURANCE *(Use form provided.)*

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

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

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

P5 - BUDGET WORKSHEET *(Document obtained from Committee for Children)*

- Budget Worksheet must be obtained from Committee for Children. *Example provided in Section 8.*
- Applicant identified on Budget Worksheet **MUST** be consistent with the Applicant identified on the Application Cover.
- Save Excel spreadsheet as **SSP####_BudgetWorksheet**

P6 - QUOTE *(Document obtained from Committee for Children)*

- Quote must be obtained from Committee for Children. *Example provided in Section 8.*
- 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####_Quote**

7b. Preparing Financial Documents

ALL PROPOSALS: The following financial document is REQUIRED for ALL proposals.

F1 - APPLICANT AUDIT

(or BALANCE SHEET & CERTIFIED STATEMENT OF FINANCIAL ACTIVITIES)

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

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

Audit Alternative

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

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

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

FA1 - FISCAL AGENT AUDIT, if using a Fiscal Agent

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

Audit Alternative

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

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

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

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

7c. Preparing Other Documents, Forms and Screenshots

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

| |
|---|
| <p>C1 – Tax Compliance <i>(Use form provided.)</i></p> <ul style="list-style-type: none"> Download form and complete as directed, providing responses to all applicable questions. Record legal name of Applicant as reported on Application Cover. Ensure that information reported on form, such as the Federal Identification # (FEI), is consistent with information reported on Application Cover. Save <u>final</u> document as a pdf (or print and scan as a pdf) and identify as SSP####_Tax |
| <p>C2 – Vendor Management Form <i>(Use form provided.)</i></p> <ul style="list-style-type: none"> Download form and complete as directed. Document includes instructions. Record legal name of Applicant as reported on Application Cover. Ensure that information reported on form, such as the Federal Identification # (FEI), is consistent with information reported on Application Cover. Electronic or digital signatures are allowed. Print and scan, or save first two pages only, saving pdf as SSP####_VendMgt. <ul style="list-style-type: none"> If voided check or bank letter is required, scan check or bank letter, saving as a pdf. Combine pdf of signed Vendor Management form and voided check or bank letter in Adobe, pdf as SSP####_VendMgt or Make a single photocopy that includes both documents, saving pdf as SSP####_VendMgt |
| <p>C3 – W9 Form <i>(Use form provided.)</i></p> <ul style="list-style-type: none"> Download form and complete as directed. Document includes instructions. Record legal name of Applicant as reported on Application Cover. Ensure that Federal Identification # (FEI) reported is consistent with FEI# reported on Application Cover. Document includes instructions. Electronic or digital signatures are allowed Print and scan, or save first page only, saving pdf as scan saving pdf as SSP####_W9 |
| <p>C4 - CRIMINAL RECORDS CERTIFICATION <i>(Use form provided.)</i></p> <p>Applicant must register with the Georgia Applicant Processing Services (GAPS) at: https://www.aps.gemalto.com/ga/index.htm and conduct fingerprint background checks to obtain <i>OIS Fitness Determinations</i> on all staff, volunteers and/or subcontractors pursuant to the provisions of O.C.G.A. §49-2-14.</p> <p>Applicant MUST <u>certify that it conducts criminal records investigations</u> in accordance with its DHS/DFCS contract requirements.</p> <ul style="list-style-type: none"> Download form and complete as directed. Record legal name of Applicant as reported on Application Cover. Record assigned proposal ID#. Record ORI or OAC# verifying agency registration with Georgia Applicant Processing Service (GAPS). |

Ensure that number reported is consistent with corresponding field reported on the Application Cover.

- Form must be signed in accordance with the authority identified on the Application Cover as the authorized authority and be consistent with:

For public entities

- Authorized individual identified on the Authorization.

For non-profits

- Officer(s) identified by corresponding title on Georgia Secretary of State website screenshot and authorized by the Corporate Resolution to sign contracts.

- Electronic or digital signatures are not acceptable.

- Signed document MUST be notarized.

Please note:

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

- Scan signed document, save as a pdf, identifying it as **SSP####_CRC**

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

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

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

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

- Download form and complete as directed.
- Record legal name of Applicant in "Name of Contractor" field as reported on Application Cover.
- Record assigned **proposal ID#**.
- Record Federal Work Authorization User Identification number (E-Verify #). Ensure that number reported is consistent with corresponding field reported on the Application Cover.
- Record Date of Authorization (date that E-Verify # was issued to agency).
- Form must be signed in accordance with the authority identified on the Application Cover as the Authorized Authority and be consistent with:

For public entities

- Authorized individual identified on the Authorization.

