

## FFY2019 PSSF SoN TA March 24-27, 2018

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| 20 | <p>Can I just put my agency's Savings Account on the Cash Match Form as the source for the match?<br/> <b>If your agency is providing the matching funds from its savings account, indicate the sources for the funds in the account (private donations, fundraising, etc.).</b></p>  |
| 21 | <p>Would I put N/A for questions 1, 2 and 4 in Section B of the Current Contractors Report since we did not receive funding for FFY2018?<br/> <b>If you do not have a current FFY2018 PSSF contract, do not complete the Current Contractors Report – Form #2.</b></p>  |
| 22 | <p>For the Service Model can I just put TLR/SFV?<br/> <b>Yes, you may identify the service model by its abbreviation.</b></p>   |
| 23 | <p>On Form # 4 Services, the boxes do not allow you to check them. Can I just highlight them in yellow?<br/> <b>Replace the boxes with an "X", so the choice will be clear when printed in black and white for the review team.</b></p>   |
| 24 | <p>Do we have to use a Family Assessment and a Screening Tool for TLR/SFV?<br/> <b>Use the appropriate tool to collect information about a family that will be used to develop their visitation plan. See the requirements for a supervised visitation plan included on S1 of Services Form #4.</b></p>   |
| 25 | <p>For programs that complete a clinical treatment assessment, separate from the initial family intake assessment, on form #4, is it preferred that we copy and paste the assessment services table and use that format for the clinical treatment assessment, or should we use the basic service table format that is used for all other services?<br/> <b>For the clinical treatment assessment, use the "regular" or basic services form, not the Initial Assessment services form. You do not need to include all of the Initial Assessment description/text on the S form for the clinical treatment assessment.</b></p> |
| 26 | <p>As part of teaching healthy coping skills for dealing with trauma, we have been planning on starting a basic yoga class that would be offered to children and parents. Under the Family Preservation-Placement Prevention, for the additional required services, would this yoga class qualify as a parent-child activity, assuming the children and parents are taking it together?<br/> <b>If parents and children are participating in the class together, then yes, you can consider this a parent/child activity.</b></p>   |
| 27 | <p>We do our initial assessment to create our ISP, but we also have a final assessment and mid-year assessment every 6 months to track change. Should we create a separate service for the 6 month and discharge assessments even though they are the same as the initial?<br/> <b>Yes, any subsequent assessment should be identified on a separate "S" form from the initial assessment.</b></p>  |
| 28 | <p>If our CEO is an officer on our secretary of state screenshot, can he sign all of our documentation (including our corporate resolution)?<br/> <b>Any officer <u>authorized</u> by the Board of Directors (as indicated on the corporate resolution) may sign all documents. This officer must be identified on the documents by their title on the GA Secretary of State registration.</b><br/> <b>Who signs the corporate resolution is up to your Board of Directors (generally it's the Secretary, but Board policy should dictate if other officers can sign a resolution).</b></p>                                   |
| 29 | <p>What is the difference between the questions on the Narrative, Needs Assessment section - 2b and 3b? I have read them several times and I'm having a hard time understanding what makes them different. Is question 3 the same question but just specific to the local county?<br/> <b>Question 2b refers to your consultation/collaboration about the specific needs of families, and 3b refers to the extent of the demand for these services by families in your community.</b></p>   |
| 30 | <p>If we are a returning provider, do we have to request to continue our current program in order to propose a new program?<br/> <b>No, you do not have to continue a current program if you determine that the program no longer addresses the needs of the families in your community. Make sure you explain in Section A of the Current Contractor Report (Form #2) why you are not continuing the current program for next year.</b></p>  |
| 31 | <p>Does the new program we propose have a restriction on the amount we can request and would that be affected if we chose not to continue our current program?<br/> <b>Any proposal that is for a program not funded in FFY2018 is limited to a total cost of \$50,000 (\$37,500 federal award and \$12,500 cash match).</b></p>  |

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| 32 | <p>I cannot enter an amount into the Federal Award section of the Cover.</p> <p>You can only enter the "Total Cost" amount on the Cover – Form #1. The Federal Award and Cash Match Commitment will automatically calculate based on the Total Cost.</p>   |
| 33 | <p>We attended the meeting last week, and are getting started on this, but I have a question about the program name and ID#. We are not sure what this is.</p> <p>As a new applicant, you may choose any program name for your PSSF proposal - it can be the name of a program you currently have and intend to expand with PSSF funds, or it can be indicative of a different focus you're planning. Just don't make it the same as your agency name.</p> <p>Since you are not a current FFY2018 PSSF contractor, you do not have a program ID#. Leave that space blank. If your proposal is awarded funding, a Program ID# will be assigned.</p> |
| 34 | <p>I have a question to clarify # 5 in the organizational section of the narrative about other funding. Do we only list grants or awards that are helping fund PSSF project related cost and activities?</p> <p>List any grants/contracts that are used to serve the same target population or provide comparable services to those that are being applied for in this proposal.</p>   |
| 35 | <p>With regard to childcare, the definition in the SoN states that childcare may be provided for a specified period to facilitate caregiver participation in program activities. Does this include providing supervision to children at the agency facility while parents are receiving services in a separate location of the facility? (i.e. during parent therapy sessions, during parenting groups, etc.)</p> <p>Yes, structured activities for children while their parents are participating in PSSF-funded services can be considered "childcare".</p>  |
| 36 | <p>Family Support PEI lists 3 required services and applicants are required to choose at least two other recommended services. Should these two services be listed as required on their "S" form ?</p> <p>No, those are "additional" services.</p>   |
| 37 | <p>Regarding Narrative Form, "Organization Information", question 5: Do you want us to list community grants/foundations here? We are applying to provide home visitation services and some of the foundations we receive underwrite other services offered by our agency, e.g. parenting classes. I'm just not sure if you want us to list all grants/foundations or just those through local and regional bodies/agencies?</p> <p>As indicated in the SoN, report any community, state, and/or federal funding that is used to serve the same or similar target population identified in your proposal.</p>                                      |
| 38 | <p>My question is if we choose to write for Placement Prevention Services (PPS) is the only evidence based curriculum that we are allowed to use is Safe Care Augmented or can we use the other Recommended training Programs described on pages 51 and 52.</p> <p>There are two FPS Placement Prevention Services models:</p> <ol style="list-style-type: none"> <li>1) Home Visiting - these are limited to Safe Care Augmented or Exchange Club Parent Aide curriculum</li> <li>2) All other PPS programs - the recommended parent education curriculum for these programs are listed on pp. 51-52 of the SoN</li> </ol>                        |
| 39 | <p>Can you verify who the Certificate Holder should be on our certificate of insurance?</p> <p>All nonprofits with a PSSF contract must list the Georgia Department of Human Services (or DHS/DFCS) as the certificate holder on the insurance certificate.</p>  |