SECTION E

RESOURCES

Service Plan Requirements

Proposed PSSF service plans must include all required services identified for the selected service model.

Required services may be supplemented with additional services provided proposal demonstrates that the addition of these services is necessary to enhance the effectiveness of core services in addressing the unique needs of the target population or in reducing barriers to effective engagement of families in their service plans.

Proposed service plans must include sufficient investment in core services to adequately support PSSF objectives for the service model and desired outcomes for the target population.

Proposals may include services/activities not included on this list; however, they must meet the service requirements for the program area or service model as described in Section C.

Staff, contractors, subcontractors and volunteers must meet required professional standards for training, qualifications and experience for all services.

Services identified as “EBM” must satisfy PSSF evidence-based standard.

Service Categories & Descriptions

This following section provides a brief description and service delivery requirements/guidelines for the most frequently identified service categories used to report services. Applicant must select service category that best describes proposed activity, based on service objectives and service model requirements.

Examples:

- Tutoring would be categorized as an Educational Support
- In-home nurse check is categorized as Health Education and Monitoring
- Guardianship consultation with a lawyer would be categorized as Legal Services
- Monthly ‘Parents Night Out’ would be categorized as Respite
- Financial assistance to repair car would be categorized as Emergency Supports

Assessments

SC - 30.

Initial Assessment (at intake)

The Initial Assessment must utilize nationally recognized instruments and/or screening tools that are effective in evaluating the needs of the target population for PSSF services and in facilitating the development of an individualized service plan.

The Initial Assessment is a comprehensive process by which information gathered from a variety of sources, is analyzed and synthesized to identify risk and protective factors to determine the service needs of the family, caregiver or youth/child. It should be strengths-based, culturally sensitive, individualized, and developed in partnership with the family, caregiver or youth/child. This assessment helps to identify safety concerns, risks and strengths that can lead to the best possible response for the child, caregiver and family, including appropriate services and additional resources.
needs. This includes making appropriate referrals to alternate community-based resources when PSSF services cannot meet those needs or when needs are outside the scope of the PSSF program.

Assessment strategies and tools should gather information from multiple sources to determine the need for interventions (services) to prevent maltreatment, strengthen family functioning, and/or increase family stability. Based on an analysis of the results of the Initial Assessment, a service plan is developed that outlines service needs and objectives, desired goals and how those goals are to be achieved. Goals should reflect identified family/caregiver/youth priorities and must be realistic with attainable and measurable outcomes, and timeframes for completion. The Initial Assessment establishes a baseline from which to measure progress toward clearly identified service plan objectives.

Service Delivery: An Initial Assessment is conducted once, in person, on each family, caregiver or youth/child at, or prior to, the commencement of proposed services.

**Progress or Exit Assessments**
Progress or Exit assessments utilize baseline data collected during the Initial Assessment to evaluate improvement at prescribed intervals during service provision, or at the end of services to measure outcomes. These assessments measure the responsiveness and effectiveness of the intervention (service) utilizing the same assessment tool used to determine the baseline and may include a pre- and post-test instrument.

*Progress, or Exit, Assessments are NOT included as components of the Initial Assessment and must be listed separately on the Service Delivery Schedule as an additional service.*

**Specialized Assessments**
Specialized assessments or screening tools may also be utilized in conjunction with the Initial Assessment at intake, or at any time during service provision, to measure or evaluate a wide variety of family and individual characteristics that may impair functioning, determine additional service needs and influence outcomes. These include, but are not limited to:

- Child Development
- Health/Wellness
- Casey Life Skills
- Behavior
- Trauma
- Domestic Violence
- Sexual Abuse
- Substance Use

*Specialized Assessments are NOT included as components of the Initial Assessment unless they are used in every Initial Assessment and must be listed separately on the Service Delivery Schedule as an additional service.*

**Resources:**
https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/sources/
http://www.childwelfare.gov/systemwide/assessment
https://www.childwelfare.gov/topics/systemwide/assessment/family-assess/
Behavior Management

**SC-34.**

**EBM: Must utilize model, practice or strategy that meets PSSF evidence-based standard**

Children experiencing trauma often respond with negative behaviors that test relationships in the home, in the community and/or in school. Effective behavior management interventions, utilizing evidence-based models, can provide children with skills and support to reduce disruptive behaviors and improve adaptive functioning to reduce conflict. Caregivers improve skills and support of the child and learn strategies to help children during stressful moments, as well as an awareness and understanding of their own feelings to reduce family conflict, child behavior problems and improve the quality of parent-child relationships.

Behavior management includes assessment of child behavior problems, related skill deficits and assets and implementation of specific evidence-based interventions and strategies to address problem behaviors. Caregiver skill deficits and assets related to the child’s behavior are also identified as are interactions that will motivate, maintain, or improve behavior. An individualized action plan with measurable goals and objectives is developed to provide the child or caregiver with guidance in affecting prescribed changes and outcomes in the child’s behavior, attitude or coping ability that will positively impact family functioning. Goals should describe the roles that will be taken by all relevant participants in addition to the child (e.g., family, school staff, if relevant).

Behavior management must utilize an evidence-based practice model effective in addressing the child and/or parent behaviors that resulted in the referral for services to improve family functioning and prevent child abuse and neglect.

Staff qualifications: Mental health professionals and trained para-professionals qualified by training and licensure. Staff must also meet all qualification, training and experience standards required by an practice model that meets the PSSF evidence-based model standard.

**Resources:**
- Behavioral Health and Wellness [https://www.childwelfare.gov/topics/systemwide/bhw/](https://www.childwelfare.gov/topics/systemwide/bhw/)

Case Management

**SC - 3.**

**Limited to activities that support the PSSF service plan...**

Effective case management is an ongoing collaborative process that assesses, plans, implements, coordinates, monitors, advocates for, and evaluates the options and services required to meet the family, caregiver or youth/child service needs and to achieve their case plan goals in a safe, effective and timely manner.

Essential components of PSSF case management activity are limited to:

**Service Coordination:** Service coordination, not only includes coordinating PSSF services but continuously assessing and revising the service plan with the family as needed and planning for phasing out services. This includes:

- Engaging with family, caregiver or youth in an on-going information-gathering and decision-making process to help identify their goals and strengths and challenges
- Collaborating with the family, caregiver or youth to implement service plan with specific attainable, measurable goals and objectives
- Consultations with family, caregiver or youth including monitoring, evaluating and amending service plans in response to progress or changing needs or circumstances
CM:SC is not used to report planning and documentation time for other activities.

**Information & Referral:** Assisting families in identifying, coordinating and accessing other community-based resources to meet basic needs and to sustain outcomes after involvement with PSSF program.

Families need assistance in identifying and accessing community-based resources to meet basic needs and to improve and sustain outcomes. This includes consultation with the family to identify specific resource need, facilitated or coordinated access to community-based resource, as needed, and subsequent follow up to evaluate effectiveness of resource. Information and referral services identify both formal and informal resources and develop an effective plan for linkages of families to meet their immediate needs and for long-term support. Information and referral services include monitoring resources for responsiveness and effectiveness in meeting the families' needs.

Service providers must think strategically about how an existing array of services might be augmented to form a continuum of supports and services for families that emphasize prevention of behavioral, emotional, and social problems, including child abuse and neglect, juvenile delinquency, and family violence. This may also include school-linked services to help parents support their child’s education, health, growth, and development.

**Advocacy:** Advocating for the rights, decisions, strengths and needs of family that promote client access to resources, supports and services. This includes modeling behavior that helps families learn to advocate for themselves and negotiate with service systems to obtain needed help and may include:

- Being a mediator by helping to educate professionals on the strengths and needs of the family
- Accompanying or representing the interests of the caregiver/child at IEPs, FTMs, MDTs, or DFCS case staffing, as needed

*Case Management limited to 20% of total program cost unless sufficiently justified by use of intensive evidence-based model or program. Reported in quarter or half hour time units.*

| Childcare SC - 47. | Quality childcare services enhance child development and provide support for all caregivers.

Childcare may be provided for a specified period to:

- Facilitate caregiver participation in program activities, such as when parents attend a group
- After-school supervision, between the end of classes and end of parents’ work day or until dinner
- Provide short-term emergency childcare in the absence of resources to meet a temporary immediate need while a long-term childcare solution is identified

*PSSF funds cannot be used to support ongoing childcare needs.*

Service Delivery: May be provided individually or in a group setting. Individual or volunteer providing childcare must be appropriately screened, including criminal background checks, trained and supervised.

| Educational Supports SC - 38. | Supports and services provided by an appropriately qualified individual by training or experience to improve educational outcomes, designed to enhance skills, support and encourage individual goals and improve educational outcomes and/or academic achievement.

Individual instruction or coaching/counseling to improve educational outcomes and/or achievement for youth or caregiver by an appropriately qualified individual by training or experience. These may include a wide variety of services, supports, instruction or resources provided to youth in the effort to help then accelerate their learning progress, to meet learning standards, or generally prepare for and
succeed in school.

Service Delivery: Services may also be provided in a group format as a workshop facilitated by professional (an educational consultant on preparing for the college admission process) or as a class if instruction has a structured agenda and objective based on an accredited program (such as a SAT Prep classes or GED program).

These may include, but are not limited to:
- Tutoring (subject or test specific instruction MUST be provided by a certified teacher, to an individual or small group)
- Homework support to help students complete their homework, prepare for tests, and work specifically on concepts covered during the school day
- Literacy/reading support
- GED classes (provided by individual with a bachelor's degree, GED certification and some teaching experience)
- SAT preparation class
- Essential school supplies, books, etc.
- Preparation of college applications, applications for financial aid, etc.

Service Delivery: May be provided to an individual or small group, in the home, in a school or a community setting. Activities should have clearly defined goals and objectives that are measurable and attainable within the timeframes identified.

| Emergency Supports | SC - 53. | Many factors affect a family’s ability to care for their children. Families who cannot meet their own basic needs for food, clothing, housing, and transportation—and who don’t know how to access essential services such as childcare, health care, and mental health services to address family-specific needs are at higher risk for child abuse and neglect.

Temporary assistance may be provided to families when unemployment, lack of budget management or low income creates stress that affects caregiver ability to provide and/or care for their children. Concrete services may include, but are not limited to:
- Temporary shelter
- Temporary childcare
- Rental assistance
- Utilities assistance
- Food
- Clothing
- Car repairs

Service Delivery: Based on critical individual family needs identified, emergency support services provide temporary assistance to address critical basic needs and address an immediate crisis. Emergency support services should work closely with families to identify and access community resources, formal and informal, to help them meet their on-going basic needs. Non-essential expenses such as cable, cell phones, and internet services are not allowable.

*Not intended as recurring support or as an incentive or reward.*

| Employment Supports | SC - 36.3 | The cycle of poverty can have a long-term effect on children, contributing to and exacerbating child maltreatment, mental illness, substance abuse, homelessness, and other problems that create barriers to obtaining and maintaining employment as an adult. Employment supports aimed at enhancing family economic success require workforce development, family economic supports, and community investment. An integrated system of social services and welfare services can help decision-makers identify the services needed to help families meet employment and income goals.

Individual instruction or coaching/counseling designed to enhance skills, support and encourage individual goals and improve employment opportunities. These may include a wide variety of
services, instruction or resources, including internship or apprenticeship support, provided to youth to help them develop the skills necessary to secure and sustain employment and to generally succeed in the workplace.

Service Delivery: Services may also be provided in a group format as a workshop facilitated by professional (such as presentations by local businesses on job opportunities or preparing for a job interview) or as classes if instruction has a structured agenda and objective, such as an occupational skills training program.