For non-profits

- Officer(s) identified by corresponding title on Georgia Secretary of State website screenshot and authorized by the Corporate Resolution to sign contracts.

- Electronic or digital signatures are not acceptable.

- Signed document MUST be notarized.

Please note:

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

- Scan signed document, save as a pdf, identifying it as **SSP####_SECIM**

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

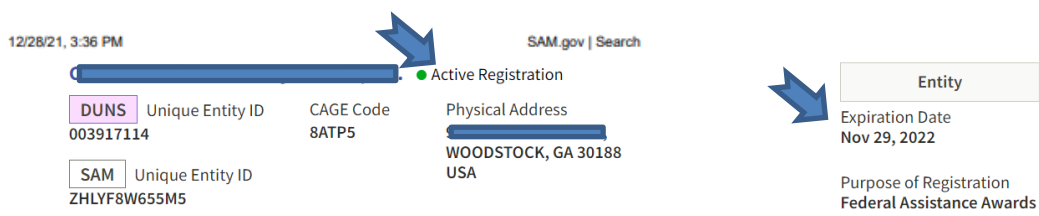
C6 – PRE-AWARD RISK ASSESSMENT (Use form provided.)

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

C7 – SYSTEM AWARD MANAGEMENT (SAM) Screenshot

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

1. Is registered (new or renewed) in the federal system (Expiration date MUST fall within contract period)
 2. Is identified as having an “active registration” and
 3. Has no “active exclusions” that renders them ineligible for awards that include federal funds.
- Go to: <https://www.sam.gov/SAM/>
 - Select ‘Search’ option from menu bar.
 - Select ‘Domain: Entity Information/All Entity Information’
 - Select ‘Filter By/Keyword Search/Exact Phrase’ and enter full legal name of Applicant.



Search results MUST confirm:

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

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

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

**No matches found**

We couldn't find a match for your search criteria.

Please try another search or go back to previous results.

[Go Back](#)

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

The screenshot displays a company profile for 'C [redacted] Inc.' with a green dot indicating 'Active Registration'. The profile includes the following information:

| Field | Value |
|-----------------------|-------------------------------------|
| DUNS Unique Entity ID | 003917114 |
| CAGE Code | 8ATP5 |
| Physical Address | [redacted], WOODSTOCK, GA 30188 USA |
| SAM Unique Entity ID | ZHLYF8W655M5 |

On the right side, there is an 'Exclusion' section with a red arrow pointing to it. The exclusion details are:

| Field | Value |
|------------------|-----------------|
| Classification | Excluded |
| Activation Date | August 31, 2011 |
| Termination Date | Indefinite |

The 'Exclusion' section is marked with a large red 'X' over it.

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

PE1 - AUTHORIZATION (Template provided.)

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

- Prepare Authorization on official letterhead using template provided as a guideline.
 - If Authorization stipulates proposal amount, the amount must **exactly** match amounts in Section 3 on Application Cover.
 - Document must identify a representative who is authorized to act on behalf of the public entity to sign the contract and must be signed by a public entity official.
 - Representative identified on the Authorization MUST be consistent with individual identified as Authorized Authority on the Application Cover.
 - Electronic or digital signatures are not acceptable.
 - Signed document MUST be notarized
- Please note:
- Details of imprinted notary seal must be evident.
 - Expiration date of notary's commission must be included.
- Scan notarized/sealed authorization, saving pdf as **SSP####_Authorization**

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

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

NP1 - CORPORATE RESOLUTION *(Template provided.)*

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

- Prepare Resolution on official letterhead using template provided as a guideline.
- Form must be signed in accordance with the authority identified on the Application Cover as the Authorized Authority and be consistent with:
 - Officer(s) identified by corresponding title on Georgia Secretary of State website screenshot and authorized by the Corporate Resolution to sign contracts.

Please note:

- The officer who signs the Corporate Resolution is prohibited from being identified as one of the officers who is authorized to sign the contract.
- Any individual identified as an “Agent” of the corporation on the registration screenshot is NOT considered an “Officer” and cannot be designated as the signatory for any proposal or contract documents.
- Electronic or digital signatures are not acceptable.
- Signed document **MUST** be sealed or notarized (if corporate seal is not available).

Please note:

- Details of imprinted corporate or notary seal must be evident.
- Expiration date of notary’s commission must be included.
- Scan notarized/sealed authorization, saving pdf as **SSP####_CorpRes**

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

NP2 - GA SECRETARY OF STATE REGISTRATION Screenshot

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

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

- Click on agency name to expand record.

