



Statement of Need (SoN)

SOURCES OF STRENGTH PROGRAM

SoN Release Date:	February 16, 2021
Deadline for Proposal Submission:	March 26, 2021 by NOON
Contact:	Lindsey Dale Prevention and Community Support Program Specialist Phone: (404) 859-1233 Email: Lindsey.Dale@dhs.ga.gov
Required Statement of Need Informational Webinar:	March 3, 2021 at 2:00 pm EST

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Georgia Division of Family and Children Services – Prevention and Community Support Sources of Strength Program

1. OVERVIEW

1a. Introduction

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

1b. Prevention and Community Support Section

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

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

This Statement of Need (SoN) is for the school-based implementation of the Sources of Strength Program for the 2021-2022 school year.

PCS staff is available to assist you if you have questions in completing this application. Please see the **technical assistance contact list on page 9** of this SoN. **All proposals MUST be submitted electronically** using assigned username and password. Information on obtaining usernames and passwords will be made available at the mandatory informational webinar on March 3, 2021. If you or a representative are unable to attend this webinar, please email Lindsey.Dale@dhs.ga.gov.

1c. Sources of Strength Curriculum

Sources of Strength, a universal suicide prevention program, is designed to build protective influences and reduce the likelihood that vulnerable youth will become suicidal. The program trains students as peer leaders and connects them with Adult Advisors at school and in the community. Adult Advisors support the peer leaders in conducting well-defined messaging activities that aim to change peer group norms influencing coping practices and

problem behaviors (e.g., self-harm, drug use, unhealthy sexual practices). The program is strength-based and promotes eight critical protective factors that are linked to overall psychological wellness and reduced suicide risk. Specifically, program activities aim to reduce the acceptability of suicide as a response to distress, increase the acceptability of seeking help, improve communication between youth and adults, and develop healthy coping attitudes among youth. The program is also designed to positively modify the knowledge, attitudes, and behaviors of the peer leaders themselves.

Students are recruited through staff and student nominations to form a team of peer leaders, who are mentored by 2-5 Adult Advisors. Certified trainers provide the peer leaders and adult advisers with an initial 4-hour interactive training. Adult Advisors facilitate peer leader meetings over 3-4 months to plan, design, and practice individual, classroom, and media messaging activities. The peer leaders have one-on-one conversations within their network of friends; develop posters and public service announcements with local faces and voices; give peer-to-peer presentations; and develop messages to be delivered via video, the Internet, or text messages.

The program is designed as a multiyear project with ongoing peer messaging and contacts growing over time. Adult Advisors receive training and ongoing support.

For more information about Sources of Strength, please visit:
<https://sourcesofstrength.org/>

2. Statement of Need (SoN) Criteria

2a. Eligibility Criteria

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

- Be a public-school system, a charter school, or a private school that is a 501c3 nonprofit.
- Serve as the fiscal agent for the contract and the point of contact to PCS.
- Be responsible, liable, and oversee financial, program, and post-award reporting requirements.
- All applications must be submitted by noon on March 19, 2021.
- Applicants must comply with all forms, assurances, and certifications attached to this SoN.
- Submission must include the original signature of the executive officer of the fiscal agent (applicant) on the application face sheet.
- Submission must include the application program narrative and application attachments.
- Submission must include documents in the appropriate format as indicated on the Sources of Strength Program Application Checklist (page 11).

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

2b. Contract Award Period

The awarded contract is for a 12-month period, July 1, 2021 to June 30, 2022. The contract award includes quarterly program reporting.

NOTE: Upon successful completion of the Sources of Strength training and subsequent successful implementation, we will consider funding a school's annual subscription for up to two additional years.

2c. Strategic Results Framework

PCS Outcome Measures for Sources of Strength

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

Outcome Indicator	PCS Performance Levels
Academic Achievement	At least 95% of target children in Grades 6-12 will be promoted to the next grade.
Student Behavior	At least 75% of target children in Grades 6-12 will be free of in-school suspensions. At least 90% of target children in Grades 6-12 will be free of out-of-school-suspensions and expulsions.

At the end of the school year, each awarded school will be required to report on all the above Outcome Indicators. Schools will also be asked to submit office referral and suicidal ideation or attempts disclosure data from the previous school year (2020-2021) at the end of the first period, and for the awarded school year (2021-2022) at the end of the contract period.

PROPOSAL NARRATIVE

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

3a. Proposal Summary (2 pages)

1. Identify the school(s) and grade levels that will be implementing the Sources of Strength Program. Each implementing school must also complete and submit an Assurances form.
2. Statement of the school's need.
3. Overview of the target population to be served.
4. Description of why Sources of Strength curriculum is important and how it will impact outcomes and climate at the school.

3b. Administration (2 pages)

Contract Oversight and Fiscal Management

1. Describe Applicant's qualifications and experience managing contracts.
2. Identify Applicant representative who will be responsible for coordinating, monitoring, and reporting on Sources of Strength activities. Describe relevant qualifications and experience.
3. If the 'implementing agency' is **NOT** the Applicant,
 - a. Identify implementing agency and why they were selected to implement Sources of Strength.
 - b. Describe qualifications and experience that demonstrates that the implementing agency has the capacity and experience to successfully deliver Sources of Strength curricula.

Fiscal Agent, if not the Applicant.

1.
 - a. Identify fiscal agent.
 - b. Describe relationship of fiscal agent to the Applicant.
 - c. Describe fiscal agent qualifications.
2. Is the fiscal agent delinquent on any federal debt? If yes, explain.
3. In preceding fiscal year, did fiscal agent receive 80% or more of its annual gross revenue in federal funds?
4. In preceding fiscal year:
 - a. Was annual gross revenue from federal sources \$25,000 or more and is required to comply with "Federal Funding Accountability and Transparency Act"? If yes, ...
 - b. Provide names and total compensation for five most highly compensated officers.