This may include, but are not limited to:
- Preparation of job applications and resumes
- Interview skills
- Job search
- Vocational training
- Internship or apprenticeship supports
- Job skills

Service Delivery: Instruction and/or supports provided by appropriately qualified individuals with clearly defined goals and objectives that are measurable and attainable provided to youth or adults, individuals or groups.

Resource:
National RAISE Center
https://www.parentcenterhub.org/raisecenter/

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<thead>
<tr>
<th>Enrichment Activities</th>
<th>Academic or Recreational</th>
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<tbody>
<tr>
<td><strong>Children</strong></td>
<td>Safe, fun, and educational activities for children and youth provided in a supervised and structured environment in the afternoons/evenings of school days or weekends. These programs provide a variety of activities, from arts and crafts, field trips, recreation activities or sports/physical activities. Enrichment activities may include:</td>
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<tr>
<td><strong>SC - 51.</strong></td>
<td>- A range and variety of activities</td>
</tr>
<tr>
<td><strong>Adults</strong></td>
<td>- Activities that provide an opportunity to demonstrate or develop new skills and qualities</td>
</tr>
<tr>
<td><strong>SC – 56.</strong></td>
<td>- Activities that involve child in team work as well as activities that they do on their own</td>
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Enrichment activities are characterized by a high degree of interaction with a project focus. Activities should be designed for children and youth that provide well-organized, purposeful opportunities to participate in constructive age-appropriate group experiences under adult supervision. This includes activities that provide opportunities for constructive social experiences and leisure time opportunities. These services are directed at improving individual functioning in personal and social communications, offering opportunities for self-expression, and minimizing isolation.

Academic enrichment activities expand on the child or youth’s knowledge in ways that differ from the methods used during the school day, and should provide interactive, and project focused strategies, that will enhance the child or youth’s education goals by bringing new concepts to light or by using old concepts in new ways. These activities should be fun for the child or youth’s, but also provide an educational experience that the child or youth can apply to real-life experiences. The common theme is that academic concepts are taught through a fun, engaging, experimental activities rather than by direct instruction.

Recreational enrichment activities allow the child or youth time to relax or play. Sports, games, and clubs fall into this category. Occasional academic aspects of recreation activities can be pointed out,
but the primary lessons learned in recreational activities are in the areas of social skills, teamwork, leadership, competition, and discipline.

Includes such activities as:
- Trips to a Children’s Museum
- Yoga, dance or exercise classes
- Painting or drawing classes
- Music, sports or drama camp
- Science, math or chess club
- Participation in a team activity or sport

Service Delivery: Usually provided as a supervised group activity in a community setting, such as a visit to a museum, but could be provided on an individual basis, such as art instruction or support to attend a spelling bee.

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Parent/child enrichment activities are facilitated group activity such as a field trip, parent/child dinner, holiday gathering, etc. sponsored and coordinated to nurture positive parent and child interaction and provide opportunities for parents to use new parenting skills.

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<th>Health Education &amp; Monitoring Services</th>
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<tr>
<td><strong>Adult</strong></td>
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<td>SC - 45.</td>
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<tr>
<td><strong>Child</strong></td>
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<td>SC - 32.</td>
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Individual to screen for and/or monitor diagnosed child or caregiver health-related problems (physical, mental or developmental) and must utilize established screening tool and/or test administered by an experienced, qualified/certified professional.

May include specialized training, instruction or coaching for caregivers on special medical or health needs of children in their care. Services may include group activities facilitated by a qualified professional such as workshops on health-related issues for special populations.

Children with disabilities are at high risk for abuse and neglect and are more likely to experience maltreatment than children without disabilities. Developmental screening is a procedure designed to identify children who should receive more intensive assessment or diagnosis for potential developmental delays. Screening results in earlier detection of delays and improved health and well-being for identified children. When delays are detected, parents can be provided with information about what to expect in their child’s development, how they can promote development, and the benefits of monitoring development. Such guidance promotes positive parent-child relationships, reducing the occurrence of child abuse and neglect.

Service Delivery: Service includes administration of tool, evaluation and documentation of results, report and development of response including any change to service plan.
Home Visiting programs must utilize evidence-based home visiting practice models that support positive parent-child relationships, promote optimal child health and development, enhance parental self-sufficiency, ensure safe home environments and prevent child abuse and neglect.

Services are voluntary, in-home support and educational services designed to enhance parental capacity to care for children, strengthen parent/child relationships and help families identify and access community resources. Home visiting programs offer a variety of family-focused services to expectant parents and families with new babies and young children. They address issues such as maternal and child health, positive parenting practices, safe home environments, and access to services.

Programs vary, but components may include:
- Education in effective parenting and childcare techniques
- Education on child development, health, safety, and nutrition
- Education and support on basic life skills
- Assistance in gaining access to social support networks
- Assistance in obtaining education, employment, and access to community services

Service Delivery: Activities and objectives of PSSF Home Visiting services must be consistent with home visiting model standards and requirements.

Resources:
About the NHVRC | National Home Visiting Resource Center
https://nhvrc.org/about-the-nhvrc/

Consultation and services provided by a legal professional or trained paraprofessional to a family or individual as follows, but not limited to:
- Child dependency and/or permanency proceedings
- Child custody cases
- Legal guardianship filings or hearings
- Obtaining ID’s, birth certificates, health records, credit records
- Restraining orders in cases of DV or IPV
- Record expungements

Individual instruction or coaching/counseling to address deficits in basic living skills identified in Initial Assessment that are barriers to self-sufficiency and completing case plan goals. These basic life skills include, but are not limited to, finding and securing safe and affordable housing, nutrition, grocery shopping and cooking, cleaning and organizing, personal health and safety, time management, managing finances, personal identification, credit repair, relationships and social and cultural norms.

This may include such activities as a workshop facilitated by professional (nutritionist providing instruction how to shop for and prepare healthy meals or a financial planner providing instruction on establishing or repairing credit) or as a class, if instruction has a structured agenda and objective based on an recognized program or training (Stewards of Children).

Service Delivery: Services may be provided to a group, family or individual and delivered in the home, or in a community setting and should include clearly defined objectives and a pre- and post-testing to demonstrate change in knowledge, skills or behavior.

Resources:
Mentoring/ Peer Mentoring
SC - 37.

A structured, managed program where children or youth are appropriately matched with screened and trained volunteer adult for one-on-one relationships, involving meetings and activities on a regular basis. It is intended that these relationships meet, in part, the need for involvement with a caring, supportive and positive role model. A mentor is a knowledgeable and experienced guide, trusted ally and advocate, and role model. An effective mentor is respectful, reliable, patient, trustworthy, and a very good listener and communicator.

Peer mentoring is defined as a relationship that usually takes place between a person who has lived through a specific experience (the Mentor) and a person who is new to that experience (the Mentee). Individuals who have been involved with the child welfare system serve as mentors, partners, or resource guides to help other parents navigate the system and meet their case plan goals. In general, peer mentors connect families to resources and educate family members about their rights and responsibilities.

Peer mentors may provide more intensive one-on-one mentoring while others provide information and general support.

Service Delivery: Provided individually in a one-on-one relationship. All mentors must be appropriately screened, including criminal background checks, trained and supervised.

Parent Coaching
SC - 33.3

Parent coaching is a compassionate, non-judgmental, collaborative relationship between the parent(s) and parenting coach that allows parents to develop and strengthen parental protective capacities by successfully identifying and navigating the challenges that raising children presents. The goal of the parent coach is to teach, model and assist the parent in developing, practicing and embracing successful parenting practices grounded in evidence-based parenting curricula effective in meeting the child's need for safety, well-being and permanence within the family unit. The parent coaching relationship facilitates parental insight, identification of strengths and abilities, development of goals, and integration of strategies to address challenges with respect to the family's support, education and development in their parenting needs.

Service Delivery: Parent coaching often occurs either immediately before and/or following, interaction between the child and a caregiver, such as a supervised visit or other structured parent/child activity.
Parent Education/Parent Training SC - 33.

**EBM: Must utilize model, practice or strategy that meets PSSF evidence-based standard**

Parent education can be defined as any training, program, or other intervention that helps parents acquire skills to improve their parenting of and communication with their children in order to reduce the risk of child maltreatment and/or reduce children’s disruptive behaviors.

Eligible parent education/parent training programs utilized MUST meet PSSF evidence-based standards and demonstrate effectiveness in child abuse prevention.

Successful parent education programs help parents acquire and internalize parenting and problem-solving skills necessary to build a healthy family. Research shows that effective parent training and family interventions can change parents’ attitudes and behaviors, promote protective factors, and lead to positive outcomes for both parents and children (Lundahl & Harris, 2006). Protective factors include nurturing and attachment, knowledge of parenting and of child and youth development, parenting competencies, parental resilience, social connections (especially caring adults and positive peers), concrete supports for parents, social and emotional competence of children, involvement in positive activities, and other individual skills such as self-regulation and problem solving and relational skills.

Parent education focuses on enhancing parenting practices and behaviors, such as developing and practicing positive discipline techniques, learning age-appropriate child development skills and milestones, promoting positive play and interaction between parents and children, and locating and accessing community services and supports. Their goal is to promote parental competency and strengthen family life, to enhance healthy child and family development.

Parent training programs may also be called parent education programs; however, training programs usually focus on skill building (“knowing how”) where education programs focus on more complex processes and problem solving (“knowing why”).

Parenting programs are community-based services that support parents in their roles as caregivers. Parent educators help parents strengthen their skills and knowledge of child development, prepare young children for school, and cope with behavioral challenges of children and adolescents. Over time, these programs may help prevent child maltreatment, reduce developmental delays, and enhance parent effectiveness.

Service Delivery: Parent education may be delivered individually or in a group in the home, classroom, or other setting; and it may include direct instruction, discussion, videos, modeling, or other formats.

**Resources:**

Parenting Education - http://childparenting.about.com/cs/discipline/a/parentedproduct.htm
Nurturing Parenting - http://www.nurturingparenting.com/
Nurturing Fathers Program - http://nurturingfathers.com
Center for Parent Information & Resources - https://www.parentcenterhub.org/
Parenting Education – http://childparenting.about.com/cs/discipline/a/parentedproduct.htm
Nurturing Parenting - http://www.nurturingparenting.com/
Nurturing Fathers Program - http://nurturingfathers.com
Respite Services SC - 50.

Short-term, temporary care of children to provide relief to primary caregivers to reduce stress, support family stability, prevent abuse and neglect, and minimize the need for out-of-home placement. Respite care is a vital support to families with children, including foster, kinship, and adoptive families as well as birth families experiencing challenges associated with parenting under stressful conditions. Respite is provided to help sustain family health and well-being, reduce the likelihood of abuse and neglect, and avoid placement disruption. Temporary relief is provided to primary caregivers to reduce stress, support family stability, and minimize the need for out-of-home care. Respite care is a vital support to families who have adopted children with complex developmental, emotional, behavioral or medical needs to provide relief from the challenges associated with parenting children with special needs. Respite must be provided by an individual trained and qualified to meet the special needs of the child and in a safe, secure environment.

Respite, ‘temporary’ care, involves the care of children for a few hours, a day, a weekend or a week, and is designed to provide relief to the primary caregiver from the demands of caregiving for children. Respite, ‘relief’ care, allows a caregiver to take a break from looking after children. This could mean ‘in-home relief’ to provide help at home for a short period during the day, evening or on weekend (sitting services) or ‘on-site relief’ (such as Mothers Morning Out or Parents Night Out).

Respite care can take place in the home, in the community, or at camps that offer overnight, weekend or week-long stays.

