



Georgia Division of Family & Children Services

FFY 2017
Personal Responsibility Education Program (PREP)
Statement of Need (SON)

*Support for Evidence Based Interventions to
Prevent Teen Pregnancy*

Application and Proposal Guidelines

PLEASE NOTE: Eligibility is limited to local organizations and entities, including faith-based organizations throughout the State of Georgia.

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Procurement Timeline

SON Release Date	June 27, 2016
Potential Applicant Conference Calls	July 12, 2016- 11AM and 1PM
Application & Proposals Due	July 27, 2016
Award Notification	August 8, 2016
Contract Negotiation	August 8-15, 2016
Post-Award Documents Due From Successful Applicants	August 15, 2016
New Contractor Orientation	October 2016
Contract Period	October 1, 2016-September 30, 2017

Georgia Division of Family & Children Services
Personal Responsibility Education Program (PREP)

Statement of Need (SoN) Overview

The Georgia Division of Family and Children Services (DFCS), Personal Responsibility Education Program (PREP) is accepting applications from existing public and private youth development entities located throughout the state of Georgia to support the implementation of evidence-based and medically accurate health education program models. Funded programs must target youth at disproportionate risk (YDR) between the ages of 10-19 (up to 21 if pregnant or parenting). For the purpose of this funding announcement, youth at disproportionate risk are recognized as those who are: homeless and/or runaway, in foster care, pregnant and/or parenting, adjudicated delinquent (DJJ), racial/ethnic minorities (African American, Hispanic/Latino), and cultural minority youth including youth who identify as Lesbian, Gay, Bi-Sexual, Transgendered, or Questioning (LGBTQ). Successful applicants will be required to implement (with fidelity) an approved evidenced-based curriculum that has been proven on the basis of scientific research to (1) delay sexual activity, (2) increase condom and contraceptive use, or (3) reduce pregnancy among youth. In addition to implementing the evidenced-based health education program models, successful applicants will also be required to implement an approved program designed to educate youth on healthy relationships, healthy life skills, and adolescent development. This announcement sets forth the application requirements, the application process, and other administrative and fiscal requirements on how to apply for funding under this competitive funding solicitation.

Implementation of Evidence-Based Programs

Successful applicants shall increase the number of youth within their target community who receive evidence-based programs and adult preparation skills to prevent teen pregnancy. The DFCS PREP Program has identified four sex education programs for replication that are supported by evidence and proven to help reduce teen pregnancy and related risky sexual behaviors. The four approved sex education programs include: (1) Making A Difference, (2) Making Proud Choices, (3) Be Proud! Be Responsible! Be Protective!, and (4) Cuidate. The three required adult preparation subjects (healthy relationships, healthy life skills, and adolescent development) have been pre-selected by DFCS. These subjects will be addressed through the 4 Core lessons of the Family Life and Sexual Health (F.L.A.S.H.) Curriculum. No additional teen pregnancy prevention programs or curricula will be approved for implementation under this SoN. DFCS will provide training and technical assistance on the chosen program model(s) for successful applicants at no cost. All program models must be implemented using one of the approved DFCS Implementation Schedules (see Applied Work Plan). More information on these programs can be found at: <http://gaprep.dhr.state.ga.us/Maintenance/DisplayPage.aspx?PageID=2>

Mission, Vision, Goal and Objectives for Georgia PREP Initiative

Mission – The mission of GA-PREP is to support the larger goals of Georgia DFCS by providing high risk youth in Georgia free access to medically accurate, age-appropriate, evidence-based adolescent pregnancy prevention programs and supplemental adult preparation training and support that are inclusive and culturally appropriate.

Vision – The vision of GA-PREP is to ensure high risk youth who are most vulnerable to pregnancies and sexually transmitted infections (STIs) are connected to evidence-based teen pregnancy prevention and adult preparation programs. This includes youth who represent the following special populations: (1) youth in foster care, (2) pregnant and parenting youth under 21, (3) youth involved with DJJ, (4) culturally underrepresented youth populations including Hispanic, African American, (5) LGBTQ youth, and (6) youth who are at risk of being or have been trafficked for commercial sexual exploitation.

Overall Goal – The overall goal of Georgia PREP is to reduce the occurrence of pregnancy, HIV and STIs among high risk youth ages 10-19 (up to 21 if pregnant and/or parenting) in Georgia through free access to medically accurate, age-appropriate, and evidence-based teen pregnancy prevention programs and supplemental adult preparation subjects that are inclusive and culturally appropriate.

Outcome Objectives and Associated Process Objectives:

1. 6,900 unduplicated youth complete 75% of GA-PREP programming on abstinence and contraception and adult preparation subjects within the next 5 fiscal years, between FY 2016 and FY 2020.
 - a. 1,100 unduplicated youth complete 75% of GA-PREP programming on abstinence and contraception and adult preparation subjects in FY 2016.
 - b. 1,450 unduplicated youth complete 75% of GA-PREP programming on abstinence and contraception and adult preparation subjects in each of the subsequent fiscal years (FY 2017 – FY 2020).
 - c. 100% of youth who attend GA-PREP programming sessions sign attendance forms at each session to receive credit for attending session.
 - d. Provide implementations at 30-40 sites each fiscal year, with 25% of implementation sites targeting specific population groups (foster youth, youth in juvenile justice, or pregnant/parenting teens).
2. 80% of GA-PREP youth surveyed at program completion report increased intent to abstain from sex, use condoms and contraceptives, and delay initiation of sex.
 - a. 100% of consented youth who are in attendance on the day of survey administration, receive an evaluation survey.
 - b. 90% of GA-PREP youth receive a curriculum appropriate for their age group and demographic (e.g. Be Proud! Be Responsible! Be Protective! only administered to pregnant and parenting youth; Making A Difference not administered to youth older than 14 years old; etc.).
3. 80% of GA-PREP youth surveyed at program completion report increased ability to form positive healthy relationships.
 - a. 100% of consented youth who are in attendance on the day of survey administration, receive an evaluation survey.
4. Improved capacity of 18-30 sub-awardees to continue implementing evidence-based teen pregnancy prevention program models, between FY 2016 and FY 2020.