3c. Target Population (1 page)

The target population is the group of participants that the services in a program are intended and designed for. Applicants must serve one or more of the following grades: 6th through 12th.

1. Identify geographic location of target population including school(s), neighborhood(s) and county, and how each was selected.
2. Describe target participants by grade level, Grade 6 through Grade 12, and how each was selected.
3. How many students are expected to participate in the Sources of Strength Program during the contract year (July 1, 2021 – June 30, 2022)?

3d. Methods and Procedures (2 pages)

1. Describe your plan for obtaining school “buy-in” for Sources of Strength.
2. Describe how Sources of Strength will be implemented in your school. Must also complete program implementation Timeline form.
3. Describe your system’s/school’s plan for ongoing technical assistance and support for Adult Advisors.
4. Explain the plan for training of Adult Advisors and Peer Leaders.
5. Describe how non-teaching staff will be engaged in the use of the Sources of Strength Program.
6. Describe plan for engaging parents in the Sources of Strength Program.

4. SELECTION AND CONTRACT AWARD PROCESS

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

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

Contract Award Agreement

PCS will offer a contract agreement to selected applicants for training of Sources of Strength and Sources of Strength implementation materials for one year. PCS will require that selected applicants provide quarterly program reports that measure process and qualitative outcomes for Year 1 of implementation. **Awarded contracts will be for \$8,000 per school.** This funding will pay for an initial annual subscription for Sources of Strength, stipend and travel reimbursement to a Georgia Sources of Strength certified trainer, and start-up funding for purchasing of campaign materials.

NOTE: Upon successful completion of the Sources of Strength training and subsequent successful implementation, we will consider funding a school’s annual Sources of Strength subscription for up to three years.

	Cost of Subscription for Year 1	Cost of Subscription for Year 2	Cost of Subscription for Year 3	Costs related to training, campaign development, and materials	Total FY 22 Award Amount
Schools requiring a new Sources of Strength subscription	\$750	\$500	\$500	\$6,250	\$8,000
Schools with an existing Sources of Strength Subscription	\$500	\$500	\$500	\$6,500	\$8,000

Contract Award Management Training

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

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

Evaluation and Reporting Requirements

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

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

Sources of Strength Reporting Timeline

Reporting Periods	Reporting Requirements	Due Date
July 1, 2021-September 30, 2021	<ul style="list-style-type: none"> • Executed contract award agreement and attachments • Submission of a signed "Performance Report" • Planning program report • Submission of office referral data and suicidal ideation or attempts disclosure data from the previous (2020-2021) school year 	September 30, 2021
October 1, 2021-December 31, 2021	<ul style="list-style-type: none"> • Submission of a signed "Performance Report" • Implementation program report 	December 31, 2021
January 1, 2022-March 31, 2022	<ul style="list-style-type: none"> • Submission of a signed "Performance Report" • Implementation program report 	March 31, 2022
April 1, 2022-June 30, 2022	<ul style="list-style-type: none"> • Submission of a signed "Performance Report" • Implementation program report • Outcome data • Submission of office referral data and suicidal ideation or attempts disclosure data from current school year (2021-2022) 	June 30, 2022

5. TECHNICAL ASSISTANCE

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

PROGRAM/SoN QUESTIONS:

Lindsey Dale
 Program Specialist
 Prevention and Community Support
Lindsey.Dale@dhs.ga.gov
 (404) 859-1233

BUDGET/FINANCE QUESTIONS:

Renee Robinson
 Budget Manager
 Prevention and Community Support
Renee.Robinson1@dhs.ga.gov

6. PREPARING AND SUBMITTING A PROPOSAL

- **All proposals MUST be submitted electronically** using assigned username and password. Information on obtaining usernames and passwords will only be made available at the mandatory informational meeting on March 3, 2021 at 2:00PM.
- Proposals MUST be uploaded to the secure proposal submission site by **NOON on Friday, March 26, 2021**. Proposals submitted that do not include ALL required forms and documents will be disqualified.
- Download required forms from website. Complete forms, documents and screenshots as directed. Only use forms provided with this Statement of Need unless otherwise directed or this may result in disqualification of proposal. Prepared documents and screenshots MUST also be current (and not from previous proposals or prepared or downloaded in 2020.) See Section 7 for copies of forms.
- The identification of the Applicant agency on all forms should be consistent with its full legal name. Applicant and authorized officers and their titles MUST be identified consistently on all required documents, forms, and screenshots.
- Record assigned **proposal username** (STR_560_####) in the space provided on all forms. If submitting more than one proposal, ensure that you use the corresponding **proposal username** (STR_560_####) assigned on all documents for each proposal.
- Complete each form as directed using Arial Narrow 10 point, single-spaced. Do not change text, format, font size, spacing or margins imbedded in the forms. Completed example of many forms and screenshots are included in this section.
- Save final documents as instructed on each document or the Application Checklist provided. All documents MUST follow the prescribed naming convention which includes the assigned **proposal username**. For example, scanned Assurances are identified as "STR_560_11111_Assurances. Documents not identified correctly will not upload.
- If printing any document to sign, scan using a resolution no greater than 150 dpi to reduce the risk of timing out when uploading. Scanned signed documents MUST be saved as a **pdf**. Documents saved as images, png or jpg files WILL NOT upload.
- Only one document may be uploaded for each document required. If any document includes multiple signed or scanned documents, they must be combined and saved as a single document and saved as described. This may occur with multiple signed MOUs or Assurances.
- Technical assistance regarding proposal requirements and submission will be available after the informational meeting on March 3, 2021, by contacting the Sources of Strength Program Specialist, Lindsey Dale at Lindsey.Dale@dhs.ga.gov.