Service Delivery: May be provided in a group setting or individually. Individuals providing respite care must have appropriate training, qualifications and experience to supervise and care for children with special or complex behavioral, emotional, developmental or health care needs.

Substance Abuse Services SC - 48.

Drug Screens SC - 43.

Treatment
Professional treatment plan developed and executed for the express purpose of rehabilitation of an individual who has a dependency on either drugs or alcohol. Structured time-limited goal-oriented services are provided in a clinical setting (in-patient or out-patient) to assist a child and/or parent or guardian in reaching and maintaining drug- and alcohol-free lifestyles. This may include counseling, medical/remedial services, pharmacological intervention, social, education, and rehabilitative services.

Service Delivery: Treatment and counseling must be provided by a licensed, master's level mental health professional or an accredited addiction counselor with related training and experience, supervised by licensed clinical therapist.

Recovery Support
Supports are provided to a family, individual or group to prevent relapse and continued use of controlled substances.

Service Delivery: Typically provided in a group setting, services must be delivered at a minimum by a bachelor’s level professional or supervised paraprofessionals who are qualified by education, training and experience to work with the target population.

Supervised Family Visitation SC – 42.

See Section C. TLR/Supervised Family Visitation service model for specific service delivery requirements.

Parent/Child Visits
Structured family interaction and enrichment activities conducted in neutral community-based settings for children in foster care and their families to facilitate permanency. Visits are designed to establish or sustain parent, child and sibling relationships and to facilitate the achievement of timely and permanent reunification. Purpose of each visit is based on written visitation plan and should include a pre-visit and/or post-visit period (parent coaching component) with the parent or other significant participants.
which allows for shared discussions, observations, accomplishments, goal-setting and barriers/obstacles to case plan objectives and a review of permanency timeframes.

Service Delivery: Provided in a child/family friendly, non-institutional environment and should include opportunities to visit outside traditional work hours – evenings and weekends.

**Sibling Visits**
When siblings cannot be placed together, facilitating regular contact is critical to maintaining family connections and positive permanency outcomes. Sibling relationships provide a significant source of continuity throughout a child’s life and are likely to be one of the longest relationships that most people experience.

While there is no consensus on frequency of face-to-face contacts, a minimum of twice a month for siblings separated in foster care has been recommended by some experts in the field. Also, visits with birth parents can be arranged to occur at a time when all the siblings can be together. Service plan should also address any barriers to visits and needs to be reviewed and revised as needed.

Service Delivery: Provided in a child/family friendly, non-institutional environment and should include opportunities to visit outside traditional work/school hours – evenings and weekends, to minimize disruption to school day.

**Support Groups**
SC - 39.

**Facilitated or Peer Support Groups**
At-risk families often lack positive informal and formal support systems which may include friends, extended family, or neighbors who may be willing to act as alternative caregivers or to provide additional support or nurturance to both the parent and the child. Social support can take many forms, including:

- Emotional support
- Tangible support
- Decision-making or problem-solving assistance
- Support related to self-esteem
- Social companionship

Service Delivery: Provided in a group setting and childcare may be provided to support caregiver participation.

**Resources:**
Facilitating Peer Support Group
Family Substance Support
[https://americanaddictioncenters.org/therapy-treatment/aftercare-support-groups](https://americanaddictioncenters.org/therapy-treatment/aftercare-support-groups)

**Therapy**
SC - 35.

**EBM: Must utilize model, practice or strategy that meets PSSF evidence-based standard**
Therapeutic services focus on helping individuals better understand, and learn how to change, problematic feelings and behaviors. Therapy can be an effective means for helping to improve a variety of emotional, behavioral, and educational concerns. Services include the evaluation and diagnosis of problems, development of treatment goals and strategies and counseling. As every individual and situation is unique, therapeutic goals and counseling techniques utilized are tailored for each client.

Therapeutic services must meet PSSF evidence-based standard.

Service Delivery: Services can be provided to an individual, family or a group. Therapeutic and
psychological services are provided by a licensed mental health professional experienced in dealing with children and families with child welfare-related issues, including:

- Masters’ or Doctoral degree and licensure from the GA Composite Board as a Psychologist, LCSW, LMFT, LPC, LMSW, LAMFT, LAPC
- Masters’ or Doctoral degree in a Human Services/Social Services field under the supervision for licensure by a licensed Psychologist, LCSW, LPC or LMFT in accordance with the GA Composite Board

**Transportation**

Lack of reliable transportation continues to be a frequently identified challenge for many families. This includes access to and availability of public transportation in the community and personal transportation resources. PSSF service providers are encouraged to offer transportation services to remove barriers to participation in program services and to help families in accessing other community services and supports to meet their case plan goals.

Client transportation provided to:
- Facilitate parent, caregiver or child participation in on-site PSSF services
- Assist families without transportation to access community resources to help meet case plan goals
- Facilitate parent/child or sibling visitation

Individuals who transport clients for supervised visits shall:
- Be at least 18 years of age
- Hold a valid Georgia operator’s license and appropriate for the vehicle being used
- Have a clean driving record
- Have passed a criminal background check
- Have or be the employee of a person who has liability insurance for the vehicle
- Maintain vehicle equipped with seat belts in good repair
- Comply with current state regulations on the transport of children in passenger vehicles ensuring age-appropriate, individual restraints

If transportation by caseworker, foster parent(s) or relative caregiver(s) is not available, transportation may be provided by the visitation center. Transportation costs associated with transporting participants to and from visits are limited to $15.00 per hour plus state mileage reimbursement rate.

Service delivery may be described as “one way” (picking up the children or caregiver and bringing them to visitation site) or “round trip” (picking children up, bringing them to visitation site and returning them home).

Costs associated with transportation may be based on time and mileage or cost to provide public transportation such as a bus pass.
Special Populations

Families Affected by Substance Abuse

Substance abuse is a common problem in families involved with the child welfare system. There is increasing awareness that the abuse of drugs or alcohol by parents and other caregivers can have a negative impact on the safety, permanence, and well-being of children and families. Because so many child welfare cases involve substance abuse, child welfare agencies have begun to use a range of strategies to prevent and treat substance abuse in families, improving outcomes for children and families. Maltreated children of parents with substance abuse disorders often remain in the child welfare system longer and experience poorer outcomes than other children. Addressing the multiple needs of these children and families is challenging.

According to the National Center on Substance Abuse and Child Welfare (2007), when families or youth are involved in multiple systems—child welfare, alcohol and drug, and dependency court systems—treatment and case plans should be woven into a single, comprehensive statement of services that is clear to families and service providers alike. If unified case plans are not possible, it is especially important that plans be developed in a coordinated manner to give clear and consistent guidance and directions to families. Family members should be actively engaged in creating their plans.

Resources:
Child Welfare Information Gateway:
https://www.childwelfare.gov/topics/systemwide/bhw/treatment
National Center on Substance Abuse and Child Welfare:
https://ncsacw.samhsa.gov/default.aspx
California Evidence-Based Clearinghouse for Child Welfare - Substance Abuse Treatment (Adults):
http://www.cebc4cw.org/topic/substance-abuse-treatment-adult/
California Evidence-Based Clearinghouse for Child Welfare - Substance Abuse Treatment (Adults):

Families of Children with Special Needs

Studies show that a child's disabilities can produce enormous stress and emotional trauma for most parents and/or caregivers and put them at significantly higher risk for abuse and neglect. Services and supports should focus on preventing child abuse and neglect in special needs populations as well as approaches to strengthen families and foster quality parent-child interactions. Meeting the needs of this under-served population in all PSSF program areas is a priority, but particularly so in Adoption Promotion and Post-Permanency Supports to support families who are planning to adopt or have adopted children with special needs - developmental, emotional, behavioral and serious physical or health-related conditions.

Resources
Child Welfare Information Gateway:
https://www.childwelfare.gov/topics/permanency/specific/disabilities/
https://www.childwelfare.gov/pubs/prevenres/focus
Families of Children in Voluntary Kinship

A Voluntary Kinship placement (formerly known as 'safety resource') is a temporary out-of-home living arrangement for a child while CPS conducts a family assessment. A safety resource is usually a relative or friend that agrees to allow a child to temporarily reside in their home until the parent(s) address the issues that made it unsafe for the child to reside in the home. Commonly needed supports include, but are not limited to, financial assistance, childcare, respite, and medical care.

Resources:
National Family Preservation Network - https://nfpn.org/

Non-Custodial or Non-Resident Fathers

The involvement of fathers and paternal family members is critical to a child's growth and development. Although most children raised by single mothers grow up to live healthy and productive lives, research shows youth from father-absent homes are at increased risk for poverty, emotional and behavioral problems, substance abuse, incarceration, and poor academic performance or problems at school. Historically, child welfare agencies have not been effective in involving fathers in the family work that is needed to achieve safety, permanency, and well-being. Increased father involvement in activities such as family outings, homework, and meals is linked to better academic performance, more positive social behavior, and fewer behavioral issues in children and adolescents.

Challenges that often need to be addressed may include:

- Poverty
- Low literacy or educational attainment
- Unemployment
- Safe housing or homelessness
- Substance abuse
- Domestic violence
- Criminal history or incarceration
- Lack of parenting skills
- Unaware of children/fatherhood

Services should focus on effective engagement strategies to involve fathers and create greater opportunities for them to be connected in a number of important ways that benefit their children.

Resources:
National Family Preservation Network- Father Engagement - https://nfpn.org/father-involvement

Pregnant and Parenting Teens

Some studies of physical abuse, in particular, reveal that children of teenage mothers are victims of child abuse at a higher rate than children who have older mothers. Other factors such as lower economic status, lack of social support, and high stress levels contribute to the link between young parents and child abuse. Adolescent parenting is associated with increased risk for maternal and infant health problems, poverty, lack of education and inadequate family support. Benefits of social support services for young parents include improved knowledge about parenting, enhanced parent-child relationships, increased economic self-sufficiency, and decreased risk for domestic violence and child abuse and neglect.
Effective programs offer a comprehensive array of services to address child development and healthcare needs, are customized to the parent's developmental level, involve extended family members, and promote intergenerational relationships to reduce isolation and increase support. Services are designed for teen mothers, fathers and their children. Services are delivered in school, health or community-based settings and in the home.

**Resources:**
Child Welfare Information Gateway:
https://www.childwelfare.gov/topics/preventing/promoting/parenting/pregnant-teens/

---

**Relative/Kinship Caregivers**

Federal and state laws require that child welfare agencies give priority to relatives when children must be removed from their homes. Placing children with their relatives helps to maintain family relationships for the child and is consistent with family-centered practice.

These caregivers and the children they are raising are often isolated and lack information about the range of support services, resources, benefits, laws and policies available to help them successfully fulfill their caregiving role.

Services for relative/kinship caregivers are designed to:

- Promote permanency and child well-being by supporting early and stable relative placements;
- Prevent children from coming into or re-entering foster care by improving caretaker and family functioning;
- Increase parenting knowledge and demonstrated ability of the caretaker to apply the skills learned;
- Increase decision-making or problem-solving skills of the caretaker; and
- Increase access to and utilization of community-based supports and services.

**Resources:**
Child Welfare Information Gateway
https://www.childwelfare.gov/topics/preventing/promoting/parenting/relative/
https://www.childwelfare.gov/outofhome/kinship/
https://www.childwelfare.gov/topics/permanency/guardianship/
https://www.childwelfare.gov/topics/permanency/relatives/

---

**Victims of Domestic and Intimate Partner Violence**

In recent years, increased attention has been focused on the trauma experienced by children who witness violence between family members at home. Even when children are not directly injured by violence, exposure to violence in the home can contribute to behavioral, social, or emotional problems. In addition, research suggests that child maltreatment and domestic violence co-occur in an estimated 30 to 60 percent of cases.