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

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

| BUSINESS SEARCH | | |
|---|---|--|
| BUSINESS INFORMATION | | |
| Business Name: COMMUNITIES FOR CHILDREN, INC. | Control Number: 0124712 | |
| Business Type: Domestic Nonprofit Corporation | Business Status: Active/Compliance | |
| Business Purpose: NONE | | |
| Principal Office Address: 1117 Perimeter Ctr W, Ste W300, ATLANTA, GA, 30338, USA | Date of Formation / Registration Date: 5/25/2001 | |
| State of Formation: Georgia | Last Annual Registration Year: 2021 | |
| REGISTERED AGENT INFORMATION | | |
| Registered Agent Name: Carla Rogg | | |
| Physical Address: 1117 Perimeter Center W, Suite W300, Atlanta, GA, 30338, USA | | |
| County: Fulton | | |
| OFFICER INFORMATION | | |
| Name | Title | Business Address |
| CARLA S. ROGG | Secretary | 1117 Perimeter Ctr W Ste W300, ATLANTA, GA, 30338, USA |
| CARLA S. ROGG | CEO | 1117 Perimeter Ctr W Ste W300, ATLANTA, GA, 30338, USA |
| OSKAR H. ROGG | CFO | 1117 Perimeter Ctr W Ste W300, ATLANTA, GA, 30338, USA |
| Back Filing History Name History | | |
| Return to Business Search | | |
| Office of the Georgia Secretary of State Attn: 2 MUX, Jr. Dr. Suite 113, Floyd West Tower Atlanta, GA 30334-1530. Phone: (404) 656-2817 Toll-free: (844) 753-7825, WEBSITE: https://sos.ga.gov/ © 2015 PCC Technology Group. All Rights Reserved. Version 6.2.19 Report a Problem | | |

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

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

22

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

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

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

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

7b. Submitting Documents

PROPOSAL SUBMISSION DEADLINE: Monday, February 7, 2022, at NOON EST

All GA Second Step proposals must be submitted electronically through a secure proposal submission site. A proposal ID# and password are required for access to the site. Information on obtaining a proposal ID# and password will be provided at the mandatory informational webinar on January 14, 2022, 12:00-1:30pm.

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

IMPORTANT REMINDERS

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

HELPFUL HINTS

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

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

8. FORMS & DOCUMENTS

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

All required forms and templates must be downloaded from

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

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

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

Forms

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

Templates

- Public Entity Authorization
- Non-Profit Corporate Resolution

Examples

- Budget Worksheet
- Quote



Division of Family and Children Services, Prevention and Community Support Section
FY2023 GA Second Step Program

Application Checklist

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

| | |
|------------|--------------|
| Applicant: | Proposal ID# |
| | SSP#### |

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

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

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

| NP | PE | For applicant use | Proposal Documents | Document Type | Required naming Convention* |
|--|-----|-------------------|---|----------------|-----------------------------|
| ✓ | ✓ | | P1 Application Cover* | Scanned pdf | SSP####_Cover |
| ✓ | ✓ | | P2 Narrative* (<i>maximum 10 pages</i>) | Word | SSP####_Narrative |
| ✓ | ✓ | | P3 School Assurance(s)* | Scanned pdf | SSP####_SchoolAssurance |
| ✓ | ✓ | | P4 School Sponsorship(s)* | Word | SSP####_SchoolSponsorship |
| ✓ | ✓ | | P5 Budget Worksheet (<i>provided by Committee for Children</i>) | Excel | SSP####_BudgetWorksheet |
| ✓ | ✓ | | P6 Quote (<i>provided by Committee for Children</i>) | pdf | SSP####_Quote |
| Financial Documents | | | | | |
| ✓ | ✓ | | F1 Applicant Audit, if required, or Balance Sheet & certified Statement of Financial Activities | pdf | SSP####_AuditCertFin |
| FA | n/a | | FA1 Fiscal Agent Audit, if Fiscal Agent used | pdf | SSP####_FAAudit |
| FA | n/a | | FA2 MOU or Agreement with Fiscal Agent, if Fiscal Agent used | Scanned pdf | SSP####_FAAgreement |
| Additional Contract and Eligibility Documents, Forms or Screenshots | | | | | |
| ✓ | ✓ | | C1 Tax Compliance* | pdf | SSP####_Tax |
| ✓ | ✓ | | C2 Vendor Management Form* (upload first two pages only) | Scanned pdf | SSP####_VendMgt |
| ✓ | ✓ | | C3 W9 Form* (upload signed first page only) | Scanned pdf | SSP####_W9 |
| ✓ | ✓ | | C4 Criminal Records Certification* | Scanned pdf | SSP####_CRC |
| ✓ | ✓ | | C5 Security Immigration & Compliance (E-Verify Affidavit)* | Scanned pdf | SSP####_SECIM |
| ✓ | ✓ | | C6 Pre-Award Risk Assessment* | Excel | SSP####_Risk |
| ✓ | ✓ | | C7 SAM/Excluded Parties screenshot | pdf screenshot | SSP####_SAM |
| n/a | ✓ | | PE1 Public Entity Authorization (template provided) | Scanned pdf | SSP####_Authorization |
| ✓ | n/a | | NP1 Non-Profit Corporate Resolution (template provided) | Scanned pdf | SSP####_CorpRes |
| ✓ | n/a | | NP2 GA Secretary of State Registration screenshot | pdf screenshot | SSP####_SOS |
| ✓ | n/a | | NP3 Certificate of Liability Insurance | pdf | SSP####_INS |