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



Sources of Strength Application Checklist

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

Applicant Agency:	Proposal Username
	STR_560_#####

When saving final documents, include assigned Proposal Username followed by an underscore and the designated document name. No spaces. No other description is necessary. For example: **STR_560_11111_Cover**

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

NP	PE	For applicant use	Proposal Documents	Document Type	Required naming Convention*
✓	✓		P1 Application Cover*	Scanned pdf	STR_560_#####_Cover
✓	✓		P2 Narrative*	Word	STR_560_#####_Narrative
✓	✓		P3 Assurances*	Word	STR_560_#####_Assurances
✓	✓		P4 Program Timeline*	Word	STR_560_#####_Timeline
Financial Documents					
✓	✓		Applicant Audit, if required, or Balance Sheet & certified Statement of Financial Activities	pdf	STR_560_#####_AppAudFin
✓	n/a		Fiscal Agent Audit, if Fiscal Agent used	pdf	STR_560_#####_FiscalAudit
✓	n/a		MOU or Agreement with Fiscal Agent, if Fiscal Agent used	Scanned pdf	STR_560_#####_FiscalAgreement
Additional Contract and Eligibility Documents, Forms or Screenshots					
✓	✓		C1 Tax Compliance*	pdf	STR_560_#####_TaxComp
✓	✓		C2 Vendor Management Form* (first two pages only)	Scanned pdf	STR_560_#####_Vendor
✓	✓		C3 W9 Form* (first page only)	Scanned pdf	STR_560_#####_W9
✓	✓		C4 Criminal History Certification*	Scanned pdf	STR_560_#####_History
✓	✓		C5 Security & Immigration E-Verify Affidavit*	Scanned pdf	STR_560_#####_Everify
✓	✓		C6 Pre-Award Risk Assessment*	Excel	STR_560_#####_RiskAssessment
✓	n/a		T1 Non-Profit Corporate Resolution (template provided)	Scanned pdf	STR_560_#####_Resolution
n/a	✓		T2 Public Entity Authorization (template provided)	Scanned pdf	STR_560_#####_Authorization
✓	n/a		GA Secretary of State Registration screenshot	pdf screenshot	STR_560_#####_Registration
✓	✓		SAM/Excluded Parties screenshot	pdf screenshot	STR_560_#####_SAM
✓	n/a		Certificate of Liability Insurance	pdf	STR_560_#####_Insurance

**Download and complete standard forms provided.*

PROPOSAL SUBMISSION DEADLINE:

March 26, 2021 at NOON EDT

Preparing Proposal Documents

The following documents are REQUIRED for ALL proposals.

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

- Download form and complete all fields as directed. Record assigned **proposal username** in the space provided.
- Check corresponding box to identify which Statement of Need applies to this proposal.
- Identify whether a proposal is for a continuing program or a new program, if applicable
- Record Applicant (agency, school, school district, government agency) legal name. For non-profits, record agency name exactly as it appears on your Georgia Secretary of State registration screenshot.
- For any field that is also reported on another document, verify that the information is consistent. For example, the Federal Work Authorization User Identification Number reported on the E-Verify Affidavit.
- Application Cover must be signed by an **authorized** officer identified on the Corporate Resolution for non-profits or by the individual authorized to enter into a contract by the public entity on the Authorization.
- If using a Fiscal Agent, Application Cover must also be signed by an authorized individual for the Fiscal Agent.
- Electronic signatures are NOT allowed.
- Scan signed form and save pdf as **STR_560_####_Cover**

P2 - NARRATIVE *(Use form provided.)*

- Download form and complete as directed. Respond to all questions. If any question is not applicable, record N/A in the space for a response.
- Record Applicant name as recorded on Application Cover.
- Record assigned **proposal username** in the space provided.
- Respond to each question in the space provided. Boxes will expand as you type. Be clear. Be concise. Be comprehensive. Avoid including information that is not relevant to the question.
- Save Word document as **STR_560_####_Narrative**

P3 – ASSURANCES *(Use form provided.)*

- An Assurance form must be included in the proposal for each participating school.
- Download form and complete as directed.
- Record Applicant name as reported on Application Cover. Applicant identified on Assurance(s) MUST be consistent with the Applicant identified on the Application Cover.
- Record assigned **proposal username**.
- If more than one form is used, scan all signed forms as a single pdf.
- Save scanned pdf identifying it as **STR_560_####_Assurances**

P4 – PROGRAM TIMELINE *(Use form provided.)*

- Download form and complete as directed.
- Record Applicant name as recorded on Application Cover.
- Record assigned **proposal username**.
- Save Word document as **STR_560_####_Timeline**

Preparing Financial Documents

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

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

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

- Only a single document can be uploaded.
- If submitting balance sheet and certified statement of financial activities, document MUST be combined as a single document and saved or scanned as a pdf.
- Save document as a pdf (or scan as a pdf) and identify as **STR_560_####_AppAudFin**

Audit Alternative: In the event that the audit for the Applicant is so large that uploading may be hindered, Applicant may upload an audit facsimile as an alternative to uploading the full Audit. Using a Word document, record “Applicant Audit Link” as the title, identify Applicant and Proposal Username, and provide the URL and link to access the full Audit. Scan or save Word document as a pdf identifying it as **STR_560_####_AppAudFin**, as you would an Audit.

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

FISCAL AGENT AUDIT, if using a Fiscal Agent

- Only a single document can be uploaded.
- Save audit document as a pdf (or scan as a pdf) and identify as **STR_560_####_FiscalAudit**

Audit Alternative: In the event that the audit for the Applicant is so large that uploading may be hindered, Applicant may upload an audit facsimile as an alternative to uploading the full Audit. Using a Word document, record “Fiscal Agent Audit Link” as the title, identify Applicant and Proposal Username, and provide the URL and link to access the full Audit. Scan or save Word document as a pdf identifying it as **STR_560_####_FiscalAudit**, as you would an Audit.