Child welfare and domestic violence prevention service providers have begun to work together toward the common goals of ensuring safety and preserving families. These goals are the basis for collaboration and partnership building in the delivery of services to children, youth, and families affected by domestic violence. In a shelter setting, services should enhance and expand standard services by providing a comprehensive array of supports to women residing with children.

In addition to service model requirements, additional service priorities include:

- Child, art and play therapy to address the mental health needs of child witnesses to domestic violence
- Trauma-focused therapeutic counseling for adults
- Healthy relationship/dating violence awareness
- Facilitated peer support groups (parent and/or child)
- Legal advocacy for victims during criminal and civil proceedings
• Educational supports and school advocacy
• Behavior management and techniques for non-corporal discipline

Resources:
National Resource Center on Domestic Violence - www.nrcdv.org & www.vawnet.org

Perpetrators of Domestic Violence or Intimate Partner Violence

Services that target perpetrators of DV or IPV include, but are not limited to:
• Stress and anger management classes to break the cycle of abuse
• Healthy relationship classes
• Therapeutic counseling
• Behavior management and techniques for non-corporal discipline

Resources:
Child Welfare Information Gateway
https://www.childwelfare.gov/topics/systemwide/domviolence/treatment/intervention/
National Resource Center on Domestic Violence - https://vawnet.org/search?search=services%20for%20batterers

CHINS Children in Need of Services

Children In Need of Services (CHINS) are youth who have engaged in low-risk problematic behavior that warrant correction but would not be responsive to (and may be made worse by) traditional juvenile justice system interventions. These children/youth historically have been referred to legally as status offenders or unruly children; i.e., children whose conduct is considered a violation of law only because of the youth’s status as a minor. Common examples are runaway, truancy, and general ungovernability. Within the FPS Crisis Intervention service model, therapeutic evidence-based models effective in addressing the maladaptive behaviors of these youth and their families include Triple P, Active Parenting, Systemic Training for Effective Parenting, Multi-Systemic Therapy, and/or Trauma Focused-Cognitive Behavior Therapy, must be utilized for this population.

Evidence-Based Practice

All proposals for PSSF services MUST utilize evidence-based practices, strategies or program models with a medium to high relevance to child welfare that are effective in addressing the needs of the target population and achieving desired outcomes. PSSF has chosen to use the California Evidence-Based Clearinghouse (CEBC) scientific rating scale to establish its standard for eligible evidence-based strategies, practices or program models required for all proposals. In addition to demonstrating its effectiveness in meeting the objectives for the selected service model, proposed evidence-based strategies, practices or program models must have a medium to high relevance to child welfare and must have a scientific rating of rated 1 (well supported) to 3 (promising) by CEBC. All proposals for PSSF services MUST utilize evidence-based practices, strategies or program models that meet this CEBC criteria.

CEBC is the key tool for identifying, selecting, and implementing evidence-based child welfare practices that will improve child safety, increase permanency, increase family and community stability, and promote child and family well-being. Unless otherwise specified, proposals may include evidence-based strategies, practices or program models identified by other qualified sources provided the proposal can demonstrate that it meets the same or comparable criteria for effectiveness set by CEBC in addressing the needs of the target population. This includes the Title IV-E Prevention Services Clearinghouse that was
established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) to systematically review research on programs and services intended to provide enhanced support to children and families and prevent foster care placements. The Clearinghouse, developed in accordance with the Family First Prevention Services Act of 2018, will rate programs and services as promising, supported, and well-supported practices.

**Resources:**
CEBC overview of EBM rating - [https://www.cebc4cw.org/files/OverviewOfTheCEBCScientificRatingScale.pdf](https://www.cebc4cw.org/files/OverviewOfTheCEBCScientificRatingScale.pdf)

**Motivational Interviewing:** Motivational Interviewing is a proven evidence-based approach to help support clients who struggle with behavior change. Motivational Interviewing is a client-centered, directive method designed to enhance client motivation for behavior change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. Motivational Interviewing can be used by itself, as well as in combination with other treatments. It has been utilized in pretreatment work to engage and motivate clients for other treatment modalities. It communicates compassion, acceptance, partnership, and respect.

The goals of Motivational Interviewing are:
- Enhance internal motivation to change
- Reinforce this motivation
- Develop a plan to achieve change

Motivational Interviewing can be a powerful and effective tool in helping individuals discover their own reasons for making a change. Although there are simple techniques that can be learned quickly, it takes time and practice to master motivational interviewing so that it can be used most effectively.

Utilization of reflecting listening statements that focus on the client’s language around change. The goal is to evoke from clients their own reasons, needs, desire, and abilities to change.

**Five Principles of Motivational Interviewing**
- Express empathy through reflective listening.
- Develop discrepancy between clients' goals or values and their current behavior.
- Avoid argument and direct confrontation.
- Adjust to client resistance rather than opposing it directly.
- Support self-efficacy and optimism.

PSSF promotes the use of Motivational Interviewing as a strategy to support and improve family engagement.

<table>
<thead>
<tr>
<th>Frequent Evidence Based-Models Utilized in PSSF Service Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavior Management Prevention</strong></td>
</tr>
</tbody>
</table>
| Early Intervention | Botvin Life Skills Training Middle School Program - [https://www.lifeskillstraining.com/](https://www.lifeskillstraining.com/)
| | Case Life Skills - [https://caseylifeskills.secure.force.com/](https://caseylifeskills.secure.force.com/)
| **Parent Education** | **Therapy** |
A comprehensive Initial Assessment at intake provides both the case manager and the family a greater understanding of how a family’s strengths, needs, and resources affect a child’s safety, permanency, and well-being by examining child, parents and family behaviors and conditions that contribute to the level of safety threat and risk of child maltreatment.

The Initial Assessment should be strengths-based, family-centered, culturally sensitive, individualized, and completed in partnership with the family to develop a case plan that is responsive to their needs and effective in meeting case plan goals. The Initial Assessment must include use of recognized assessment instruments that are designed to examine family functioning in the domains of environment, parental capabilities, family engagement, family safety, and child well-being and address the following questions:

- What are the family’s strengths and needs that affect safety, permanency, or well-being?
- What is the child’s current living situation with regard to safety and stability? Was a safety plan developed, and what has been the family’s response to this plan?
- How do family members perceive their conditions, problems, and strengths?
- What is the parent’s or caregiver’s level of readiness for change? What is their motivation and capacity to ensure safety, permanency, and well-being?
- What is currently known about the parent or caregiver’s history? Are there clues that further information about the past will help to explain the parent or caregiver’s current functioning?
- What is known about the family’s social support network? Who else is supporting the family and who will be available on an ongoing basis for the family to rely on?
- Are there any behavioral symptoms observed in the child? How has the child functioned in school and in social relationships? Who else may have information about any behavioral or emotional concerns?
- Have problems been identified that may need further examination or evaluation, such as drug or alcohol problems, psychiatric or psychological problems, domestic violence, or health needs?
- Has the child experienced any trauma as a result of his or her maltreatment and, if so, what specific services may be required to address it?
- What further information about the family will help provide an understanding of the risk and protective factors related to the potential of continued maltreatment?
### Frequent Evidence Assessment and Screening Tools Utilized

<table>
<thead>
<tr>
<th>Comprehensive Measures of Family Assessment Tools</th>
<th>Patterns of Social Interaction and Support: specialized measures of patterns of family social interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The Family Advocacy and Support Tool (FAST)</td>
<td>• McMaster Model</td>
</tr>
<tr>
<td>• North Carolina Family Assessment Scale (NCFAS) and two modified versions of the NCFAS,</td>
<td>• Assessment of Strategies in Families-Effectiveness (ASF-E),</td>
</tr>
<tr>
<td>• NCFAS for Reunification (NCFAS-R) and</td>
<td>• The Circumplex Model</td>
</tr>
<tr>
<td>• Strengths and Stressors Tracking Device (SSTD).</td>
<td>• The Family Assessment Measure III.</td>
</tr>
<tr>
<td>• Family Assessment Form (FAF),</td>
<td>• Vineland Adaptive Behavior Scales</td>
</tr>
<tr>
<td>• Family Assessment Checklist (FAC),</td>
<td></td>
</tr>
<tr>
<td>• Ackerman-Schoendorf Scales for Parent Evaluation of Custody (ASPECT), and</td>
<td></td>
</tr>
<tr>
<td>• Darlington Family Assessment System (DFAS).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialized Assessment of Parenting Practices Among Families</th>
<th>Specialized Assessment Child Health, Development, and Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adult-Adolescent Parenting Inventory (AAPI);</td>
<td>• Youth Connections Scale (YCS)</td>
</tr>
<tr>
<td>• Child Abuse Potential Inventory (CAPI);</td>
<td>• Screening Tool for Adolescent Substance Abuse (CRAFFT)</td>
</tr>
<tr>
<td>• Parental Empathy Measure (PEM);</td>
<td></td>
</tr>
<tr>
<td>• Parenting Stress Index (PSI)</td>
<td></td>
</tr>
<tr>
<td>• The Beavers Model of Family Assessment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trauma Assessment Instruments</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Child Report of Post-traumatic Symptoms (CROPS)</td>
<td></td>
</tr>
<tr>
<td>• Parent Report of Post-traumatic Symptoms (PROPS)</td>
<td></td>
</tr>
<tr>
<td>• Lifetime Incidence of Traumatic Events (LITE)</td>
<td></td>
</tr>
</tbody>
</table>

### Resources:
Measurement tools highlighted on the CEBC - [https://www.cebc4cw.org/assessment-tools/measurement-tools/](https://www.cebc4cw.org/assessment-tools/measurement-tools/)
The Praed Foundation - [https://praedfoundation.org/new-online-training-platform/](https://praedfoundation.org/new-online-training-platform/)
National Center for Substance Abuse and Child Welfare - [https://ncsacw.samhsa.gov/default.aspx](https://ncsacw.samhsa.gov/default.aspx)
National Institute on Drug Abuse - [Screening and Assessment Tools Chart](https://ncsacw.samhsa.gov/default.aspx) National Institute on Drug Abuse (NIDA)
Spanish Assessment Tools - [https://nfpn.org/products/spanish-training](https://nfpn.org/products/spanish-training)
Pearson Assessment Company - [https://www.pearsonassessments.com/](https://www.pearsonassessments.com/)
Casey Life Skills - [https://caseylifeskills.org](https://caseylifeskills.org)
Adolescent Substance Abuse Screening (CRAFFT) - [https://crafft.org/](https://crafft.org/)

### Program Evaluation

Evaluating the outcomes of child welfare programs is critical for program growth and improvement. Programs need to provide convincing evidence that their work makes important differences for the children, families, and communities they serve.

A plan for evaluation should be built into any program that provides supportive services to children and families. Plan should identify the changes services are designed to bring about and how changes will be measured to demonstrate the extent to which those changes occurred. Services and service delivery should be adjusted and improved based on the data generated.
by an evaluation. The Administration on Children and Families’ Second Edition of the Program Manager’s Guide to Evaluation (2010) identifies these key reasons to evaluate your program.

An evaluation helps you accomplish the following:

- Find out what is and is not working in your program
- Show your funders and the community what your program does and how it benefits your participants
- Raise additional money for your program by providing evidence of its effectiveness
- Improve your staff’s work with participants by identifying weaknesses as well as strengths
- Add to the existing knowledge in the human services field about what does and does not work in your type of program with your kinds of participants.