- a. 100% of sub-awardees meet attendance requirements for all required GA-PREP trainings and webinars each fiscal year.
 - b. 90% of continuing sub-awardees are able to increase number of youth served from the first year of program provision to their final year of program provision.
 - c. 90% of sub-awardees report applying best practices from professional development trainings and technical assistance in implementation of PREP each fiscal year; captured within the post-training surveys and monthly reports.
 - d. Train 20 additional facilitators each fiscal year on the implementation of the evidence-based curricula, at a minimum.
5. 95% of implementations completed by sub-awardees with full fidelity to evidence-based programs, between FY 2016 and FY 2020, as shown in fidelity monitoring forms and administrative site visits.
- a. 100% of sub-awardees receive at least one administrative site visit per fiscal year by a GA-PREP state coordinator.
 - b. 100% of sub-awardees receive at least one monitoring site visit per fiscal year by the technical assistance partner, GCAPP.
 - c. 100% of sub-awardees submit a completed set of fidelity monitoring forms for each GA-PREP implementation.
 - d. The evaluation team and GA-PREP team meet 10 times per fiscal year to discuss fidelity challenges and solutions, at a minimum.

SECTION A- GENERAL FUNDING INFORMATION

I. Statutory Authority

The United States President signed into law the Patient Protection and Affordable Care Act on March 23, 2010. The Act amended Title V of the Social Security Act to include a new formula grant program entitled the Personal Responsibility Education Program (PREP). Funds must be used for a program designed to educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, and at least three adulthood preparation subjects.

II. Target Populations

Funded PREP programs must provide services to youth residing in a county within the state of Georgia. Youth are defined as those who have attained age 10 but have not attained age 20. Programs may serve pregnant and parenting youth up to age 21. Applicants are required to provide specific information about the YDR target population(s) to be served in the proposal narrative. YDR populations are recognized as those who are: homeless and/or runaway, in foster care, pregnant and/or parenting, adjudicated delinquent (DJJ), racial/ethnic minorities (African American, Hispanic/Latino), and cultural minority youth including youth who identify as Lesbian, Gay, Bi-Sexual, Transgendered, Questioning (LGBTQ). Youth ages 10-19 (up to 21 if pregnant and/or parenting) will receive one of the following evidence-based curricula: Cuidate; Making a Difference; Making Proud Choices; or Be Proud! Be Responsible! Be Protective. In addition, all youth will receive adult preparation through a modified version of the Family Life and Sexual Health (F.L.A.S.H.) curriculum. F.L.A.S.H. will address three of the six adulthood preparation subjects outlined in the PREP project: (1) Healthy relationships (e.g., positive self-esteem, relationship dynamics, dating, romantic involvement, marriage); (2) Adolescent development (e.g., healthy attitudes and values, identify development); and (3) Healthy life skills (e.g., goal setting, decision making, communication and interpersonal skills).

III. Eligibility Information

State government agencies, public education agencies, local county governments, and non-profit organizations in counties throughout the state of Georgia may apply for funding under this SoN. Applications from agencies and organizations proposing to serve youth outside of the state of Georgia will not be reviewed. Additionally, agencies and organizations on the State Debarred Contractor List and Federal Excluded Parties List are ineligible to apply for funding.

IV. Award Information

Under this announcement, an appropriation in the amount of **\$675,000.00** will be allotted to successful applicants (sub-recipients). The approximate floor of individual awards range is \$20,000 with a ceiling of \$30,000. The appropriated funds will fund approximately 22 awards. Agencies and organizations that have been selected as DFCS Personal Responsibility Education Program (PREP) funding award recipients will be notified via email. Contracts will be awarded annually for three years contingent upon contract compliance, continuation proposals, and availability of funding. The initial contract period will run from October 1, 2016 – September 30, 2017 or date contract is fully executed (if after October 1, 2016) through September 30, 2017.

This is a **reimbursement** only grant. Funded grantees must initially expend their own funds prior to receiving reimbursements. Therefore, it is highly recommended and expected that all grantees have the capital to sustain full program operations for a minimum of three months.

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Important Note: The contract MUST be fully executed before any service provision can begin.

Use of Funds

Awarded PREP funds must be used for the delivery of approved evidenced-based pregnancy prevention curricula and adult preparation services to vulnerable at-risk youth between the ages of 10-19 residing in counties throughout the state of Georgia. Funds may be used to cover costs of personnel, supplies, instructional materials, grant-related travel, and other grant-related costs. Allowable administrative functions/costs include usual and recognized overhead, including indirect rates for all consortium organizations that have an approved indirect cost rate, and management and oversight of specific project components funded under this program.