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

- Applicant and Fiscal Agent identified on MOU or Agreement MUST be consistent with the Applicant and Fiscal Agent identified on the Application Cover.
- Scan signed MOU or Agreement, and save pdf identified as **STR_560_####_FiscalAgreement**

Additional Contract and Eligibility Documents, Forms & Screenshots

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

C1 – Tax Compliance (Use form provided.)	ALL
<ul style="list-style-type: none"> Download form and complete as directed, providing responses to all applicable questions. Use legal name of Applicant as reported on Application Cover. Save <u>final</u> document as a pdf (or print and scan as a pdf) and identify as STR_560_####_TaxComp 	
C2 – Vendor Management Form (Use form provided.)	ALL
<ul style="list-style-type: none"> Download form and complete as directed. Instructions are provided. Use legal name of Applicant as reported on Application Cover. Print pages 1-2 only, sign and scan pages saving pdf as STR_560_####_Vendor 	
C3 – W9 Form (Use form provided.)	ALL
<ul style="list-style-type: none"> Download form and complete as directed. Instructions are provided. Use legal name of Applicant as reported on Application Cover. Print page one only, sign and scan pages saving pdf as STR_560_####_W9 	
C4 - CRIMINAL HISTORY INVESTIGATIONS (Use form provided.)	ALL
<p>Applicant MUST certify that it conducts criminal history investigations in accordance with DHS/DFCS contract and:</p> <ul style="list-style-type: none"> Is registered with the Georgia Applicant Processing Services (GAPS) at: https://www.aps.gemalto.com/ga/index.htm: <div data-bbox="540 1346 1096 1604" data-label="Image"> </div> <p>and,</p> <ul style="list-style-type: none"> Conducts criminal record background checks to obtain OIS Fitness Determinations on all staff, volunteers and/or subcontractors pursuant to the provisions of O.C.G.A. §49-2-14. Download form and complete as directed. Record Applicant name as recorded on Application Cover. Record assigned proposal username. Record ORI or OAC# verifying agency registration with Georgia Applicant Processing Service (GAPS). This should be consistent with the corresponding field reported on the Application Cover. 	

- Form must be signed by an officer **authorized** by the Corporate Resolution (or Authorization for public entities) and notarized. *Signing officer must be identified by name and title indicated on Georgia Secretary of State website screenshot or Authorization.*
- Expiration date of notary's commission must be included.
- Scan signed document, save as a pdf, identifying it as **STR_560_####_History**

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

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

ALL

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

- Download form and complete as directed.
- Record Applicant name as "Name of Contractor" as recorded on Application Cover.
- Record assigned **proposal username**.
- Record Federal Work Authorization User Identification number (E-Verify #). This should be consistent with the corresponding field reported on the Application Cover.
- Record Date of Authorization (date that E-Verify # was issued to agency).
- Form must be signed by an officer **authorized** by the Corporate Resolution (or Authorization for public entities) and notarized. *Signing officer must be identified by name and title indicated on Georgia Secretary of State website screenshot or Authorization.*
- Expiration date of notary's commission must be included.
- Scan signed and notarized document, Save pdf, identifying it as **STR_560_####_Everify**

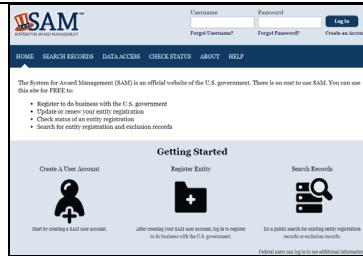
Keep original for your records in the event that it is requested at a later date.

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

ALL

- Download form and complete as follows:
Complete (Pre-Award) Risk Assessment form. Only provide responses for the following questions on page one:
 - Grantee name (name of Applicant as it appears on Application Cover)
 - Grant amount (amount of request)
 - Question 1
 - Question 2
 - Question 3
 - Question 4a, d, e, f, k, l, m, n & o
- Do not alter form in any way. Score will calculate automatically based on your responses.
- Do not complete any information on second page.
- Form is not signed by the Applicant.
- The remaining information will be completed by the Sources of Strength Program Specialist based on prior year(s)' contract performance.
- Save completed Excel document saving as **STR_560_####_RiskAssessment**

T1 - CORPORATE RESOLUTION (<i>Template provided.</i>)	Non-Profits ONLY
<ul style="list-style-type: none"> • Non-profit applicants MUST provide a certified copy of corporate 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 corporate letterhead using template provided. • Individual(s) identified as officer(s) of the corporation authorized to sign the contract <u>must be</u> one of the officers identified on the Secretary of State screenshot. “Agent” of the corporation that may be identified on the registration screenshot is NOT considered an “Officer” and cannot be designated as the signatory for any proposal or contract documents. • Resolution should be signed by the Corporate Secretary or other officer identified on the Secretary of State screenshot and include a corporate seal. Seal must be evident/visible on scanned document. <i>Affix foil to document before impressing seal to improve contrast for scanning.</i> • If corporate seal is not available, resolution may be notarized. Expiration date of notary’s commission must be included. • If resolution stipulates any amount, the amount must exactly match amounts in Section 3 on Application Cover. • Scan notarized/sealed resolution, saving pdf as STR_560_####_Resolution <p><i>Keep original for your records in the event that it is requested at a later date.</i></p>	
T2 - AUTHORIZATION (<i>Template provided.</i>)	Public Entity ONLY
<ul style="list-style-type: none"> • Public entities (state agencies, public school/school districts or educational institutions) must provide a scanned copy of the authorization passed by the governing body of public entity authorizing designated representative to enter into an agreement with DHS/DFCS, if an award is approved. • Prepare authorization using template provided on official letterhead. • If authorization stipulates any amount, the amount must exactly match amounts in Section 3 on Application Cover. • Document must identify a representative who is authorized to act on behalf of the public entity and must be signed by a public entity official and notarized. Expiration date of notary’s commission must be included. • Scan notarized/sealed authorization, saving pdf as STR_560_####_Resolution <p><i>Keep original for your records in the event that it is requested at a later date.</i></p>	
SAM (FEDERAL EXCLUDED PARTIES) Screenshot	ALL
<ul style="list-style-type: none"> • Applicant must obtain a screenshot from the Federal System for Award Management (SAM) demonstrating that the Applicant (non-profit or public entity) is currently registered, has an “active” status and that there are no “active exclusions”, otherwise they may be ineligible for an award. • Copy and paste this link in your browser: https://www.sam.gov/SAM/ <i>Effective June 2017, you can no longer access the System for Award Management (SAM) using Internet Explorer (IE) Versions older than IE11. You either need to upgrade to an Internet Explorer version of IE11 or higher, or access SAM with another supported browser type (Chrome, Firefox, Safari, etc).</i> • If Applicant is not currently registered on SAM, see instructions on the SAM website for how to register. • Click on icon under “Search Records”. 	