Writing S.M.A.R.T. Objectives

To use an objective to monitor your progress, you need to write it as a SMART objective. A SMART objective is:

1. **Specific:** Objectives should provide the “who” and “what” of program activities. Use only one action verb since objectives with more than one verb imply that more than one activity or behavior is being measured. Avoid verbs that may have vague meanings to describe intended outcomes (e.g., “understand” or “know”) since it may prove difficult to measure them. Instead, use verbs that document action (e.g., “At the end of the session, the students will list three concerns...”) Remember, the greater the specificity, the greater the measurability.

2. **Measurable:** The focus is on “how much” change is expected. Objectives should quantify the amount of change expected. It is impossible to determine whether objectives have been met unless they can be measured. The objective provides a reference point from which a change in the target population can clearly be measured.

3. **Achievable:** Objectives should be attainable within a given time frame and with available program resources.

4. **Realistic:** Objectives are most useful when they accurately address the scope of the problem and programmatic steps that can be implemented within a specific time frame. Objectives that do not directly relate to the program goal will not help toward achieving the goal.

5. **Time-phased:** Objectives should provide a time frame indicating when the objective will be measured or a time by which the objective will be met. Including a time frame in the objectives helps in planning and evaluating the program.

<table>
<thead>
<tr>
<th>Objective Checklist</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the objective SMART?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specific:</strong> Who? (target population and persons doing the activity) and What? (action/activity)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Measurable:</strong> How much change is expected</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Achievable:</strong> Can be realistically accomplished given current resources and constraints</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Realistic:</strong> Addresses the problem and proposes expectations are reasonable</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Time-phased:</strong> Provides a timeline indicating when the objective will be achieved</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Does it relate to a single result?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Is it clearly written?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Resources:
- Evaluating Prevention Programs – [https://www.childwelfare.gov/topics/preventing/evaluating/](https://www.childwelfare.gov/topics/preventing/evaluating/)
- FRIENDS- [https://friendsnrc.org/](https://friendsnrc.org/)
- Evaluation Toolkit is a resource for developing an individualized outcome evaluation plan. [http://friendsnrc.org/evaluation-toolkit](http://friendsnrc.org/evaluation-toolkit)
SECTION F

Forms, Templates & Examples

Blank Forms
Download forms directly from the website to complete (Funding Opportunities link at www.pssfnet.com).

- Form #1 - Application Cover
- Form #2 - Current Contractor Report
- Form #3 - Narrative
- Form #4 - Services
- Form #5 - Service Delivery Schedule
- Form #6 - Budget
- Form #7 - Disaster Plan
- Form #8 - Cash Match Commitment
- Form #9 - Criminal History Investigation
- Form #10 - DFCS Acknowledgement
- Form #11 - E-Verify
- Form #12 – Budget Narrative

Blank Templates
Templates can be used as a guide to prepare required document, preferably on letterhead. Download templates directly from the website (Funding Opportunities link at www.pssfnet.com).

- Corporate Resolution (non-profits only)
- Authorization to Enter into Contract (public entities only)

Examples
- Form #1 - Application Cover
- Form #5 - Service Delivery Schedule
- Form #6 - Budget
- Form #8 - Cash Match Commitment
- Form #9 - Criminal History Investigation
- Form #11 - E-Verify Affidavit
- Form #12 - Budget Narrative
- Certificate of Insurance
- Corporate Resolution (non-profits only)
- Authorization to Enter into Contract (public entities only)

All blank forms and templates must be downloaded from website, completed, saved and identified as directed in Section D.
**Form #1 - APPLICATION COVER**

FFY2021 PSSF Statement of Need Proposal

See instructions in Section D of Statement of Need. Scan, save as a pdf and identify as "son#####_Cover". Identification of non-profit agencies must be consistent with SoS Registration screenshot.

### Agency Information

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Program Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>City:</td>
</tr>
<tr>
<td>Street Address:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Executive Director:</td>
<td>Telephone:</td>
</tr>
</tbody>
</table>

### Select only one service model.

**PSSF Family Support Services**

1. Prevention/Early Intervention (PEI)
2. Home Visiting (HVS)
3. Healthy Relationship/Co-Parenting (HMI)
4. Supports/Svcs for Homeless Youth & Families (SHY)

**PSSF Family Preservation Services**

1. Placement Prevention Services (PPS)
2. Relative Caregiver/Kinship Family (RCS)
3. Crisis Intervention Services (CIS)
4. Residential/Post-Placement After-Care (RAC)
5. Substance Abuse Family Recovery & Support (STR)

**PSSF Family Reunification Services**

1. Supervised Family Visitation (SFV)
2. Child and Family Advocacy (CFA)
3. Parent Reunification Services (PRS)

**PSSF Adoption Promotion/Permanency Services**

1. Adoption Promotion/Post-Perm. Support (APS)
2. Transition and Emancipation Support (TES)

### Funding Request

- **Federal Award (75%)**
- **Cash Match Commitment (25%)**

**Proposed Total Cost of Services (100%)**

Enter corresponding Total Cost of Services from Form #6, Budget. Maximum Total Cost of $100,000.00 (or $50,000.00 for new programs). Applicant must provide non-federal cash match of 25% of Total Cost of Services. Federal Award and Cash Match amounts calculate automatically. Do not override auto calculations.

### Service Area

**Primary - Identify county where majority of services will be provided (list only one county):**

**Secondary - List additional counties where services will be available:**

### Caseload

**Proposed Average Caseload per Month:**

**Proposed Number of Total Families/Cases per Year:**

### Applicant’s Organizational Status (select one)

- **Public Entity (city, county or state agency or institution):**
  - SAO/Vendor #:
  - ORI/OAC #:
- **Private Non-Profit Agency/Organization:**
  - EIN #:
  - E-Verify #:
- **Agency Fiscal Year End:**
  - DUNS #:

### Communications

All communications with respect to this proposal including award notices, contract negotiations, contract preparation and distribution, will be done electronically. Identify individual to whom all PSSF communications related to this proposal should be sent.

**NOTE:** Notify PSSF Technical Assistance team at communications@pssfnet.com if this contact information changes after proposal submission.

**Name:**
**Title:**
**Email:**

### Signature

The undersigned confirms that the applicant meets the criteria described in the Statement of Need; has provided accurate information regarding the agency, program and services described in the application; and is able to meet contract requirements, if awarded a contract with DFCS.

**Signature of AUTHORIZED Officer (as per Resolution or Authorization):**
**Printed Name of Officer:**
**Title of Officer:**
**Date:**

**Electronic signature not acceptable**

For non-profit applicants, name and title must be same as individual is identified on SoS registration.


Form #2 - CURRENT CONTRACTOR REPORT

See instructions in Statement of Need, Section D for additional information.

All FFY2020 PSSF providers MUST complete this form for each proposal submitted.

Do NOT complete this form if your agency did not have a PSSF contract for FFY2020.

<table>
<thead>
<tr>
<th>SoN #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Name:</td>
</tr>
<tr>
<td>Program Name:</td>
</tr>
</tbody>
</table>

Instructions:
- Complete each section as required.
- Boxes will expand as you type.
- Do not exceed page limit of 5 pages.
- Save as a pdf and identify as “son###_CCReport”.

Check statement that applies to this proposal.
- This proposal (SoN # listed above) is for a new program, one that was not funded in FFY2020. Complete Sections A&B.
- This proposal (SoN # listed above) is for a PSSF program funded in FFY2020 that is reapplying for FFY2021. Complete Sections A&C.

SECTION A. LIST ALL PROPOSALS

1. List all programs that agency/organization received PSSF funds for in FFY2020.
   - List this proposal first if CCR is being completed for a FFY2020 program that is reapplying in FFY2021 (same service model and PSSF ID#).
   - If a FFY2020 PSSF program is not reapplying for FFY2021, indicate N/A in FFY2021 SoN # column.
   - List a ‘new’ FFY2021 proposal last and identify as ‘new’ next to # in FFY2021 SoN column.

<table>
<thead>
<tr>
<th>FFY2021 SoN #</th>
<th>Program Name (as it appears in PSSFWeb)</th>
<th>FFY2020 PSSF ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. For FFY2020 program(s) listed above not reapplying for FFY2021, explain why.

SECTION B. PROPOSAL FOR NEW PROGRAM

Complete this section if this proposal is for new PSSF program, one that was not funded in FFY2020.

1. Explain why your agency/organization decided to submit a proposal to add this PSSF program in FFY2021.

2. Describe how this new program is different from your PSSF program(s) funded in FFY2020.

3. How was it determined that your agency/organization has sufficient capacity and resources to establish and successfully operate an additional PSSF program?

4. How does the FFY2020 performance (based on reporting through March 31, 2020) of your other PSSF program(s) support submission of an additional proposal?
## Funding

<table>
<thead>
<tr>
<th></th>
<th>FFY2020 Approved Total Cost (Services) $</th>
<th>FFY2020 Total Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FFY2021 Proposed Total Cost (Services) $</td>
<td>Total Cost from Application Cover</td>
</tr>
<tr>
<td></td>
<td>Change (+/-) %</td>
<td>FFY2021 $ minus FFY2020 $ times 100 = % change</td>
</tr>
</tbody>
</table>

2. Justify/explain any change (+/-) in total service $ proposed for FFY2021 from FFY2020.

## Utilization

3. % Utilization at March 31, 2020 (Q1+Q2)

4. If YTD (Q1+Q2) performance was less than 45%, or more than 55%, explain.

5. Describe how these results have been factored into current activities to ensure that you meet service obligations for FFY2020.

6. Describe how these results were factored into the preparation of this proposal?

## Capacity

7a. FFY2020 Approved Average Monthly Caseload

7b. FFY2021 Proposed Average Monthly Caseload

7c. FFY2020 Actual Average Monthly Caseload Q1 + Q2

8. Explain any change (+/-) in average monthly caseload proposed for FFY2021 from approved for FFY2020.

9. Based on Intakes and Exits documented in PSSFWeb, calculate and report the following:

<table>
<thead>
<tr>
<th></th>
<th>FFY2020 Approved Average Monthly Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td># cases open on October 1, 2019 (or carried forward from September 30, 2019)</td>
<td>FFY2020 Average monthly caseload from main screen after logging into PSSFWeb</td>
</tr>
<tr>
<td># cases opened (new Intakes) between October 1-2019 – March 31, 2020</td>
<td>Proposed caseload on Cover and SDS, Form #5</td>
</tr>
<tr>
<td># cases closed (cases exited) October 1, 2019 – March 31, 2020</td>
<td>Sum of ‘enrolled cases receiving services’ from Part B of monthly programmatic reports, Oct 2019–Mar 2020 divided by 6</td>
</tr>
</tbody>
</table>
**Services, Service Delivery & Costs**

10. Complete for all FFY2020 approved services. Source: PSSFWeb “Approved Services” tab (includes any approved SDS revisions or updates since October 1, 2019).
   - Report total units invoiced YTD (October - March) Source: FFY2020 DSS/INV Summary report.
   - Provide corresponding information on each proposed service for FFY2021. Source: FFY2021 proposed SDS, Form #5.
   - Copy and insert rows if additional rows are needed.
   - If any ‘new’ service(s) has been added, list last.

<table>
<thead>
<tr>
<th>FFY2020 Approved Services</th>
<th>FFY2020 YTD</th>
<th>FFY2021 Proposed Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SC</strong></td>
<td><strong>Service &amp; Description</strong></td>
<td><strong>Duration</strong></td>
</tr>
</tbody>
</table>
| ![Table](image.png)

11. Explain any proposed service changes (added or deleted).

12. Explain any proposed changes in total units of more than +/- 5% (compared to total units for FFY2020) for any service.