Funding Restrictions and Limitations

Under this funding source, sub-recipients are not allowed to use funds to support inherently religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing. Funds may not be used for building alterations or renovations, construction, fundraising activities, political education, or lobbying. Funds under this announcement cannot be used to supplant or replace current public or private funding, to supplant ongoing or usual activities of any organization involved in the project, to purchase or improve land, to purchase, construct, or make permanent improvements to any building, or to reimburse pre-award costs.

Program Evaluation Costs

Evaluation design and analysis will be coordinated by DFCS. If an applicant plans to implement a more extensive evaluation plan, then these costs must be covered by other funding sources.

Cost Sharing or Matching

Cost-sharing or matching of non-Federal funds is not required under this announcement. Although there is no statutory match requirement for this SoN, leveraging other resources and related ongoing efforts to promote sustainability is encouraged. Leveraging of other funding sources should be documented in the budget narrative section.

Required Travel for Training (must be included in budget)

Training Topic	Tentative Date	Location	# of Days
PREP Contractor Orientation ***	October 12, 2016	Metro Atlanta	1
Webinar: GTO Steps 1-3*	October 26, 2016	At your desk	3 hours
Webinar: GTO Steps 4-6*	November 2, 2016	At your desk	3 hours
In person: GTO Steps 7-8 *	November 9, 2016	Macon, Georgia	1
In person: Curriculum Training**	December 12-16, 2016	Metro Atlanta	5
In Person: GTO Steps 9-10 Continuous Quality Improvement/Sustainability Training***	January 18, 2017	Macon, Georgia	1
In person: Professional Development Training (TBD)**	April 19, 2017	Macon, Georgia	1
Webinar: TBD***	May 10, 2017	At your desk	2 hours
Sub-Awardee Wrap Up Meeting ***	June 14, 2017	Metro Atlanta	1

Mandatory Attendance
 * Administrator
 ** Facilitator
 *** Administrator and Facilitator

V. Reporting Requirements

DFCS GA-PREP will monitor awarded applicants to promote accountability. Monitoring ensures the mutual success of DFCS and the sub-recipients in achieving contract deliverables. Annual work plans will be reviewed by the assigned GA-PREP State Coordinator, GA-PREP Data Manager, and/or GA-PREP contracted evaluator. Monitoring will occur routinely through ongoing communication between GA-PREP and sub-recipients, annual administrative site visits, and sub-recipients reporting (i.e., work plan, monthly fiscal and programmatic reports, and process and outcome performance measures). Funded sub-recipients will be required to adhere to the programmatic and fiscal reporting requirements as described below:

Monthly Fiscal Report

A detailed expenditure report and invoice is required on the 10th business day following the close of each month. The expenditure report must provide an itemized description of how the funding was used to support implementation and deliverable attainment. Sub-recipients will be required to maintain current documentation including receipts, purchase requisitions, sub-contracts, and memorandums of understanding.

Programmatic Reports

Monthly Programmatic and Fidelity Monitoring Reports will be required along with the monthly fiscal report on the 10th business day following the close of each month. The *Monthly Programmatic Report* will describe progress on achieving work plan deliverables and associated measures. The *Fidelity Monitoring Report* will be used to assess sub-recipients compliance with implementing curricula with integrity.

Youth Entry and Exit Surveys

In a concerted effort to evaluate program impact, each youth participating in activities funded through GA-PREP will be administered an entry and exit survey at program commencement and conclusion. The surveys will be supplied by GA-PREP and provide a measure of a youth's risk and protective factors against unintended pregnancy, HIV/STIs, and other unhealthy behaviors. The surveys will also allow for measuring influence of programming on targeted behavior.

Training and Technical Assistance

Funded sub-recipients must participate in required meetings, trainings, technical assistance calls, and site visits as required by GA-PREP.

SECTION B- CONTRACT REQUIREMENTS

If awarded funding, the sub-recipient will have to follow the contract deliverables outlined below:

1. Implement with fidelity, at minimum one (1) of the evidence-based programs identified by the Department to at-risk youth with the intent to change behavior, which means delaying sexual activity, increasing condom or contraceptive use for sexually active youth, and reducing pregnancy among youth.

The following curricula are approved for PREP funding:

- I. Making A Difference
- II. Making Proud Choices
- III. Be Proud! Be Responsible! Be Protective!
- IV. Cuidate

2. Integrate at least three (3) adult preparation subjects from the identified curricula selected by the Department. Provide high quality instruction that teaches needed skills for healthy physical and emotional development, which may include among others: forming healthy relationships, parent-child communication, financial literacy, and educational success. The following curricula is approved for adulthood preparation subjects:

- I. Family Life and Sexual Health (F.L.A.S.H.)

3. Ensure service provision is provided to teens/young adults, ages 10 – 19 (up to 21 if pregnant or parenting), as outlined by an approved DFCS applied work plan.

4. Ensure that a minimum of **TBD** eligible and unduplicated youth graduate (attend 75% or more scheduled hours of programming) from GA-PREP programming

5. Participate in required training on each of the selected curricula and other required professional development training as identified by the Department.

6. Attend on going GA-PREP sponsored Professional Development trainings and provide a copy of certificate of attendance.

7. Ensure and verify all staff have the required certifications, trainings and /or credentials for PREP service provision. DFCS reserves the right to be the final approver for service providers.