*Download and complete standard forms provided.

Submission Deadline: February 7, 2022, at NOON EST



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

FY2023 GA Second Step Program**Application Cover**Complete as directed. Scan signed document and save pdf as **SSP####_Cover**

| | | |
|-------------------|---|--|
| | | Proposal ID# |
| | | SSP#### |
| Check one. | <input type="checkbox"/> New SSP Applicant for FY2023 | <input type="checkbox"/> Expansion of SSP funded in FY2022 |

| | | | | | | | |
|---|-----------|------|-------|---|--------|--|--|
| Section 1: APPLICANT AGENCY/INSTITUTION (for contracting purposes) | | | | | | | |
| Applicant Agency: (legal name) | | | | Check one: <input type="checkbox"/> Public Entity <input type="checkbox"/> Non-Profit Agency | | | |
| Street Address: <i>Must be physical address, not PO</i> | | | | Mailing Address: <i>If different from street address</i> | | | |
| City: | State: | Zip: | City: | State: | Zip: | | |
| County: | Telephone | | | | | | |
| Executive Officer (name): | | | | Title | Email: | | |

| | | | |
|--|--|-------------------|--|
| DUNS# (as reported on SAM screenshot): | SAM Expiry Date: | | |
| GAPS ORI/OAC# (as reported on Criminal History Certification): | Federal Employer ID#: | Year End (month): | |
| Federal Authorization User ID# (as reported on SECIM form): | NON-PROFITS ONLY - Date 501c3 issued: | | |

| | | | |
|---|--------|---|--------|
| AUTHORIZED AUTHORITY (individual authorized to sign contract and identified on Non-Profit Corporate Resolution or Public Entity Authorization) | | | |
| Authorized Officer #1 (name): | | Authorized Officer #2 if required (name): | |
| Title: | | Title: | |
| Telephone | Email: | Telephone: | Email: |

| | | | |
|----------------------------|--------|-----------------|-------------|
| PROGRAM INFORMATION | | | |
| Program Contact (name): | | Street Address: | |
| Title: | | City: | State: Zip: |
| Telephone: | Email: | | |

| | | | |
|---|--------|---|-------------|
| Section 2: FISCAL AGENT & CONTACT Complete only if Applicant contracts with another entity to manage financial matters for this proposal. Copy of executed agreement between Applicant and Fiscal Agent must be included with proposal submission. | | | |
| Applicant Fiscal Agent: (legal name) | | Check one: <input type="checkbox"/> Public Entity <input type="checkbox"/> Non-Profit Agency | |
| Fiscal Contact (name): | | Street Address: | |
| Title: | | City: | State: Zip: |
| Telephone: | Email: | | |
| Federal Employer ID#: | DUNS#: | Year End (month): | |

| | |
|---|------------|
| Section 3: CONTRACT AMOUNT REQUESTED | Amount: \$ |
|---|------------|

| |
|---|
| Section 4: AUTHORIZED SIGNATURES |
| <i>I(We), the undersigned, an authorized officer/authority 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.</i> |

Applicant SignatureAuthorized Authority/Officer:
(signature) _____

Name: _____

Title: _____

Date: _____

Second signature only if Resolution or Authorization requires two.Authorized Authority/Officer:
(signature) _____

Name: _____

Title: _____

Date: _____



Division of Family and Children Services, Prevention and Community Support Section
FY2023 GA Second Step Program

Proposal Narrative

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

| | | |
|-------------|--|--------------|
| Applicant*: | | Proposal ID# |
| | | SSP#### |