13. Explain any proposed changes in unit cost of more than +/- 5% (compared to unit cost for FFY2020).

**Outcomes**

14. For families/individuals that completed services and were exited in Q1 and Q2, describe outcomes achieved by families based on the objectives for that service model that demonstrate the effectiveness of the services. If none have exited, explain why and describe progress observed/documentcd on the families/individuals who have received services during the year.

**Performance**

15. During Q1 & Q2, were all programmatic and compliance obligations met? If not, explain why and describe steps taken to ensure that there is not a reoccurrence.
   - For example:
     - Monthly reports were completed correctly and submitted by the deadline.
     - Quarterly reports completed correctly and submitted by the deadline.
     - Qualified staff were hired and trained meeting evidence-based or service model guidelines.
     - Staffing levels were sufficient to meet service and reporting obligations at all times.

16. During Q1 & Q2, describe how program monitored and maintained fidelity to the evidence-based standards for those services.

17. If during Q1 & Q2, program was not able to deliver services with sufficient fidelity to the evidence-based model, explain why and how this has been addressed for FFY2021 services.
# Form #3 - NARRATIVE

For examples, see Section F.

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Program ID#</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Program Name:</th>
<th>Service Model</th>
</tr>
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<tbody>
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</tbody>
</table>

## 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 limit of 10 pages.
- Save as a pdf and identify as “son####_Narrative”.

## PROPOSAL OVERVIEW

Briefly describe the key elements of your proposal by responding to the following:

1. Describe proposed target population. Include specific family or individual characteristics or circumstances that will identify them as candidates for this PSSF program and for whom proposed service plan is designed.

2. a. Describe why the PSSF service model was selected.
   b. Describe how service model is responsive to the needs of the target population, and effective in achieving desired results.
      
      a. 
      b. 

3. Evidence-Based Requirement (Proposals that do not meet PSSF evidence-based requirement and standard will be considered ineligible.)
   a. Identify the evidence-based model, practice, or strategies that will be used in the delivery of proposed service plan. Include its evidence-based rating and relevance to child welfare from CEBC or comparable authority to demonstrate that it satisfies PSSF evidence-based standards.
   b. Describe how you determined that this evidence-based model, practice or strategy will be effective in meeting PSSF service model objectives.
   c. Describe how this evidence-based model, practice or strategy, will be implemented.
      
      a. 
      b. 
      c. 

4. a. Describe measurable change expected in the target population as a result of their participation in proposed service plan. This may include changes in knowledge, skills, beliefs, attitudes, intention, behavior, situation, or circumstances.
   b. Describe how these changes will increase the safety, permanency and well-being of children, improve family functioning, and reduce the need for ongoing or future child protective services intervention.
      
      a. 
      b. 

5. Describe strategies to be used to overcome caregiver or child/youth reluctance, and/or remove barriers, to sustained participation in your PSSF program.
### NEEDS ASSESSMENT

#### Individual and/or Family Needs

1. a. Describe consultation and collaboration with stakeholders, including families/individuals, sources you will rely on for referrals, and input received from local county DFCS offices to identify the needs specific to this target population proposed service plan will address.
   
   b. Describe data used to support the need for proposed services for the target population.
   
   c. Describe how you determined what an effective service plan would be to address the needs of families/individuals. Include rationale for additional services, frequency, duration, etc. used in the development of an individual service plan.
   
   d. What is the expected average length of time you expect families/individuals to be enrolled in this PSSF program?
   
   e. Describe how you will use determine that a family/individual has met their service plan goals and the case can be closed.

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<td>d.</td>
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<td>f.</td>
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</tbody>
</table>

#### Community Need

2. a. Describe proposed service area. Identify community and primary county where services will be provided. Identify additional counties (secondary service area) from which referrals will be accepted. Include basic demographic data to describe service area.
   
   b. Describe consultation and collaboration with stakeholders and community partners, including input received from local county DFCS offices, to determine there was sufficient need for proposed services in this service area.
   
   c. Describe data used to identify and support the need for proposed PSSF service model in the service area and in determining how the extent of the need was determined?

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#### Caseload

Caseload numbers are also reported on Form #1, Application Cover, Form #5, Service Delivery Schedule, and Form #2, Current Contractor Report.

3. a. Estimate the average monthly caseload you propose to serve each month (and used to develop the Service Delivery Schedule) and describe how was this determined.
   
   b. Estimate the total number of families, or cases, that your PSSF program will serve during the year and describe how was this determined.

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### ORGANIZATIONAL INFORMATION

Proposal must demonstrate that applicant has sufficient organizational and administrative resources and is qualified to provide, supervise, and monitor service delivery as proposed.

#### 1. Agency History

Briefly summarize agency history, including its mission and child/family-serving experience. Include description of agency qualifications, capacity and performance record to demonstrate that it is able to provide services as proposed and achieve desired results.

#### Administrative Oversight and Fiscal Management

2. a. Describe agency’s organizational structure.
   
   b. Identify and describe qualifications of individual(s) responsible for administrative and fiscal oversight.
   
   c. Briefly describe plan for monitoring contract deliverables, reporting, and expenses.
d. If day-to-day financial matters, such as payroll, banking, accounts payable, are managed by agreement with another entity (other than the identified applicant). Describe relationship to applicant, and their responsibilities and qualifications.

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</table>

**Supervision**

3. a. Identify individual(s) and their qualifications who are responsible for supervision of staff, volunteers and/or contractor(s) providing proposed PSSF services.
   
   b. Briefly describe agency’s practice for regular supervision and ongoing support for individuals with PSSF service responsibilities.

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**Subcontractors** (paid non-profit or for-profit agencies or public entities who provide any service on your behalf)

*Complete this section if any proposed services will be provided by a Subcontractor as defined above. Be brief.
Subcontractors cannot provide more than 49% of proposed services.
Do not include private individuals with whom you contract to provide any service. These individuals are considered private Contractors.*

4. a. Identify Subcontractor(s) (name, address and principals) and their organizational status (for-profit, non-profit or public entity).
   
   b. Describe Subcontractor(s) history and relationship to applicant.
   
   c. Identify proposed services to be subcontracted.
   
   d. Describe protocol for exchange of information regarding referrals, services and client participation.
   
   e. Describe how Subcontractor(s) will be monitored to ensure quality and consistency of service delivery.

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<td>e.</td>
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</tbody>
</table>

**Non-Profit Agencies ONLY: Financial Information** (as reported in last fiscal year-end financial report or audit).

*A copy of the report or audit may be requested at a later date.*

5. a-c. Complete as directed.

   d. Report any capital available in reserves at the end of the period.
   
   e. Describe any restricted funds.

<table>
<thead>
<tr>
<th>a. Period (FY) covered by Report or Audit:</th>
</tr>
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<tbody>
<tr>
<td>b. Total Operating Expenses:</td>
</tr>
<tr>
<td>c. Total Revenue (from all Sources):</td>
</tr>
<tr>
<td>d.</td>
</tr>
<tr>
<td>e.</td>
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</tbody>
</table>

**Grants, Awards and Contracts** (as reported in last fiscal year-end financial report or audit)

6. a. If revenue for agency/organization (or Division of a Public Entity) included community, state and/or federal funding either as a grant or a contract (including contracts with state or county DFCS), identify source, amount, and provide a brief description of the contracted activities.

   b. Identify any of these sources, and the amount, that you will receive during the period covered by this PSSF proposal.

   c. Identify any of these sources that will also be used to serve the same target population as the one identified in this proposal.

   d. Describe how your agency will maintain the separation of clients served, services and expenses to ensure integrity of the PSSF program and prevent duplication of services and conflict or competition for staff resources.

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<td>d.</td>
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</table>
## REFERRALS, COORDINATION & RESOURCES

*Proposal must demonstrate that referral and intake processes are responsive, appropriate, and sufficient to determine family needs and generate sufficient referrals to sustain program. Proposal must also demonstrate that agency collaborates with community partners to identify and link families to additional supports and services to meet their ongoing needs.*

### Referral Sources

1. a. Identify expected sources for referrals and estimate the percentage of your referrals expected from each source.
   
   b. Describe how it was determined that these sources would generate sufficient, and appropriate, referrals to sustain average monthly caseload.

### Referrals & Intake

2. a. Describe how referrals are received, screened and evaluated to determine eligibility prior to commencement of services.
   
   b. Describe how you will prioritize and manage referrals should they exceed your agency’s capacity or resources.
   
   c. Describe protocol for communicating updated information on program services, including eligibility criteria and feedback on previous referrals, to referral sources to ensure that appropriate referrals are received.

### Coordination of Services

3. a. For families with DFCS or court involvement (an active CPS or FC case), describe process for collecting and sharing information on family prior to, during, and when PSSF services conclude.
   
   b. For families receiving services from multiple sources, describe plan for coordinating services to maximize community resources and prevent duplication of services.
   
   c. Identify any PSSF-funded programs with whom you regularly ‘share’ clients and describe your relationship.

### Community Resources

4. **Community Resources.** Identify the community resources that your agency collaborates with to ensure that families have access to additional formal and informal supports and services they need that are not available through your agency. List agency or organization, the resource need they fill for the families you refer and identify specific programs available. Only include those on the list that you regularly refer families to for supports or services.

### PROGRAM MONITORING & EVALUATION

*Proposal must demonstrate that agency has a plan to monitor consistency and quality of proposed services and fidelity to evidence-based strategies, practices or models. Proposal must also demonstrate that program has a process for continuous quality improvement.*

### Program Activities

1. a. Briefly describe how your PSSF program will be monitored to maintain the quality and consistency of services and service delivery.
   
   b. Briefly describe how services will be monitored to ensure fidelity to evidence-based strategies, practices or program model.

   a. 
   
   b.
## Service Effectiveness

2.  
   a. How will you determine if individual services and service delivery were responsive to identified needs of families/individuals?  
   b. How will you determine if individual service plans were effective in meeting the needs of the target population?

<p>| | |</p>
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</tbody>
</table>

## Program Evaluation

3.  
   a. Describe plan for evaluating PSSF program to determine its overall effectiveness. Include information/data that will be collected and analyzed to demonstrate and report results.  
   b. Other than PSSF CSQ's, describe how feedback will be solicited from families and used to improve the quality, effectiveness and responsiveness of your PSSF program to the needs of the target population (not the family's individual service plans).  
   c. Describe how feedback will be solicited from referral sources and other stakeholders and used to improve the quality, effectiveness, and responsiveness of your PSSF program to the needs of the community.

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</tr>
</tbody>
</table>
**PART A. Staff, Contractors, Subcontractors & Volunteer Qualifications**

All staff, contractors, subcontractors, and volunteers providing direct services MUST meet PSSF qualification and experience requirements described in the Statement of Need for service model and MUST also satisfy meet requirement for identified evidence-based model/practice.

- Complete as directed.
- Boxes will expand as you type.
- Save as a pdf and identify as “son###_Services”.

1. **Staff/Contractor/Subcontractor & Volunteer Qualifications & Experience**

Identify and provide requested information on those individuals qualified to provide services listed on Form #5, Service Delivery Schedule and for whom there is an associated expense described in Form #12, Budget Narrative.

Do not report supervisory or administrative staff in this section.

For an open position or one for which an individual will be hired, omit name but include position and/or title.

Do not include any staff for whom there is no associated cost included on Form #12, Budget Narrative.

Estimate average hours/month individual provides services as described on Form #5, Service Delivery Schedule.