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

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

NOT ACCEPTABLE!

Status must be “Active”.

Active Exclusion must be “No”.

Expiration date should be in 2021.

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

Entity Overview

Entity Registration Summary

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

Exclusion Summary

Active Exclusion Records? No

or

- Take a screenshot if either image, copy and paste into a Word document. Then save as a pdf or print, scan and save pdf identifying document as **STR_560_####_SAM**
- There are also “Print” or “Save pdf” options. Save either pdf identifying it as **STR_560_####_SAM**

The left screenshot shows the SAM.gov search results for 'Cherokee Child Advocacy Council, Inc.' with details like DUNS, CAGE Code, and address. The right screenshot shows the search results for 'Fulton County Board Of Education' with details like DUNS, CAGE Code, and address. Both screenshots include 'Save PDF', 'Export Results', and 'Print' buttons.

or

GA SECRETARY OF STATE REGISTRATION Screenshot

Non-Profits ONLY

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

The screenshot shows the Georgia Secretary of State Corporations Division Business Search page. Red arrows point to the 'BUSINESS SEARCH' tab and the 'Business Name' input field. The page includes search filters like 'Starts With', 'Contains', and 'Exact Match', and input fields for 'Business Name', 'Control Number', 'Registered Agent Name', and 'Officer Name'.

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

GEORGIA CORPORATIONS DIVISION

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **COMMUNITIES FOR CHILDREN, INC.**
 Business Type: **Domestic Nonprofit Corporation**
 Business Purpose: **NONE**
 Principal Office Address: **1117 Perimeter Ctr W, Ste W300, ATLANTA, GA, 30338, USA**
 State of Formation: **Georgia**

Control Number: **0124712**
 Business Status: **Active**
 Date of Formation / Registration Date: **5/25/2001**
 Last Annual Registration Year: **2020**

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
Officer #1	Secretary	Business Address: 1117 Perimeter Ctr W, Ste W300, ATLANTA, GA, 30338, USA
Officer #2	CEO	Business Address: 1117 Perimeter Ctr W, Ste W300, ATLANTA, GA, 30338, USA
Officer #3	CFO	Business Address: 1117 Perimeter Ctr W, Ste W300, ATLANTA, GA, 30338, USA

- There are two acceptable options for meeting the screenshot requirements for the registration screenshot.
- Take a screenshot of the above screen, copy and paste into a Word document. Then save as a pdf or print, scan and save identifying pdf as **STR_560_####_Registration**
- Select "Print" from your drop down menu. Either save as a pdf, or print, scan and save identifying pdf as **STR_560_####_Registration**

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

**GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER**

GEORGIA CORPORATIONS DIVISION

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **COMMUNITIES FOR CHILDREN, INC.**
 Business Type: **Domestic Nonprofit Corporation**
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Officer #3	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 MLK, Jr. Dr. Suite 313, Floyd West Tower Atlanta, GA 30334-1530, Phone: (404) 656-2817 Toll-free: (844) 753-7825, WEBSITE: <https://sos.ga.gov/>
 © 2015 PCC Technology Group. All Rights Reserved. Version 6.2.11 [Report a Problem?](#)
<https://corp.sos.ga.gov/BusinessSearch/BusinessInformation/Businesses/0124712/BusinessType/Domestic%20Nonprofit%20Corporation&fromSearch=True>

Screenshots taken in previous years are NOT acceptable.

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

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

- ALL non-profit applicants must submit a Certificate of Insurance (COI) describing current liability coverage in effect.
- COI can be obtained through your insurance agent or carrier identifying Applicant as insured and describing general liability, professional liability, automobile liability, and workers compensation coverage in effect. Facsimile of required certificate is posted at the bottom of this section. No other document will be accepted.
- DHS/DFCS MUST be identified as the certificate holder.
- In the event that coverage expires prior to the commencement of the contract year, proof of renewal will be required.
- Applicants who receive an award, whose coverage is insufficient will be required to obtain additional coverage and provide an updated certificate to demonstrate full coverage prior to receiving a contract.
- Applicant is responsible for ensuring that any approved Subcontractor (s) also maintain required liability coverage.
- Scan and/or save insurance COI as a pdf identifying it as **STR_560_####_Insurance**