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

| |
|---|
| Instructions: |
| <ul style="list-style-type: none"> 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. NEEDS ASSESSMENT (3 pages) | | | |
| GA Second Step Program (SSP) includes: Social Emotional Learning (SEL), Child Protection Unit (CPU), and Bullying Prevention Unit (BPU) | | | |
| Program Summary | | | |
| 1. Provide a brief description of the community where school district is located. Include demographics and economic data. | | | |
| | | | |
| 2. Select one that best describes implementation plan for the GA Second Step Program. | | | |
| | System Wide, All Grades | | Single School, All Grades |
| | System Wide, One or More Grades | | Single School, One or More Grades |
| | Multiple Schools, All Grades | | Head Start, Early Head Start or PreK |
| | Multiple Schools, One or More Grades | | |
| 3. List each school that will be implementing the GA Second Step Program for FY2023. Identify which are new school(s) and which are schools that have previously implemented GA Second Step but are adding new grades and/or units. (Complete and submit School Sponsorship and Assurance forms for each school.) | | | |
| | | | |
| 4. How was the need for social emotional learning for these school(s) and/or grades determined? Provide relevant school data to support your proposal, including rates of free and reduced lunch, expulsion, suspension, graduation, and truancy as well as school climate survey results available. | | | |
| | | | |
| 5. a. Are these the only funds that will be used to support social emotional learning (SEL) in the school/school district? b. If other funds currently support or are also going to support social emotional learning (SEL), identify source, amount, and use. | | | |
| a. | | | |
| b. | | | |
| 6. a. Other than the schools listed in Question #2, has the GA Second Step Program been implemented in other schools in this district? If yes, identify school, grades, and year(s) of implementation? b. Describe outcomes achieved and changes to school climate. c. Has the GA Second Step Program continued in those schools? If yes, how? | | | |
| a. | | | |

| | |
|---|--|
| b. | |
| c. | |
| 7. Describe <u>other</u> social emotional learning programs or school initiatives currently being implemented. | |
| | |

Page break here required.

PART B. ADMINISTRATION (2 pages)

Contract Oversight and Fiscal Management

| | |
|--|--|
| 8. Describe Applicant's qualifications and experience managing contracts. | |
| | |
| 9. Describe other grant programs that Applicant has successfully implemented and the results. | |
| | |
| 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 another legal entity and NOT the Applicant; a. Identify implementing agency and why they were selected to implement the GA Second Step Program. b. Describe qualifications and experience that demonstrates that the implementing agency has the capacity and experience to successfully deliver GA Second Step Program and SEL/BPU/CPU curricula. | |
| a. | |
| b. | |
| 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. | |

Page break here required.

PART C. IMPLEMENTATION (4 pages)

13. Enter the projected total number of classrooms and children who will participate in the GA Second Step Program from each grade system-wide that will utilize the curriculum in the chart below. Calculate based on aggregate of numbers reported on all School Sponsorship forms.

| Grade | Pre-K | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Total |
|-----------------|-------|---|---|---|---|---|---|---|---|---|-------|
| # of Classrooms | | | | | | | | | | | |
| # of Children | | | | | | | | | | | |

14. For each grade level, briefly explain how subjects (identified on School Sponsorship form) were chosen to incorporate SEL, CPU and BPU curricula.

| Grade | SEL | CPU | BPU |
|-------|-----|-----|-----|
| Pre-K | | | |
| K | | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

15. Program Timeline: Outline activities to be undertaken in each month to implement the GA Second Step program in your school system.

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

- 16.** a. Describe how at least one of the five Strengthening Families Protective Factors will be incorporated into your GA Second Step Program. See Protective Factors Core Meanings and visit <http://abuse.publichealth.gsu.edu/strengthening-families-georgia/> for more information.
 b. Describe how GA Second Step Program will increase each Protective Factor(s) identified for families served. See Attachment A-1 for list of Protective Factors and Core Meanings.

- a.
 b.

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

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

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

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

Page break here required.

PART D. OUTCOMES (1 page)

- 21.** Describe how each of the following GA Second Step Program curricula will enhance school climate.
- a. Social Emotional Learning
 - b. Child Protection Unit
 - c. Bullying Prevention Unit

a.

b.

c.

- 22.** If applicable, describe how Principal Toolkit will enhance GA Second Step Program and overall school climate.

- 23.** Describe how GA Second Step Program is expected to impact overall school climate.



