

Division of Family and Children Services, Prevention and Community Support Section FY2025 Sexual Risk Avoidance Education Youth Development Program (SRAE)

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

Applicant:		

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

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

NP	PE	For applicant use	Part C: Proposal Narrative	<u>Document</u> <u>Type</u>	Required naming Convention*
✓	✓		Implementing Agency MOU (if applicable)	Scanned pdf	Agencyname.ImplementingMOU
NP	PE	For applicant use	Part D: Contract Oversight and Fiscal Management	<u>Document</u> <u>Type</u>	Required naming Convention*
√	✓		Fiscal Agent MOU (if applicable)	Scanned pdf	Agencyname.FiscalMOU
NP	PE	For applicant use	Part E: Implementation	<u>Document</u> <u>Type</u>	Required naming Convention*
✓	✓		Activities Chart	Word	Agencyname.Activities
NP	PE	For applicant use	Part F: Contract Compliance Uploads	<u>Document</u> <u>Type</u>	Required naming Convention*
✓	✓		Application Cover	Scanned pdf	Agencyname.COVER
✓	✓		Tax Compliance	Scanned pdf	Agencyname.TAX
✓	√		Supplier change Request Form	Scanned pdf	Agencyname.SCR
√	✓		W9 Form (upload signed first page only)	Scanned pdf	Agencyname.W9
√	✓		Criminal Records Certification	Scanned pdf	Agencyname.CRC
√	✓		Security Immigration & Compliance* (E-Verify Affidavit)	Scanned pdf	Agencyname.SECIM
✓	✓		Budget Workbook	Excel	Agencyname.Budget
✓	✓		SAM/Excluded Parties screenshot	pdf screenshot	Agencyname.SAM
n/a	✓		Public Entity Authorization (template provided)	Scanned pdf	Agencyname.Authorization
\checkmark	n/a		Non-Profit Corporate Resolution (template provided)	Scanned pdf	Agencyname.CorpRes
√	n/a		GA Secretary of State Registration screenshot	pdf screenshot	Agencyname.SOS
	✓		Medical Accuracy Assurance	Scanned pdf	Agencyname.MedicalAssurance
✓	✓		Evaluation Acknowledgement	Scanned pdf	Agencyname.Evaluation
√	n/a		Certificate of Liability Insurance	pdf	Agencyname.INS

^{*}Download and complete standard forms provided.

Submission Deadline May 31, 2024, 12:00PM (NOON)