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

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

CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 10/24/2019																					
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.																							
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).																							
PRODUCER Dawson-Taylor & Company P.O. Box 14729 3510 Wheeler Rd. Augusta GA 30019	CONTACT PERSON: Christine Hayes PHONE: (706) 733-4988 FAX: (706) 738-4063 E-MAIL ADDRESS: chhayes@dcinsurance.com <table border="1" style="width: 100%; font-size: x-small;"> <thead> <tr> <th>INSURER(A):</th> <th>APPROXIMATE COVERAGE</th> <th>NAC #</th> </tr> </thead> <tbody> <tr> <td>SOLISOR A:</td> <td>American States Ins Co</td> <td></td> </tr> <tr> <td>SOLISOR B:</td> <td>Mexco Insurance Co</td> <td>25011</td> </tr> <tr> <td>SOLISOR C:</td> <td>General Insurance Co of Amerio</td> <td></td> </tr> <tr> <td>SOLISOR D:</td> <td></td> <td></td> </tr> <tr> <td>SOLISOR E:</td> <td></td> <td></td> </tr> <tr> <td>SOLISOR F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(A):	APPROXIMATE COVERAGE	NAC #	SOLISOR A:	American States Ins Co		SOLISOR B:	Mexco Insurance Co	25011	SOLISOR C:	General Insurance Co of Amerio		SOLISOR D:			SOLISOR E:			SOLISOR F:		
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SOLISOR D:																							
SOLISOR E:																							
SOLISOR F:																							
INSURED New Vision Family Center, Inc. PO BOX 10000 Atlanta GA 30338																							
COVERAGES CERTIFICATE NUMBER: 19-25 REVISION NUMBER:																							
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN SHALL BE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																							
LINE	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	LIMITS																			
COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR A. <input type="checkbox"/> AUTO ADDED/EXCLUDED <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> LOC <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> AUTO <input type="checkbox"/> LOC PERSONAL & AUTO LIABILITY A. <input checked="" type="checkbox"/> ANY AUTO (OWNED, RENTED, AUTOES ONLY, NON-OWNED, AUTOES ONLY, AUTOES ONLY) <input type="checkbox"/> UNEMPLOYMENT BENEFITS <input type="checkbox"/> BUSINESS LIAISON <input type="checkbox"/> EMPLOYERS' COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY B. <input type="checkbox"/> PROFESSIONAL LIABILITY C. <input type="checkbox"/> PROFESSIONAL LIABILITY																							
	BKAGD00156715	10/25/2019	10/25/2020	EACH OCCURRENCE \$ 1,000,000 MEDICAL EXPENSES \$ 1,000,000 PRODUCTS & COMPOUNDS \$ 20,000 MEDICAL EXP (ANY ONE PERSON) \$ 1,000,000 PERSONAL & AUTO LIABILITY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOUNDS \$ 3,000,000 EMPLOYERS' LIABILITY \$ 1,000,000 UNEMPLOYMENT BENEFITS \$ BUSINESS LIAISON \$ EMPLOYERS' COMPENSATION AND EMPLOYERS' LIABILITY \$ WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY \$ PROFESSIONAL LIABILITY \$ PROFESSIONAL LIABILITY \$																			
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	LPT740274C	10/25/2019	10/25/2020	EACH OCCURRENCE \$ 1,000,000 MEDICAL EXPENSES \$ 1,000,000 PRODUCTS & COMPOUNDS \$ 20,000 MEDICAL EXP (ANY ONE PERSON) \$ 1,000,000 PERSONAL & AUTO LIABILITY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOUNDS \$ 3,000,000 EMPLOYERS' LIABILITY \$ 1,000,000 UNEMPLOYMENT BENEFITS \$ BUSINESS LIAISON \$ EMPLOYERS' COMPENSATION AND EMPLOYERS' LIABILITY \$ WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY \$ PROFESSIONAL LIABILITY \$ PROFESSIONAL LIABILITY \$																			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACCIDENT, Additional Remarks Schedule, may be attached if more space is required)																							
CERTIFICATE HOLDER																							
George DHS/DPCS dpc Law Solutions, Inc. 1117 Peachtree Center West Suite W-300 Atlanta GA 30338																							
CANCELLATION																							
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.																							
AUTHORIZED REPRESENTATIVE 																							
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Submitting Your Proposal

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

Questions? Contact Sources of Strength Program Specialist, Lindsey Dale at Lindsey.Dale@dhs.ga.gov.

7. SAMPLE DOCUMENTS TO BE SUBMITTED

The documents that follow must be downloaded from <https://dfcs.georgia.gov/services/prevention-and-community-support-section/funding-opportunity> and submitted electronically using assigned username and password. Information on obtaining usernames and passwords will only be made available at the mandatory informational meeting on March 3, 2021 at 2:00PM.

Complete forms, documents and screenshots as directed. Only use forms provided with this Statement of Need unless otherwise directed or this may result in disqualification of proposal. Prepared documents and screenshots MUST also be current (and not from previous proposals or prepared or downloaded in 2020.)



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

Application Cover

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

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

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

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

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

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

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

Section 4: Authorized Signatures	
<i>I, the undersigned, an authorized representative of the applicant, have read, understand, and agree to all relative conditions specified in the DFCS – PCS Statement of Need and having read all attachments thereto do submit this application on behalf of the applicant agency. If awarded a contract to implement the provision herein, I do certify that all applicable federal and state laws, rules, and regulations thereto will be followed.</i>	

<p style="text-align: center;"><u>Applicant Agency</u></p> <p>Authorized Officer: (signature)</p> <p>Title: _____ Date: _____</p>	<p style="text-align: center;"><u>Fiscal Agent (if not Applicant Agency)</u></p> <p>Authorized Officer: (signature)</p> <p>Title: _____ Date: _____</p>
--	--



Sources of Strength Narrative

Complete as directed. Save Word document as **STR_560_#####_Narrative**

Applicant Agency*:	Proposal Username
	STR_560_#####

*Legal name of agency/organization/institution.