Division of Family and Children Services, Prevention and Community Support Section
FY2023 GA Second Step Program

School Assurance

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

| | |
|--------------------|---------------------|
| Applicant * | Proposal ID# |
| | SSP#### |

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

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

1. I understand that training is one of the major commitments necessary to the initial GA Second Step Program 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 GA Second Step Program over a minimum period of one year. I assure that our school system/school/organization, if funded to implement the GA 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 GA 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 GA Second Step Program 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 | Date |
| Principal: | _____ | _____ | _____ |
| | Name | Signature | Date |

*Signatures of both the Superintendent and the Principal are required for each school implementing Second Step.

Each participating school must also complete and submit a corresponding School Sponsorship form.



Division of Family and Children Services, Prevention and Community Support Section
FY2023 GA Second Step Program

School Sponsorship

Complete one form for each participating school.

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

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

| | |
|--------------------|---------------------|
| Applicant*: | Proposal ID# |
| | SSP#### |

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

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

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

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

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

| | | | | | | | | | | | |
|---|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--------------|
| 1. For each grade, enter the projected number of classrooms and children in the school who will participate in the GA Second Step Program. | | | | | | | | | | | |
| Grade Levels | Pre-K | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Total |
| # of Classrooms | | | | | | | | | | | |
| # of Children | | | | | | | | | | | |
| 2. For each grade, identify subject(s), Pre-K through Grade 8, into which SEL, CPU and BPU curricula will be incorporated. | | | | | | | | | | | |
| Grade Levels | Pre-K | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| SEL | | | | | | | | | | | |
| CPU | | | | | | | | | | | |
| BPU | | | | | | | | | | | |

Each participating school must also complete and submit a corresponding Assurance form.

SECOND STEP BUDGET WORKSHEET 2022-2023

Digital Licenses (K-8)

| K-8 Digital Licenses - Single-site | QTY | |
|------------------------------------|-----|--------|
| 5-Year (0-450 Enrollment) | | \$0.00 |
| 5-Year (451-700 Enrollment) | | \$0.00 |
| 5-Year (701-1000 Enrollment) | | \$0.00 |

| K-8 Digital Licenses - Multi-site | | |
|-----------------------------------|--|--------|
| 5-Year (2-4 Schools) | | \$0.00 |
| 5-Year (5-19 Schools) | | \$0.00 |
| 5-Year (20-49 Schools) | | \$0.00 |
| 5-Year (50+ Schools) | | \$0.00 |

Elementary Classroom Kits (EL-5)

| | QTY | |
|-------------------------|-----|--------|
| Early Learning SS + CPU | | \$0.00 |
| K-5 SS+BPU | | \$0.00 |
| K-5 SS+CPU | | \$0.00 |
| K-5 SS+BPU+CPU | | \$0.00 |

***Suite Bundles are the best price!**

Add in the maximum # of bundles first, then

| SECOND STEP | QTY | |
|--|-----|--------|
| Principal's Toolkit | | \$0.00 |
| Early Learning | | \$0.00 |
| Kinder | | \$0.00 |
| Grade 1 | | \$0.00 |
| Grade 2 | | \$0.00 |
| Grade 3 | | \$0.00 |
| Grade 4 | | \$0.00 |
| Grade 5 | | \$0.00 |
| Early Learning - Grade 5 Bundle* | | \$0.00 |
| Kindergarten - Grade 5 Bundle* | | \$0.00 |
| Grade 1-5 Bundle* | | \$0.00 |
| Kindergarten-Grade 5 Bundle* + Principal Toolkit | | \$0.00 |

*Order 1 PTK for each school

*Bundle = 1 of each grade level

| BULLYING PREVENTION UNIT | QTY | |
|--------------------------|-----|--------|
| BPUK | | \$0.00 |
| BPU1 | | \$0.00 |
| BPU2 | | \$0.00 |
| BPU3 | | \$0.00 |
| BPU4 | | \$0.00 |
| BPU5 | | \$0.00 |
| BPU K-5 | | \$0.00 |

*BPU is not available for EL (PreK)

| CHILD PROTECTION UNIT | QTY | |
|-----------------------|-----|--------|
| CPU Early Learning | | \$0.00 |
| CPUK | | \$0.00 |
| CPU1 | | \$0.00 |
| CPU2 | | \$0.00 |
| CPU3 | | \$0.00 |
| CPU4 | | \$0.00 |
| CPU5 | | \$0.00 |
| CPU EL-5 | | \$0.00 |
| CPU K-5 | | \$0.00 |

| | |
|------|--|
| Misc | |
|------|--|

| | |
|--------------------|---------------|
| Subtotal | \$0.00 |
| Grand Total | \$0.00 |

*10% discount automatically applied to grand total, needs to be removed if under \$10k

*Shipping and Handling is included.

*No tax is added.

*10% discount automatically included above for orders over \$10K (when delivered to one address).