Complete following Section 2. for CASA volunteers, and Section 3. For volunteer Mentors. CASA programs report Advocacy Coordinator positions included on Form #12, Budget Narrative here.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Average hours/month providing direct services/month or annual FTE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position and/or Title:</td>
<td>Select one. □ Staff □ Intern □ Volunteer □ Contractor (individual) □ Subcontractor (agency)</td>
</tr>
<tr>
<td>Identify services listed on the SDS they will provide:</td>
<td></td>
</tr>
<tr>
<td>Describe qualifications including relevant education, training and experience:</td>
<td></td>
</tr>
</tbody>
</table>

Copy to add more sections as needed for additional positions.
2. **CASA Volunteers Only.** Complete this section for CASA volunteers responsible for service delivery service.

<table>
<thead>
<tr>
<th># of CASA volunteers needed to serve</th>
<th>Average hours/month /CASA volunteer:</th>
<th>Total volunteer hours/month:</th>
</tr>
</thead>
</table>

Describe role and service responsibilities of CASA volunteers.

Describe qualifications or pre-service training.

3. **Volunteer Mentors Only.** Complete this section for volunteers serving as mentors (Mentoring listed on Form #5, Service Delivery Schedule).

Expected # of volunteers serving as mentors for youth/young adults or peer mentors each month

Average hours/month/volunteer mentor:

Describe role and service responsibilities of volunteer mentors.

Describe qualifications or pre-service training for volunteer mentors.
### Part B. Services & Service Delivery

See Section E, Service Categories and Descriptions for additional service delivery guidelines before completing “S” forms.

- Complete each section as directed.
- Complete one “S” form for each proposed service in your service plan and listed on the Service Delivery Schedule.
  - Complete “S1” for Initial Assessment.
  - Complete “S2” for Case Management only. (Not required for FSS/HVS and TLR/CFA programs.)
  - Number and complete “S” forms for all other services. Identify and complete required services first, followed by any additional services included on your proposed service plan.
- Use “S” number to identify corresponding service when completing Service Delivery Schedule, Form #5.
- Boxes will expand as you type.

#### S1a

**Service/Activity: INITIAL ASSESSMENT AND DEVELOPMENT OF AN INDIVIDUAL SERVICE PLAN**

**Initial Assessment (at Intake):**

a. Describe process for gathering and evaluating information on family, caregiver or youth/child referred for PSSF services to identify their needs, strengths, barriers, goals and objectives to develop an individualized service plan.

b. Identify all assessment and screening tools utilized and their purpose.

c. If the evidence-based model selected includes a specific assessment process, describe protocol.

d. Describe consultation with the family, caregiver or youth/child to review assessment results, identify priorities and develop an effective service plan. Include time spent with family during this process and time staff spend evaluating results.

e. What other sources of information are collected and utilized at intake to facilitate the development of an effective service plan.

f. Identify individuals (family members, extended family, etc.) who participate in the assessment at intake.

#### Other Assessments (Identified on Form #5, Service Delivery Schedule as S1b, S1c, …)

Any assessments identified in this section must be listed as separate line items on Form #5, Service Delivery Schedule.

- Identify any specialized assessments or assessment tools that may be utilized (in addition to those identified above) that may be used to periodically to supplement Assessment at Intake or on its own at any time during service provision. Describe protocol for determining need for this assessment in addition to its purpose, frequency, duration, participants and how results may impact service plan or improve outcomes.

- If an assessment tool included in the Initial Assessment is also used at specified intervals during engagement to monitor progress, identify tool, frequency, purpose and describe how results are used. These are listed separately on Form #5, Service Delivery Schedule and identified as “Progress” Assessments.

- If an assessment conducted at the completion of a service activity (ie. at the end of a series of classes) identify it as a “Final” assessment. If conducted at, or immediately prior to, case closure, identify it as an “Exit” assessment. Describe protocol for administering assessment and how results are used.
### Service/Activity: CASE MANAGEMENT

*Does not apply to FSS/HVS and TLR/CFA service models.*

Effective case management is an ongoing collaborative process that assesses, plans, implements, coordinates, monitors, advocates for, and evaluates the options and services required to meet the family, caregiver or youth/child service needs and to achieve their PSSF case plan goals in a safe, effective and timely manner.

- Case Management cannot exceed 20% of Total Services on Form #5, Service Delivery Schedule.
- See Section E, Service Categories and Descriptions for additional service delivery guidelines.

### Case Management Practice

1. a. Describe plan for regular contact/consultation with family/individual to implement, monitor, evaluate and adjust PSSF service plan. *(CM: Service Coordination)*

   b. Describe process for helping family/individual identify and access other community-based supports and services to meet immediate and long-term needs *(CM: Information & Referral)*. Provide an example.

   c. Describe how you advocate for and/or model and encourage families/individuals to advocate for themselves to achieve their case plan goals *(CM: Advocacy)*. Provide an example.

   d. Describe how decisions are made to determine when service plan goals have been achieved, and services will conclude or be terminated.

2. Based on responses above, select frequency and duration for case management services. **Check only those that apply.**

<table>
<thead>
<tr>
<th>Service/Activity</th>
<th>Frequency</th>
<th>Average Duration of a Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2a. CM: Service Coordination</td>
<td>Weekly/Monthly</td>
<td>N/A Up to 15 minutes</td>
</tr>
<tr>
<td>S2b. CM: Information &amp; Referrals</td>
<td>Weekly/Monthly</td>
<td>N/A Up to 15 minutes</td>
</tr>
<tr>
<td>S2c. CM: Advocacy</td>
<td>Weekly/Monthly</td>
<td>N/A Up to 15 minutes</td>
</tr>
</tbody>
</table>

*Information reported above for #2 is used to complete Form #5, Service Delivery Schedule.*
1. **Service/Activity.** Identify service category for activity (how it is identified on Form #5, Service Delivery Schedule).

2. **Description.** Provide a detailed description of the activity.

3. **Rationale.** What need identified in your assessment of the family, caregiver or youth will this service address?

4. **Service Objective.** What change/improvement do you anticipate will occur in the family/individual as a result of their participation?

5. **Outcome Measure(s).** How will you measure expected change or improvement to demonstrate that the desired result was achieved? (measurable change in knowledge, skills or attitude)

6. **Participants.** Who are the intended participants in this service or activity? Select one.
   - [ ] Adult(s)
   - [ ] Youth
   - [ ] Child(ren)
   - [ ] Other. Describe:

7. **Format.** If offered in multiple formats, use #12 to explain.
   - [ ] To a family
   - [ ] To one individual only (adult, child/youth)
   - [ ] As a group and # participants/group:

8. **Average Duration.** Describe the average length of direct contact with participant(s) during a single session? (ie. ½-hour meeting, 1-hour in-home visit) Do not include time travelling to, preparing for or documenting in the estimate of service duration. If the session length is variable, indicate range (2-3 hours) and explain what determines if activity happens for a shorter or longer period. Based on your experience, assign and report an ‘Average Duration” (usually the middle of the range you have identified. 2.5 hours in the example) on the Service Delivery Schedule, Form #5 as a ‘range’ cannot be used in those calculations.

9. **Intensity (Frequency & Delivery).** Describe how often a family, caregiver or youth would participate in this activity and over what period of time. (ie. weekly for three months, once a month for 12 months, once each quarter for a year).

10. **Location.** Identify site(s) proposed service will occur and estimate % at each. If provided at multiple locations and use #12 to explain.
   - [ ] In the home
   - [ ] At agency
   - [ ] In school
   - [ ] Other community site

11. **Additional Information:** If applicable, provide details on service delivery of this activity such as listing multiple formats or duration that impact cost per unit and are listed separately on Form #5, Service Delivery Schedule. For example, S#a for one-hour individual parenting session in the home and S#b for a one-hour individual parenting session at the agency’s office, or having both S#a, a one-hour and S#b, a two-hour supervised visit (as these would each have a different Cost per Unit). Identify on Form #5, Service Delivery Schedule, as described here.

12. **Total/Year # Units** (# of times during the year this service will be provided as described above)
   a. Identify the “Total Units” reported on Form #5, Service Delivery Schedule?
   b. Describe how this was calculated.

13. **Cost per Unit** (Based on time, effort, and associated expenses to deliver this service as described above)
   a. What is the estimated ‘Cost per Unit’ reported on Form #5, Service Delivery Schedule for this service?
   b. Describe how this ‘Cost per Unit’ was determined.

---

**FFY2021 MaryLee Allen Promoting Safe and Stable Families Program**

*Copy and paste whole section to add more pages. Insert page break at top of each new “S” form when it is copied. If new form does not start with 1 for Service/Activity, to renumber, right click on the ‘wrong’ number and choose ‘Restart at 1’ from the options.*
Insert page break at the top of each new “S” Form.

<p>| | |</p>
<table>
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<tbody>
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</table>

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1. **Service/Activity.** Identify service category for activity (how it is identified on Form #5, Service Delivery Schedule).

2. **Description.** Provide a detailed description of the activity.

3. **Rationale.** What need identified in your assessment of the family, caregiver or youth will this service address?

4. **Service Objective.** What change/improvement do you anticipate will occur in the family/individual as a result of their participation.

5. **Outcome Measure(s).** How will you measure expected change or improvement to demonstrate that the desired result was achieved? (measurable change in knowledge, skills or attitude)

6. **Participants.** Who are the intended participants in this service or activity? Select one.

   - [ ] Adult(s)
   - [ ] Youth
   - [ ] Child(ren)
   - [ ] Other. Describe:

7. **Format.** If offered in multiple formats, use #12 to explain.

   - [ ] To a family
   - [ ] To one individual only (adult, child/youth)
   - [ ] As a group and # participants/group:

8. **Average Duration.** Describe the average length of direct contact with participant(s) during a single session? (ie. ½-hour meeting, 1-hour in-home visit) Do not include time travelling to, preparing for or documenting in the estimate of service duration.

   - If the session length is variable, indicate range (2-3 hours) and explain what determines if activity happens for a shorter or longer period.

   - Based on your experience, assign and report an ‘Average Duration” (usually the middle of the range you have identified. 2.5 hours in the example) on the Service Delivery Schedule, Form #5 as a ‘range’ cannot be used in those calculations.

9. **Intensity (Frequency & Delivery).** Describe how often a family, caregiver or youth would participate in this activity and over what period of time. (ie. weekly for three months, once a month for 12 months, once each quarter for a year).

10. **Location.** Identify site(s) proposed service will occur and estimate % at each. If provided at multiple locations and use #12 to explain.

   - [ ] In the home | %
   - [ ] In school | %
   - [ ] At agency | %
   - [ ] Other community site | %

11. **Additional Information:** If applicable, provide details on service delivery of this activity such as listing multiple formats or duration that impact Cost per Unit and are listed separately on Form #5, Service Delivery Schedule. For example, $#a for one-hour individual parenting session in the home and $#b for a one-hour individual parenting session at the agency’s office, or having both $#a, a one-hour and $#b, a two-hour supervised visit (as these would each have a different Cost per Unit). Identify on Form #5, Service Delivery Schedule, as described here.

12. **Total/Year # Units** (# of times during the year this service will be provided as described above)

   a. Identify the “Total Units” reported on Form #5, Service Delivery Schedule?
   b. Describe how this was calculated.

13. **Cost per Unit** (Based on time, effort, and associated expenses to deliver this service as described above)

   a. What is the estimated ‘Cost per Unit’ reported on Form #5, Service Delivery Schedule for this service?
   b. Describe how this ‘Cost per Unit’ was determined?
Form #5 - SERVICE DELIVERY SCHEDULE

The Service Delivery Schedule summarizes proposed service plan utilizing information reported on Form #4, Services, “S” forms.