Instructions:

- Respond to each question below. If any question is not applicable, indicate "N/A" and briefly explain why.
- Boxes will expand as you type.
- Do not exceed page limits for each section.

PART A. PROPOSAL SUMMARY (2 pages)

Program Summary

1. Identify the school(s) and grade levels that will be implementing the Source of Strength. *Each implementing school must also complete and submit an Assurances form.*

2. Describe need for school(s) in your community for Sources of Strength.

3. Provide an overview of the target population to be served.

4. Describe how Sources of Strength is expected to impact outcomes and overall school climate.

PART B. ADMINISTRATION (2 pages)

Contract Oversight and Fiscal Management

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

6. Identify Applicant representative who will be responsible for coordinating, monitoring, and reporting on Sources of Strength activities. Describe relevant qualifications and experience.

7. If the 'implementing agency' is NOT the Applicant,
 a. Identify implementing agency and why they were selected to implement Sources of Strength.
 b. Describe qualifications and experience that demonstrates that the implementing agency has the capacity and experience to successfully deliver Sources of Strength curricula.

Fiscal Agent, if not the Applicant.

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

a.

b.

c.

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

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

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

a.

b.

PART C. TARGET POPULATION (1 page)

12. Identify geographic location of target population including school(s), neighborhood(s) and county, and how each was selected.

13. Describe target participants by grade levels, 6-12, and how each was selected.

14. How many students are expected to participate in Sources of Strength during the contract year (July 1, 2021 – June 30, 2022)

Page break here required.

PART D. METHODS AND PROCEDURES (2 pages)

15. Describe plan for obtaining school buy-in for Sources of Strength.

16. Describe how Sources of Strength will be implemented in school(s). *Must also complete program implementation Timeline form.*

17. Describe your system's/school plan for ongoing support and technical assistance for Adult Advisors.

18. Describe plan for training Adult Advisors and Peer Leaders.

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

20. Describe plan for engaging parents in the Sources of Strength.



Sources of Strength Assurances

Complete one Assurance form for each participating school. Sign document(s), scan and save pdf as **STR_560_#####_Assurances**
If submitting multiple assurances, scan multiple assurances and combine as a single pdf.

Applicant Agency*:	Proposal Username
	STR_560_####

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

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

1. I understand that training is one of the major commitments necessary to the initial Sources of Strength implementation. As such, I recognize the importance of this initial commitment and I am willing to make a commitment to having staff trained in the techniques of Sources of Strength.
2. I understand that periodic reports of Sources of Strength training, participation and outcomes will be required of grantees. I assure that our system/school/organization will make regular and timely reports regarding the implementation of the Sources of Strength curriculum.
3. I agree to participate in a statewide impact evaluation of the effectiveness of the Sources of Strength curriculum by allowing our evaluation information to be aggregated with information from other grantees, if necessary.
4. I understand that if awarded a contract to implement Sources of Strength in one or more schools, each school will implement according to the timeline detailed in the grant application. If school personnel deem it necessary to make modifications to the implementation plans, timeline or Sources of Strength model, I understand that approval must be granted from DFCS-PCS prior to implementation.
5. I understand that if awarded a contract to implement Sources of Strength, failure to comply with contractual reporting requirements could result in an immediate repayment of funds issued by DFCS-PCS.

Superintendent: _____
(Name) (Signature)

Principal: _____
(Name) (Signature)

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



Sources of Strength Timeline

Complete as directed. Save Word document as **STR_560_#####_Timeline**

Applicant Agency*:	Proposal Username
	STR_560_####

*Legal name of agency/organization/institution.

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



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 1-5.

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

STATE OF GEORGIA-AGENCY LIAISON USE ONLY

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

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

<input type="checkbox"/> Change Bank Acct - Loc#	<input type="text"/>
<input type="checkbox"/> Change Address - #	<input type="text"/>
<input type="checkbox"/> Classification Change	
<input type="checkbox"/> HCM Vendor	
<input type="checkbox"/> Statewide Contract (DOAS Use Only)	
<input type="checkbox"/> Other (Provide Details in Section 5 and Initial)	

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

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

SECTION 1 – SUPPLIER IDENTIFICATION (Complete all fields)

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

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

ROUTING #	<input type="text"/>	ACCOUNT #	<input type="text"/>
-----------	----------------------	-----------	----------------------

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

ACCOUNTS RECEIVABLE NOTIFICATION

PYMT REMIT EMAIL: _____
PYMT REMIT EMAIL: _____

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

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

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

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

SECTION 4 – TYPE OF BUSINESS (Check All That Apply)**BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY**

☐ *Small Business
GA Resident Business

☐ Women Owned
☐ Minority Business Certified

MINORITY BUSINESS ENTERPRISE (51% Owned):

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

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

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



SUPPLIER (VENDOR) MANAGEMENT FORM

INSTRUCTIONS FOR SUPPLIERS

SECTION 1- SUPPLIER IDENTIFICATION

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

SUPPLIER NAME	Required. If requesting to change name, enter the new supplier name.
FEI/SSN/TIN	Required. If requesting to change, enter the new FEI/TIN and include updated W9.
PAYMENT ALT NAME	Optional. 1. Complete if payments should use a different name than is indicated above. 2. If requesting to change ALT name, enter the new ALT name.
ADDRESS/CITY/STATE/ZIP/COUNTRY	Required. If requesting to change address, enter the new address.
DRIVER'S LICENSE #/DL STATE	Optional.
PHONE NUMBERS	Required. Enter the direct number to the authorized business contact person.
CONTACT EMAIL	Optional.