8. Administer and submit DFCS approved participant registration forms on all recipients of service and secure parental consent for all youth completing youth entry and exit surveys.

9. Submit an original sign-in sheet for each implementation session as verification of service provision.

10. Complete corresponding fidelity monitoring forms per implementation session and submit along with monthly programmatic report on-line as verification of service provision by the 10th business day of each month.

11. Complete and submit monthly invoices/ reimbursement for expenditures by 10th business day of each month.

12. Administer, collect, and return youth entry and exit surveys to designated evaluation contractor.
13. Develop and implement a minimum of two outreach events in support of approved DFCS National Health Observances.

SECTION C-PROPOSAL NARRATIVE

This Statement of Need has been issued by the Georgia of Family and Children Services- Personal Responsibility Education Program to seek proposals from eligible entities to implement personal responsibility education programs that replicate evidence-based effective program models that have been proven on the basis of scientific research to change behavior, which means delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy among youth and incorporate three adult preparation subjects.

All of the items described in this section are service provisions, levels and/or terms and conditions that the DFCS Personal Responsibility Education Program (PREP) expects to be satisfied by selected contractors. Each agency/organization must indicate and describe its willingness and ability to satisfy these requirements, where requested (**See Section E for proposal narrative format requirements**).

Table of Contents (No page limit - 0 pts)

Provide a detailed table of contents including all strategies for the entire submission package that includes all of the documents being submitted in the application and headers in the project narrative section.

Proposal Abstract (1 page - 5 pts)

Provide a concise summary of the proposed project activities including a) statement of need; b) definition of targeted geographic location; c) description of the target YDR population and d) number of youth to be served.

I. Experience and Organizational Capacity (not to exceed 8 pages - 40 Points)

This section of the proposal is intended to convey the experience and capacity of the applicant, its staff and any collaborating partners to carry out the scope of services. It should convince reviewers that the applicant is the most qualified candidate to provide the services requested.

1.1 Describe the applicant's overall *mission, program, and services*, and indicate how implementing teen pregnancy prevention programming aligns with agencies overall mission.

1.2 Describe the organizational experience (both programmatic and financial) that qualifies it to manage this project. Applicant should describe experience in planning and administering adolescent HIV, STD, and/or teen pregnancy prevention programs and services.

1.3 Briefly describe the applicant's staffing and project management capacity as it relates to the implementation of the requirements outlined in this announcement. Applicants must clearly delineate the roles and responsibilities of project staff and their qualifications and the elements of project management required to execute the award. Include information about any contractual organization(s) that will have a significant role(s) in implementing program activities and achieving project outcomes. Specify who would have day-to-day responsibility for key tasks. Applicants should identify and describe the qualifications and experience, and roles and responsibilities of the project director and all project staff. Applicants may describe how they will assess staff competencies and develop a plan to address gaps through organizational and individual training and development opportunities as it relates to the implementation of the requirements outlined in this announcement. Include resumes for the project director and all staff

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involved in the project. Resumes should be included as application attachments and will not be counted toward page limits.

1.4. Describe how the sex education program model you select (from the list of DFCS approved program models in Appendix A) will meet the needs of and are tailored to the unique cultural and environmental needs of the identified target populations. This description should also include the rationale for choosing the proposed evidenced-based model and describe why the program models selected will be effective in reducing rates of teen pregnancy and births, or associated sexual outcome behaviors in the selected setting(s) (e.g., school, community-based setting, county, target population). [Note: the table below describes approved special populations for each DFCS approved sex education program model.] In addition to the sex education program model, please describe how F.L.A.S.H. will be used to meet the needs of the target populations to be served.

Approved sexual education curricula for specific populations:

Curricula	Middle School Age (10-14)	High School Age and older (14+)	Special Populations (DJJ, Foster Youth)	Pregnant and Parenting Youth
Making a Difference	Yes	No	No	No
Making Proud Choices	Yes	Yes	Yes	No
Be Proud! Be Responsible! Be Protective!	Yes – if pregnant/parenting	Yes – if pregnant/parenting	Yes – if pregnant/parenting	Yes
Cuidate	No	Yes	Yes	No

1.5. Describe a plan for completing and submitting the required monthly programmatic report using the online database. Include the name, title, and position for the person who will be responsible for entering data into the database and b) monitoring the database to ensure that data is being entered on a regular basis.

II. Approach and Plan of Operation (not to exceed 6 pages - 40 Points)

Strategic partnerships and collaborations are crucial to implementing and achieving PREP outcomes. Applicants are encouraged to build and expand collaborative relationships with strategic partners to achieve greater program impact and sustainability; maximize partnerships with other agencies and organizations to avoid duplication of efforts, and to leverage funding. This section of the proposal supplements the applied work plan and describes in narrative how the applicant will meet the overall goal(s) of GA-PREP

2.1. Clearly describe arrangements for coordination of services with community partners and how they will contribute to the program. Include a detailed description of the “Implementation Team” and any type of support or contribution for the program. All applicants are required to submit a **Letter(s) of Commitment (LOC)** for each agency they plan to partner with to implement GA-PREP. The LOC must be submitted on official letterhead with original signature and should articulate the nature of proposed collaboration and level of support. LOCs are due at the time of application. Successful applicants will be required to obtain MOA/MOU prior to commencing program implementation.

2.2. Describe and demonstrate the applicant's ability to recruit and retain targeted populations for the specified period of time needed to complete programming. This description should be consistent with the implementation plan selected in the applied work plan. If applicable, describe how the applicant will provide referral to clinic base services and/or other youth development services.