*When using multiple shipping addresses, remove 10% discount from Grand Total (Line 48).

Prices for Misc items can be found here : <http://www.secondstep.org/Portals/0/support/purchasing-options/second-step-order-form.pdf>



2815 Second Avenue, Suite 400
Seattle, WA 98121-3207 USA
800-634-4449 FAX: 206-343-1445
orders@cfchildren.org

Quote

Quote # 5022314
Date 1/4/2022
Customer ID 10103861

Bill To

Committee for Children
2815 Second Avenue
Suite 400
Seattle WA 98121
United States

Ship To

Committee for Children
2815 Second Avenue
Suite 400
United States

Requested By

Eddie Daggett

Ship To

Eddie Daggett

Setup Admin

Name: [REDACTED]
Email: [REDACTED]

Entered By

Forrest Walter

| Item | Description | Months | Start Date | End Date | QTY | Rate | Amount |
|--------|---|--------|------------|----------|-----|------------|-------------|
| 904105 | Second Step Grades K-8, Multi-Site Pricing, 5-Year Licenses | | 1/4/2022 | 1/4/2027 | 9 | \$8,397.00 | \$75,573.00 |
| 200099 | Grades K-5 Bullying Prevention Unit Notebooks | | | | 9 | \$1,129.00 | \$10,161.00 |
| 300097 | EL-Grade 5 Child Protection Unit Notebooks | | | | 9 | \$1,319.00 | \$11,871.00 |

QUOTE EXAMPLE

Subtotal \$97,605.00
Discount (\$9,760.50)
Shipping & Handling \$0.00
Sales Tax* (%) \$8,692.73

TOTAL \$96,537.23

Please remit in US Funds.

Make check payable to: Committee for Children

*Sales tax rates are based on the ship to address. All rates are estimates until shipped. If tax was included in this quote and your organization is state sales tax exempt, email your state sales tax exemption ID and certificate to orders@cfchildren.org.

Memo: GA Grant FY22 Example Quote

Shipping Method: UPS Ground (UPS)

Your Second Step program License purchase is governed by the applicable License Agreement at: <https://secondstep.org/license-agreements>

Prices valid for 30 days from quote date.

Please Include quote ID:5022314 on your order to guarantee pricing.



TAX COMPLIANCE

INSTRUCTIONS TO SUPPLIERS

Please complete the following information:

- Supplier Name:
- Physical Location Address:
- Federal Identification Number (FEI):
- Have you ever been registered in the State of Georgia? Y N

If so, please provide the following information, if applicable.

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

If there is more than one affiliate, please attach a separate sheet listing the information above.

- Person responsible for handling supplier's tax issues (such as CFO, the company tax officer, etc.)
 - Name:
 - Telephone Number:
 - Email Address:

NOTICE TO SUPPLIER:

In the event the supplier is considered for contract award, the information provided in the form will be submitted by the State Entity to the Georgia Department of Revenue ("DOR") for a determination as to whether the supplier is a "prohibited source" (as defined by O.C.G.A. §50-5-82) or whether there are any other outstanding tax issues. MISSING, INCOMPLETE, OR ERRONEOUS DATA MAY DELAY OR PROHIBIT VERIFICATION OF YOUR ELIGIBILITY FOR CONTRACT AWARD. NO PROHIBITED SOURCE MAY RECEIVE CONTRACT AWARD; THEREFORE, YOU ARE STRONGLY ENCOURAGED TO CHECK YOUR TAX STATUS NOW AND RESOLVE ANY OUTSTANDING TAX LIABILITIES AND/OR MISSING TAX RETURNS.

STATE ENTITY: Please submit this form via email to DOR at tsd-state-contractors@dor.ga.gov for processing in accordance with the *Georgia Procurement Manual*.



SUPPLIER (VENDOR) MANAGEMENT FORM

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

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

SECTION 1 – STATE OF GEORGIA-AGENCY LIAISON USE ONLY

CHECK ONE AND ENTER ID NUMBER

| | | | | | | | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Newly Assigned Supplier ID | | | | | | | | | | | | | | | |
| Existing TeamWorks Supplier ID | | | | | | | | | | | | | | | |

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

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

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

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

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

FEI/SSN/TIN NUMBER: _____

SUPPLIER NAME: _____

PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____ DRIVERS LICENSE #: _____ DL STATE: _____

PRIMARY#: _____ EXT: _____ SECONDARY#: _____ EXT: _____

LANDLINE ☐ CELL ☐ (USED FOR IDENTITY VERIFICATION) LANDLINE ☐ CELL ☐ (USED FOR IDENTITY VERIFICATION)