SECTION 2- BANK ACCOUNT INFORMATION

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

ROUTING #	Required.
BANK ACCOUNT #	Required.
GENERAL BANK ACCOUNT	Required if <u>ALL payments</u> from <u>ALL agencies</u> should be submitted to account listed above.
SPECIFIC PURPOSE	Required if bank account should be designated for <u>specific purpose</u> such as grants, operating accts, pre-k, etc.
PYMT REMIT EMAIL	Optional, but Recommended to receive notification of payment(s) processed. Enter the email address where payment notifications should be sent.
PRINTED NAME OF COMPANY OFFICER	Required.
SIGNATURE OF COMPANY OFFICER	Required. Electronic signatures are permitted.
DATE	Required. Must be current.

SECTION 3- SPECIFY TYPE OF ACTION(S)

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

DEACTIVATE SUPPLIER PROFILE	Select if requesting to deactivate your supplier profile. A justification MUST be typed in Section 5.
REACTIVATE SUPPLIER PROFILE	Select if requesting to reactivate an inactive supplier profile.
1099 APPLICABLE	If requesting to be 1099 applicable, check the box and enter code on the line.

ADD NEW BANK ACCOUNT (New suppliers or existing suppliers, new to ACH payments)	Select when requesting to add bank account information to your profile. Must also complete Section 2 of form.
CHANGE EXISTING BANK ACCOUNT	Select if requesting to <u>change</u> the current banking information in your profile. Must also complete Section 2 of form.
FEI/TIN CHANGE <i>*If 1099 applicable, the FEI/TIN cannot be changed*</i>	Select if changing FEI/TIN. Enter <u>new number</u> in Section 1 and submit current, updated W9. <i>*If 1099 applicable, the FEI/TIN cannot be changed</i>
SUPPLIER (Business) NAME CHANGE	Select if changing supplier/business name. Enter <u>new name</u> in Section 1 of form. Must submit current, updated W9.
ADD ADDITIONAL ADDRESS	Select if adding an <i>additional</i> business address to your profile. Enter additional address in Section 1 of form.
CHANGE EXISTING ADDRESS	Select if changing current business address. Enter <u>new address</u> in Section 1.
OTHER (Provide details in Section 5)	Select if requested action is <i>not</i> listed above. Must provide request details in Section 5.

SECTION 4- TYPE OF BUSINESS

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

BUSINESS CERTIFICATIONS	
SMALL BUSINESS	Based on Georgia law (OCGA 50-5-21) (3) "Small business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.
GEORGIA RESIDENT BUSINESS	Based on Georgia law (OCGA 50-5-121) (2) "Georgia resident business" means any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.
MINORITY BUSINESS CERTIFIED	Companies desiring to certify as a "minority business enterprise" or a "minority subcontractor" may do so by first submitting an application for the Disadvantaged Business Enterprise (DBE) Certification to GDOT. Only suppliers who have successfully completed the DBE certification process and registered in Team Georgia Marketplace are listed as a "Certified Minority Business Enterprises".
WOMEN OWNED	Woman-owned businesses are not considered minority businesses in the State of Georgia.

SECTION 5 -ADDITIONAL SUPPLIER COMMENTS

Required. This section MUST be completed if "Deactivate" or "Other" is selected in Section 3.

Request for Taxpayer Identification Number and Certification

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

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

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

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

CRIMINAL HISTORY INVESTIGATIONS

Complete as directed. Scan signed document and save pdf as **STR_560_####_History**

Applicant Agency*:	Proposal Username
	STR_560_####

*Legal name of agency/organization/institution.

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

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

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

CRIMINAL HISTORY INVESTIGATIONS:

(135C) 03/07/18

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

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

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

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

E-VERIFY AFFIDAVIT

Complete as directed. Scan signed document and save pdf as **STR_560_####_Everity**

Applicant Agency*:	Proposal Username
	STR_560_####

*Legal name of agency/organization/institution.

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

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

Federal Work Authorization User Identification Number

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

Date of Authorization

(This is the date the Company ID was issued by the Federal eVerify system.)

Name of Contractor

Prevention and Community Support: Sources of Strength

Name of Program

Georgia Department of Human Services

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on , 202 in , GA.
Month and date City

Signature of Authorized Officer

Printed Name and Title of Authorized Officer

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

Signature of Notary Public

Date Commission Expires



Georgia Department
of Human Services

Pre-Award Risk Assessment Form

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

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



Georgia Department
of Human Services

Pre-Award Risk Assessment Form

Common Attributes of Grantees with Low, Moderate and High Risk:

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

Additional notes or considerations specific to the Grantee:

Reviewed by: _____
Title: _____

_____ Date

Program Manager

Date

Director

Date

USE CORPORATE LETTERHEAD**CORPORATE RESOLUTION
TO ENTER INTO CONTRACT**

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

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

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

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

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

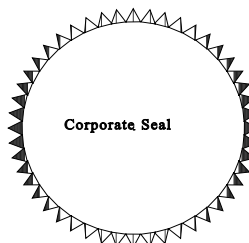
Certified true and correct

Signature of Officer

Title of Officer

Name of Officer

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



AUTHORIZATION TO ENTER INTO CONTRACT

Date: _____

Program: _____

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

Proposed Project Cost:

\$

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

(Insert Public Entity name as it appears on Form #1 - Application Cover) agrees to enter into a written contract with the Georgia Department of Human Services, Division of Family and Children Services, Prevention and Community Support to deliver services as described in SFY2022 Sources of Strength proposal.

Signature

Notary Signature

Name and Title of Authorized Representative

Date Commission Expires

Attachment A-1

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

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

Protective Factors Core Meanings

CENTER FOR THE STUDY
OF SOCIAL POLICY

strengthening families
A PROTECTIVE FACTORS INITIATIVE



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

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

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 c. appropriate developmental expectations d. positive discipline techniques e. 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