2.3. Describe a plan for ensuring the safety of participating children and youth. The safety and emergency management plan should provide the name, title/position, phone number(s) and email address of the contact person for your organization/agency in the event of a disaster, outline how the safety of children will be maintained on-site (requiring parent sign-out, checking identification etc.), and the agency's plan, if any, to continue providing services to the participating youth in the event of a disaster.

III. Sustainability Plan (not to exceed 2 pages - 5 Points)

3.1. Describe the applicant's experience analyzing, communicating, and disseminating data.

3.2. Describe applicants plan to use evaluation data to promote continuous quality improvement strategies.

3.3. Explain the process that applicant will take to ensure continuation of services and sustainability of community-wide practices to reduce teen pregnancy and HIV/STIs. Detail efforts to secure external funding and the leveraging of community resources to ensure services continue and even expand in the absence of funding.

VI. Budget and Budget Justification (not to exceed 5 pages – 10 Points)

An itemized budget narrative is required as part of an applicant's submission and will be scored. The budget narrative must thoroughly describe how the proposed categorical costs are derived. When developing the budget narrative, applicants should consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program implementation plan outlined in the applied work plan. Discuss the necessity and reasonableness of the proposed costs. All Applicants must outline proposed costs that support all project activities in the Budget Justification. Applicants are to document budgeting for staff attendance to the mandatory new contractor orientation, curriculum, and professional development training under the travel cost category.

Costs are not allowed to be expended until the execution date listed on DHS contract. Whether direct or indirect, all costs must be allowable, allocable, reasonable and necessary under this funding announcement. For the purposes of this SON, the **Budget Period is defined as: 10/01/16 to 9/30/17.** The proposed budget shall include the following items:

4.1 Budget Form (provided by DFCS) See SoN Form C. This form details the costs of your proposal.

4.2 Budget Justification- Describe in detail each expense item and personnel position for which funding is requested, linking each to the services to be provided. Ensure that the budget is appropriate in relation to the proposed activities, reasonable, clearly justified, and consistent with the intended use of funds. Include travel funds needed to attend training events

throughout the year: curriculum training (identified facilitators), Getting to Outcomes training (one staff member responsible for project management), and professional development (facilitators). All training events are tentatively scheduled to be held in Metro Atlanta or Macon. There will be no cost for participants to attend webinars. Each justification should show how the amount on the line item budget was calculated, and it should be clear how the expense relates to the project. For example, a line item expense of \$2,493.75 for Educational Materials might be justified as follows: "Educational Materials": A student workbook from the ABC Evidence-based Curriculum for each of the 125 program participants (125 workbooks @ \$19.95 = \$2,493.75). Indirect costs shall be kept to a minimum.

SECTION D-APPLICATION SUBMISSION

1. Additional Documentation to Include with Application

- IRS Determination Letter**- Those applicants which are non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c) (3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)
- Data Universal Numbering System**- All applicant organizations must obtain a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal awards or CAs. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An Authorized Organization Representative (AOR) should be consulted to determine the appropriate number. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the internet, obtaining a DUNS number may take one to two days at no charge. If your organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet (fedgov.dnb.com/webform/displayHomePage.do).
- Insurance Certificate**- Each applicant will be required to submit a copy of an insurance certificate satisfying required liability coverage, limits and certificate holder. Copy of Insurance Certificate must be submitted at time of application. (minimum \$3,000,000.00 umbrella)
- Tax Compliance Form (Non-Profit Organizations Only)** - Each non-profit organization is to complete the tax compliance form and submit at the time of application (Form D)
- Security and Immigration Compliance Affidavit**- Each applicant is required to complete the Security and Immigration Compliance Affidavit and submit at time of application. (Form E)
- Criminal Records Check Verification**- Each applicant is required to attest that their organization will comply with the DHS/DFCS Criminal History Investigations requirements as they are to be outlined should a contract (Form F)
- 2011 IRS Form 990 (Non-Profit Organizations Only)**- Each non-profit organization applying for funding through this solicitation must submit a copy of their submitted Form 990 filed with the Internal Revenue Service (IRS) for tax year 2011. If applicant did not submit Form 990 for the 2011 tax year based on the *Department of Treasury Internal Revenue Services 2011 Instructions for Form 990 Return of Organization Exempt From Income Tax* (<http://www.irs.gov/pub/irs-pdf/f990.pdf>), provide a letter on your organizations letterhead stating why your organization did not file a 2011 Form 990 and include within your letter your corresponding provision listed in Section B that applies to your organization. This letter should be signed by an authorized representative of the agency.

SECTION E-POST AWARD

1. Award or Rejection

All qualified applications will be evaluated and award made to that agency whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. DFCS reserves the unqualified right to reject any or all offers if determined to be in its best interest. All applicants will be notified of funding decisions via email.

2. Disbursement of Funds

Funds to grantees will be dispersed on a cost reimbursement basis only. The grant recipient will be required to submit monthly invoices of expenses and supporting documentation within 10 days from the end of the month for which it is being submitted.

3. Review of Applications

The application is worth a total of 100 points. Point values are clearly marked beside each item on the application form (see Application Checklist). Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with adolescent health issues. Staff from applicant agencies may not participate as reviewers. The committee uses a standardized set of criteria based on various factors to establish a score for each application and provides recommendations for funding. The award of a grant to one agency does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies are cautioned that the reviewers are not required to request clarification; therefore, all applications should be complete and reflect the most favorable terms available from the agency.