CONTACT EMAIL: _____

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

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

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

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

| | | | | | | | | |
|----------------------|--------------------------|-----------------------------|--------------------------|-------------------|--------------------------|------------------|--------------------------|-----------------|
| *Small Business | <input type="checkbox"/> | Women Owned | <input type="checkbox"/> | Hispanic – Latino | <input type="checkbox"/> | African American | <input type="checkbox"/> | Native American |
| GA Resident Business | <input type="checkbox"/> | Minority Business Certified | <input type="checkbox"/> | Asian American | <input type="checkbox"/> | Pacific Islander | <input type="checkbox"/> | Not Applicable |

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

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

Request for Taxpayer Identification Number and Certification

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

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

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

Part I Taxpayer Identification Number (TIN)

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

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

| | | | | | | | | | |
|--------------------------------|--|--|--|---|--|--|--|---|--|
| Social security number | | | | | | | | | |
| | | | | - | | | | - | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | - | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

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

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

| | | |
|--------------|-------------------------------|--------|
| Sign Here | Signature of U.S. person ► | Date ► |
| | | |

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

CRIMINAL RECORDS CERTIFICATION

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

| | |
|-------------|--------------|
| Applicant*: | Proposal ID# |
| | SSP#### |

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

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

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

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

CRIMINAL HISTORY INVESTIGATIONS:

(135C) 03/07/18

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

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

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

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

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

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

Signature of **AUTHORIZED** Officer

Notary Signature

Printed Name of Officer

Date Commission Expires

Title of Officer

Affix notary seal or stamp below.

Date

SECURITY IMMIGRATION & COMPLIANCE AFFIDAVIT

E-VERIFY

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

| | | |
|-------------|--|--------------|
| Applicant*: | | Proposal ID# |
| | | SSP#### |

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

SECURITY AND IMMIGRATION COMPLIANCE AFFIDAVIT Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the **Georgia Department of Human Services** has registered with, is authorized to use and uses the Federal Work Authorization Program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

This is a 4, 5, or 6-digit number, also known as eVerify Company ID. Not Tax ID or SS Number.

Date of Authorization

This is the date the Company ID# above was issued by the Federal eVerify system.

Name of Contractor

Prevention and Community Support: GA 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 , 2022 in , GA.
Month and date City

Signature of Authorized Officer

Printed Name and Title of Authorized Officer

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF , 2022.

Affix notary seal here

Signature of Notary Public

Date Commission Expires



Georgia Department
of Human Services

Pre-Award Risk Assessment Form

| | |
|---------------------------------------|------------------------------|
| Grantee Name: | Applicant & Proposal ID#:: |
| Grant Award Number(s) or CFDA Number: | |
| Program Name(s): | Georgia Second Step Program |
| Risk Assessment Completed by and date | |
| Grant Period(s): | July 1, 2022 - June 30, 2023 |
| Grant Amount(s): | |
| Total Score: | 0 |
| Risk Assessment: | Low Risk |

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



Georgia Department
of Human Services

Pre-Award Risk Assessment Form

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

Additional notes or considerations specific to the Grantee:

Reviewed by: _____ Date _____

Title: _____

Program Manager

Date

Director

Date

Replicate on agency letterhead

**AUTHORIZATION
TO ENTER INTO CONTRACT**

Date:

Program: GA Second Step Program

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

Proposed Cost:

Individual authorized to act on behalf of Public Entity:

Name:

Title:

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

Signature of **AUTHORIZED** Representative

Notary Signature

Printed Name

Date Commission Expires

Title

Affix notary seal or stamp below.

Date

Replicate on corporate letterhead

**CORPORATE RESOLUTION
TO ENTER INTO CONTRACT**

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

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

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

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

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

Witness my hand and seal of the Corporation

Signature

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

Imprint Seal of Corporation Here

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

Title of Officer

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

Name of Officer

Date

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

Protective Factors Core Meanings

CENTER FOR THE STUDY
OF SOCIAL POLICIES
strengthening families
A PROTECTIVE FACTORS FRAMEWORK



CORE MEANINGS OF THE STRENGTHENING FAMILIES PROTECTIVE FACTORS

| Protective Factor | Core Meaning |
|---------------------|---|
| Parental Resilience | <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 |
| Social Connections | <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 |

CENTER FOR THE STUDY
OF SOCIAL POLICY'S**strengthening families**
A PROTECTIVE FACTORS FRAMEWORK

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 |

1575 Eye Street N.W., Suite 500 | Washington, DC 20005 | 202.371.1565 | csp.org | strengtheningfamilies.net