4. Contract

DFCS will issue a contract to successful applicants. The initial contract period will run from October 1, 2016 through September 30, 2017 or date contract is fully executed (if after October 1, 2016) through September 30, 2017.

Important Note: The contract must be fully executed before any service provision can begin.

**FFY 17
GA-PREP Statement of Need (SoN) Scoring Guidelines**

In the scoring of applications, eligible applications will be evaluated against the following criteria during Phase II review.

Required Elements of Proposal Narrative	
Proposal Abstract (1 page)	5 points
Experience and Organizational Capacity (8 pages)	40 points
Approach and Plan of Operation (6 pages)	40 points
Sustainability Plan (2 pages)	5 points
Budget and Budget Justification (5 pages)	10 points

Application Checklist

- Application/Contract Cover Sheet (*Form A*)**
- Proposal Narrative**
- Applied Work Plan (*Form B*)**
- Budget and Budget Justification (*Form C*)**
- Organizational Chart**
- Resumes for Implementation Administrator and all implementation staff**
- Copy of Certificate of Liability Insurance (*Non-Profit Agencies Only*)**
- Documentation of 501(c)(3) tax-exempt status (*Non-Profit Agencies Only*)**
- Copy of Submitted IRS Form 990 for tax year 2011(*Non-Profit Agencies Only*)**
- Tax Compliance Form (*Form D*) (*Non-Profit Agencies Only*)**
- Security and Immigration Compliance Affidavit (*Form E*)**
- Criminal Records Check Verification (*Form F*)**
- Required Letters of Commitment**

APPLICATION DEADLINE JULY 27, 2016 AT 4:00 PM

*****Submit 1 Original Application and 2 Copies*****

One (1) Original Application and Two (2) Copies of the proposal application to this Statement of Need must be submitted via postal mail or by hand-delivery in one (1) envelope/package.

NOTICE FOR HAND-DELIVERY ONLY: If hand-delivering the proposal package, please do not bring it to the 26th floor. There will be a table in the 2 Peachtree building Lobby where proposal packages can be submitted. There will be a sign clearly identifying the table where the proposal package should be submitted.

APPLICATIONS SENT VIA STANDARD OR EXPEDIATED MAIL SHOULD BE SENT TO:

**Georgia Division of Family and Children Services
Personal Responsibility Education Program (PREP)
Attention: PREP SON
Two Peachtree Street, NW
Suite 26- 467
Atlanta, Georgia 30303**

Important Note: Agencies and organizations MUST submit One (1) Original Application and Two (2) Copies of the application and proposal via standard mail, expedited mail (UPS, FedEx etc) or hand-delivery in one (1) envelope/package. DO NOT MAIL OR DELIVER SEPARATE ENVELOPES OR PACKAGES. DHS encourages each agency and organization submitting an application and proposal to retain a copy of their submission for their records.

DHS, DFCS and the Personal Responsibility Education Program reserves the right to reject any and all applications, including proposals not delivered via standard mail, expedited postal mail, or hand-delivery. Additionally, all costs and responsibility for application and proposal submission is the responsibility of the applying agency and organization. DHS is not responsible for the costs associated with the application and proposal delivery or the delivery date, time and signature.

Form A: Georgia Division of Family and Children Services

**Personal Responsibility Education Program (PREP)
FY 2017 Statement of Need (SoN) Cover Sheet**

STATEMENT OF NEED COVER SHEET			
Legal Name of Agency:			
Mailing Address (include zip code+4):			
Address Youth Surveys Should be Mailed to:			
Corporate Status of Proposing Agency:			
<input type="checkbox"/> Sub-recipient			
<input type="checkbox"/> Public Entity (<i>city, county or state agency or institution- school systems included</i>)			
<input type="checkbox"/> Private Non-Profit Agency/Organization			
<input type="checkbox"/> Other:			
Executive Director Name:			
Name and Title of additional individual(s) with signature authority:			
Federal Tax ID (FEIN) #:		DUNS #:	
State Taxpayer Identification (STI) #:	Sales and Use Tax #:	Withholding Tax #:	
Agency's Financial Reporting Year (Fiscal start/end date):			
Do the agency's state and/or federal expenditures exceed \$500,000 for the current fiscal year (excluding amount requested)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you use other funds to support/off set PREP Implementation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, are other funds <input type="checkbox"/> Private or <input type="checkbox"/> Federal			
PROJECT IMPLEMENTATION TEAM			
<i>Salaries/Per Diem for each individual listed below should be reflected in budget and budget justification</i>			
NAME	POSITION/ROLE	EMAIL	TELEPHONE NUMBER

Applied Work Plan

Form B

Master Implementation Site Roster

Provide the following information for each unique site your agency/organization proposes to implement programming at under this funding announcement. **Applicants must submit a Letter of Commitment (LOC) for each site listed at the time of application if they are partnering with a separate agency/organization to implement programming. *PLEASE NOTE THAT SITE NAMES SHOULD BE THE ACTUAL LOCATION WHERE PROGRAMMING WILL TAKE PLACE.**

	Site Name*	Address	City	State	County	Zip Code	Number of youth to be served*	Age range of youth to be served	Priority Population to be Served				
									AA	H	FY	LGBTQ	PP
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
Totals													
Please Note: TOTAL NUMBER OF YOUTH TO BE SERVED = TOTAL NUMBER OF UP YOUTH COMPLETING 75% OF PROGRAMMING													

Legend

- AA=African American Youth
- H=Hispanic/Latino Youth
- FY=Foster Youth
- LGBTQ= Lesbian, Gay, Bi-Sexual, Transgendered, Questioning Youth
- PP= Pregnant and/or Parenting Youth

Individual Site Implementation Form

Complete one form for each unique site listed on the Master Implementation Site Roster

Site Name & Address:						
Proposed Curriculum		<i>Select one Curriculum and Option (A,B, or C) that best outlines your Proposed Implementation Model for this site</i>				
<input type="checkbox"/> Be Proud Be Responsible Be Protective <input type="checkbox"/> Making Proud Choices <input type="checkbox"/> Making A Difference	Option	# of Implementation days per week	Time for each session	# of modules completed during each session	Minimum # weeks required for 1 implementation cycle (Sex Ed and F.L.A.S.H. combined)	Day(s) and Time(s) of Implementation for this site
	<input type="checkbox"/> A	1 day per week	60 min	1 module	12 weeks	Monday:
	<input type="checkbox"/> B	1 day per week	120 min	2 modules	6 weeks	Tuesday:
	<input type="checkbox"/> C	2 days per week	60 min	1 module	6 weeks	Wednesday:
	<input type="checkbox"/> A	1 day per week	60 min	1 module	14 weeks	Thursday:
<input type="checkbox"/> Cuidate!	<input type="checkbox"/> B	1 day per week	120 min	2 modules	7 weeks	Friday:
	<input type="checkbox"/> C	2 days per week	60 min	1 module	7 weeks	Saturday:

Number of Youth to be Served at this Implementation Site:

Target Population(s) to be Served	African American	Hispanic/Latino	Foster Youth	LGBTQ	Pregnant/Parenting	Living with HIV/AIDS	Total number of unduplicated youth to be served
Males age 10-14							
Females age 10-14							
Male age 15-19							
Female age 15-19							
Totals							

Please Note: TOTAL NUMBER OF YOUTH TO BE SERVED = TOTAL NUMBER OF UP YOUTH COMPLETING 75% OF PROGRAMMING

Budget and Budget Justification Form C

FORM C- Budget and Budget Justification
 Personal Responsibility Education Program

Expense Type	DHS/DFCS Funding	Other Non-Federal Funds	Total	Budget Justification
A. Personnel Salaries				
B. Regular Operating				
C. Travel				
D. Facility Costs				
E. Per Diem and Fees Contracts				
F. Telecommunications				
G. Indirect Costs				
<i>TOTAL</i>				

Tax Compliance Form

Form D



TAX COMPLIANCE

INSTRUCTIONS TO SUPPLIERS

Please complete the following information:

- Supplier's Name:
- Physical Location Address:
- Federal Identification Number (FEI):
- Have you ever been registered in the State of Georgia?
- 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 service will you perform?
- Will you sell any tangible personal property or goods?
- 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 the CFO, the company tax officer, etc.):
 - Name:
 - Telephone Number:
 - E-mail 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*.

Security and Immigration Compliance Affidavit

Form E

Security and Immigration Compliance Affidavits

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:

_____ *(This is a 4, 5, or 6 digit number, also known as eVerify Company ID)*
Federal Work Authorization User Identification Number *(Not Tax ID or SS Number)*

_____ *(This is the date the Company ID was issued by the Federal eVerify system)*
Date of Authorization

_____ *(Legal Name of Contractor, not an abbreviated version)*
Name of Contractor

_____ *(or Service Provided, such as "DFCS Client Services")*
Name of Project

Department of Human Services
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ____, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

Security and Immigration Compliance Affidavits

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor 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 under a contract with (_____ [name of contractor]) 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 subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Subcontractor

Name of Project

Name of Public Employer

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

Executed on _____, ____, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____,201__.

NOTARY PUBLIC

My Commission Expires:

Criminal Records Check Verification Form F



STATE OF GEORGIA
Division of Family and Children Services

Nathan Deal
 Governor

Bobby D. Cagle
 Director

Georgia Division of Family and Children Services
 Community Programs Unit
Personal Responsibility Education Program (PREP)

Criminal History Investigations Verification Form:
PY-6 October 1, 2016-September 30, 2017

AGENCY/ORGANIZATION INFORMATION				
Legal Name of Contracting Agency:	Program Name: <i>If different from Agency Name</i>			
Agency Mailing Address:	City:	Zip Code:	State:	County:
Agency Physical Address:	City:	Zip Code:	State:	County:
FEIN: <i>This is the FEIN of the Contracting Agency</i>	Fiscal Year End Date: <i>MM/DD</i>			
Corporate Status of Contracting Agency: <input type="checkbox"/> Public Entity (<i>city, county or state agency or institution- school systems included</i>) <input type="checkbox"/> Private Non-Profit Agency/Organization <input type="checkbox"/> Other:				
Executive Director of Contracting Agency:	Telephone: () -	Email Address:		

By signing below, I attest that I am a contractor with the Georgia Department of Human Services (DHS) and my organization will comply with the DHS Criminal History Investigations requirements as they are to be outlined in *PARA 122: CRIMINAL HISTORY INVESTIGATIONS* of my DHS contract. I understand the Department has the right to contact the Georgia Applicant Processing Services (GAPS) to confirm my organization has registered and completed background checks for staff who work under the DHS contract. I further understand any false information indicated on this form may result in the termination of my DHS contract. Failure to comply with the criminal history investigation requirements as outlined in *PARA 122* of the contract may be cause for termination. Per *PARA 110: Termination* of the contract, *the contract may be terminated for cause, in whole or in part, at any time by the Department for failure of the Contractor to perform any of the provisions thereof.* These provisions include the criminal history investigation (background check) requirements outlined in *PARA 122*.

Printed Name _____ Title _____ Date _____

Signature _____

Appendices

Appendix A: GA-PREP Approved Program Models

This table is intended to provide a brief snapshot of the program models that are approved for funding. Applicants are encouraged to do their own additional research and choose a proposed program model(s) from the list that will most effectively address the needs of their communities. Final curriculum selections will be made after successful applicants have gone through GTO Training.

Program Model	Setting		Race/Ethnicity			Gender		Grade	
	School	Community or After School	Mixed Racial/Ethnic Groups	African American	Hispanic/Latino	Males	Females	Junior High 10-14	Senior High 15-19
Be Proud Be Responsible Be Protected	X	X	X	X	X	X**	X		X
Cuidate!		X			X	X	X		X
Making A Difference	X	X	X	X	X	X	X	X	
Making Proud Choices	X	X	X	X	X	X	X	X	X
F.L.A.S.H	X	X	X	X	X	X	X	X	X

1. **Cuidate**
<http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/cuidate.htm>
2. **Making a Difference**
<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=127>
3. **Making Proud Choices**
<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=128>
4. **Be Proud, Be Responsible, Be Protected**
<http://www.etr.org/recapp/index.cfm?fuseaction=pages.ebpDetail&PageID=607>
5. **Family Life and Sexual Health/DFCS PRE-SELECTED CURRICULUM FOR ADULT PREPARTION**
<http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/FLASH.aspx>

*X** -Applicants interested in implementing this curriculum with teen fathers should contact the PREP Director via email at prep@dhs.ga.gov*

Appendix B: Eligible and Ineligible Expenses

Eligible Expenses	
Personnel Services	
Salaries/Fringe Benefits	Expenses such as employee wages (hourly and salaried) and employee benefits, health insurance, FICA, etc. Personnel costs for any staff not be providing direct services (administrative staff) to program participants may not exceed 10% of the total budget.
Regular Operating	
Incentives	The costs associated with providing non-cash incentives to youth who participate in the program. Cash Incentives are not allowable under this funding announcement
Audit	Costs associated with the audit of the program.
Maintenance	Costs associated with maintaining equipment (warranties).
Marketing/Communications	Costs associated with marketing and promoting services, including printing, as well as postage costs related to communications with families/caretakers.
Supplies	Materials used in the provision of services to families such as curriculums, contraceptive kits, workbooks, etc.
Facility Costs	
Rent	Costs associated with rent or use of donated buildings.
Phone, Fax, Internet	Costs associated with maintaining communication lines for computer, phone or fax use.
Leased Equipment	
Computer Hardware	The cost of leasing computers to support service activities.
Equipment	The costs associated with purchasing or leasing equipment used to meet deliverables for program service delivery to youth, May not exceed \$1,000.00 per item.
Travel	
Transportation/Travel	Vehicle operating costs associated with the transportation of participants or leasing costs of a vehicle expressly for the purpose of transporting participants. Transportation expenses incurred by staff in the delivery of services to program participants. Staff expenses for meals, lodging, and mileage for DHS approved training.
Per Diem & Contracts	
Per Diem, Fees, and Contracts	Costs associated with agreements for service delivery evidenced by a written agreement for services or activities (MOA/MOU) with a subcontractor, professional services, professional development, evaluation, technical assistance or temporary labor or services.
Indirect Costs	
Indirect	Costs of an organization that are not directly related to the provision of services, but that are necessary to the general operation of the organization and its activities. May not exceed 10% of proposed budget.
Ineligible Expenses	
Childcare	Childcare provided for any purpose other than to facilitate the participation of parenting youth (teen parents) in program services and activities.

Furniture	Purchase of office furniture.
Land/Buildings	The purchase or partial purchase of land or any type of building.
Major Renovations/Building Projects	Structural changes or extensive alteration of facility.
Office Equipment	Telephones, laminating machines, fax machines, copy machines, purchase of computers or printers. In addition, funds cannot be used for administrative office equipment.
Outdoors	Landscaping services, yard maintenance, fences or driveway/parking lot paving.
Utilities	Electricity, natural gas, fuel oil, water and sewage charges.
Vehicles	The purchase of a vehicle or the maintenance expense of a vehicle.

Guidance on Providing Incentives to Youth Participants

Non-cash incentives may be provided to participants in order to ensure the level of commitment that is needed to achieve the expected outcomes of the program. Applicants should ensure that the level of incentives is appropriate for the level of commitment that is needed for the participants to achieve the expected outcomes of the program. Funds may be used for non-cash incentives such as gift cards, movie passes, and meals. If gift cards will be provided, applicants must outline a plan to log them by serial number, maintain them in a locked storage cabinet, and obtain the signature of individuals upon receipt of the cards. State funds may not be used to provide cash payments as incentives. Applicants wishing to provide cash incentives to participants must use other funds.