See instructions in Statement of Need, Section D.

Save as an Excel worksheet (.xlsx) and identify as “son#####_SDS”.

Proposed PSSF service plans must include all required services as identified for the selected service model. Required services may be supplemented with services provided proposal demonstrates that the addition of these services is necessary to enhance the effectiveness of core services in addressing the unique needs of the target population or in reducing barriers to effective engagement of families in their service plans. Proposed PSSF service plans must include sufficient investment in core services to adequately support PSSF objectives for the service model and target population.

Do not alter properties or overwrite formulas in columns identified "A" through "E".

See Form #3, Narrative, Needs Assessment, Question #3, Caseload

### Column Key & Directions

- **SC**: PSSF Service Code. Leave blank.
- **S**: Report corresponding S# from Form #4, Services.
- **Type**: Select “Req” for all required services other than those identified as core services for service model; select “Core” for these. Identify all other services that supplement service plans but are not required as “Add”.
- **Format**: As reported on corresponding S form, Question #7. From dropdown list, select one service delivery format: “Ind” (individual), “Fam” (family), or “Grp” (group)
- **Average Duration**: As reported on corresponding S form, Question #8.
- **Frequency & Delivery**: As reported on corresponding S form, Question #9. Report average frequency (#/case/week, month, or year) over what period of time (#/week or month).
- **Total/Year # Units**: As reported on corresponding S form, Question #12. Calculated estimate how many of service will be provided for the year.
- **Cost per Unit**: As reported on corresponding S form, Question #13. Record calculated cost of single service.
- **Total Cost**: Each line calculates automatically (AxB=C). Do not change formula!

### Notes

- Total/Year # Hours for each line item calculates automatically (AxB+C). Do not change formula!
- Total Services does not have to exactly match but cannot exceed total on Form #6, Budget, Total Cost of Services.

<table>
<thead>
<tr>
<th>SC</th>
<th>S</th>
<th>Type</th>
<th>Description Service or Activity</th>
<th>Format</th>
<th>Average Duration 0.0 Hr</th>
<th>Frequency &amp; Delivery Used to calculate total units/year based on average monthly caseload and/or total cases/year</th>
<th>Total/Year # Units</th>
<th>Total/Year # Hours</th>
<th>Cost Per Unit</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>Req</td>
<td>Initial Assessment &amp; Service Plan</td>
<td>-</td>
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<tr>
<td>S2a</td>
<td>Case Management: Service Coordination</td>
<td>0.50</td>
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<tr>
<td>S2b</td>
<td>Case Management: Information &amp; Referral</td>
<td>0.50</td>
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<tr>
<td>S2c</td>
<td>Case Management: Advocacy</td>
<td>0.50</td>
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</tbody>
</table>

**TOTAL HOURS**: -

**TOTAL SERVICES**: $ -
## Part A: Direct Service Costs

### Section 1: Direct Service Personnel

<table>
<thead>
<tr>
<th>Personnel Type</th>
<th>Amount</th>
<th>%</th>
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<tbody>
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</tbody>
</table>

Total Section 1: $ -  #DIV/0!

### Section 2: Contractors & Subcontractors

- Contractors: $ -
- Subcontractors: $ -
- Non-Staff Transporter: $ -

Total Section 2: $ -  #DIV/0!

### Section 3: Other Direct Service Expenses

- Transportation (Mileage Reimbursement): $ -
- Program Supplies & Materials: $ -
- Consumer Supports: $ -
- Other: $ -

Total Section 3: $ -  #DIV/0! #DIV/0!

## Part B: Administrative Costs

### Section 4: Administrative & Supervisory Personnel Costs

<table>
<thead>
<tr>
<th>Costs</th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Total Section 4: $ -  #DIV/0!

### Section 5: Other Administrative Costs

- Rent: $ -
- Office Supplies: $ -
- Insurance: $ -
- Staff Training & Professional Development: $ -
- Conferences & Travel: $ -
- Telephone: $ -
- Other: $ -
- Federally Approved Indirect Cost: $ -

Total Section 5: $ -  #DIV/0! #DIV/0!

**Total Cost of Services**: $ -  #DIV/0!

---

### Notes

- Total Cost of Services in corresponding space on the Application Cover and on the Cash Match forms.
- Total Budget cannot exceed $100,000.00.
- Part B: Administrative Costs cannot exceed 20% of total cost of services.
## Form #7 - DISASTER PLAN

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>SoN #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Name:</td>
<td>Program ID#</td>
</tr>
</tbody>
</table>

### Instructions:
- Briefly respond to each of the following questions pertaining to your agency's plan in the event of a disaster, natural or otherwise. DO NOT submit your program's master disaster plan; ONLY respond to the questions below that are applicable to your operations.
- Boxes will expand as you type.
- Do not exceed page limit of 1 page.
- Save as a pdf and identify as “son##_DisasterPlan”.

See instructions in Statement of Need, Section D. Respond to each of the following questions pertaining to your agency's plan in the event of a disaster, natural or otherwise. DO NOT submit your program's master disaster plan; ONLY respond to the questions below that are applicable to your operations.

1. Provide name, title, cell phone and email address of the contact person for your agency in the event of a disaster.

2. If you provide services to children at your site or at a site other than their home, identify the location where children would be transported to in the event of a disaster. Include name (if applicable) and physical address. *If you do not provide services to children indicate “N/A” and skip to question 5.*

3. Identify the method of transportation that would be utilized to relocate children to the above listed location in the event of a disaster. *If you do not provide services to children indicate “N/A” and skip to question 5.*

4. Briefly describe your agency’s plan, if any, to continue providing services to the children in the event of a disaster. *If you do not provide services to children indicate “N/A” and skip to question 5.*

5. Briefly describe your agency’s plan to provide services to new child welfare clients in the event of a disaster.

6. Briefly describe your agency’s plan to remain in contact with caseworkers and other essential child welfare personnel in the event of a disaster.

7. Briefly describe your agency’s plan to preserve essential records in the event of a disaster.

8. Briefly describe your agency’s plan to coordinate services and share information with other agencies in the event of a disaster.
Form #8 - CASH MATCH COMMITMENT

See instructions in Statement of Need, Section D.
Scan, save as a pdf and identify as "son#####_Match".
Retain original. In the event that proposal is funded, original form will be needed for contract.

Agency Name*: 
Program Name: 
*Legal name of agency/organization/institution as it appears on Application Cover- Form #1

SoN # 
Program ID# 

Federal Award - 75%
Cash Match Commitment - 25%

ENTER Total Cost of Services - 100%
(must be same as Total Cost of Services on Cover and Budget)
Pursuant to the requirements of Georgia’s Promoting Safe and Stable Families program, we are aware that an award recipient must provide a cash match in the amount of 25% of total program cost. This organization, by the signature of the authorized officer below, commits to provide matching funds in the amount indicated above.

This organization further covenants the following:
• The matching funds do not reflect funding received from any other federal source.
• The matching funds reflect a cash contribution. "In-kind" contributions do not meet program requirements for matching funds.
• Funds derived from the PSSF contract will not be used to match other federal funding sources.

To the extent matching funds are used to qualify for federal funding, the matching funds will reflect an irrevocable contribution to the referenced agency or program.

<table>
<thead>
<tr>
<th>List all sources of Matching Funds*</th>
<th>Date Funds Available</th>
<th>Amount of Matching Funds</th>
</tr>
</thead>
<tbody>
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<tr>
<td>TOTAL (Total must equal amount of 25% Cash Match Commitment indicated above)</td>
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</tr>
</tbody>
</table>

* Indicate legal name of organization providing match (if other than Applicant).
If Applicant is providing match from general operating budget, indicate source(s) of funds.

______________________________
Signature of AUTHORIZED Officer

______________________________
Notary Signature

______________________________
Printed Name of Officer
(Must match name on Secretary of State screenshot)

______________________________
Date Commission Expires

Affix notary seal or stamp below.
Use foil for additional contrast.

______________________________
Title of Officer
(Must match title on Secretary of State screenshot)

______________________________
Date
Form #9 - CRIMINAL HISTORY INVESTIGATIONS

See instructions in Statement of Need, Section D.
Scan, save as a pdf and identify as "son#####_History".
Retain original. In the event that proposal is funded, original form will be needed for contract.

<table>
<thead>
<tr>
<th>Agency Name*</th>
<th>SoN #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Name</td>
<td>Program ID#</td>
</tr>
</tbody>
</table>

*Legal name of agency/organization/institution as it appears on Application Cover- Form #1

---

ORI # or OAC #

This organization, by the signature of the authorized officer below, certifies in accordance with the Georgia Division of Family and Children Services, Promoting Safe and Stable Families contract, that it will use Georgia Applicant Processing Services (GAPS) at https://www.aps.gemalto.com/ga/index.htm to conduct criminal record background investigations on all employees, staff, volunteers and/or subcontractors as stipulated in PARA #122 Criminal History Investigations. Failure to comply with the criminal history requirements as outlined may be cause for contract termination.

__________________________
Signature of AUTHORIZED Officer

__________________________
Printed Name of Officer
(Must match name on Secretary of State screenshot)

__________________________
Title of Officer
(Must match title on Secretary of State screenshot)

__________________________
Date Commission Expires
Affix notary seal or stamp below.
Use foil for additional contrast.

__________________________
Date
**FFY2021 Promoting Safe and Stable Families Program Statement of Need**

**Proposal Deadline:** April 15, 2020, Noon EDT

---

**Form #10 - DFCS Acknowledgement of Intent to Submit Proposal**

Complete as directed. For additional information, see Statement of Need, Section D. Scan and identify signed form as “son#####_CountyDFCS”.

Georgia DFCS annually solicits proposals for PSSF services to enhance and expand service array currently available through other sources, such as PUP, Parent Aide, Homestead, Wraparound, etc. Applicants are required to notify county DFCS of their intent to submit a PSSF proposals to serve families in your community October 1, 2020 – September 30, 2021.

Thank you for taking the time to review plans that this agency has to submit a PSSF proposal to serve families in your community. PSSF is committed to ensuring that proposals that are considered for funding are responsive to the needs of families in your community, in addition to providing resources to support the work of your staff with at-risk families. Please contact me if you have any questions or concerns.

Roger Hubbard, DFCS PSSF Grant Supervisor, Roger.hubbard@dhs.ga.gov

---

**Section A**

Section A is completed by applicant. After DFCS has completed Section B, form must be scanned and uploaded with PSSF proposal.

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Proposed PSSF Service Model:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Address:</td>
<td>Email:</td>
</tr>
<tr>
<td>Contact Name:</td>
<td></td>
</tr>
</tbody>
</table>

**Proposal Details:**

- **Target Population:**
- **Counties to be served:**
- **Proposed Services:**
- **Family needs that services will address and expected outcomes:**
- **Referral Criteria:**
- **Information that would be helpful at time of referral to improve service delivery:**
- **Information we can provide to you on cases referred for services:**

---

**Section B**

Section B is completed by County DFCS representative and returned to applicant identified in Section A.

The county representative acknowledges that the services described would be beneficial in expanding or enhancing service array and accessibility for families in this community. This does not constitute an unconditional endorsement of the applicant’s proposal or commitment to automatically refer families but acknowledges an awareness of the need for proposed services and that sharing of information will improve coordination of services.

<table>
<thead>
<tr>
<th>County Representative Signature:</th>
<th>County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name:</td>
<td>Email:</td>
</tr>
<tr>
<td>Title:</td>
<td>Date:</td>
</tr>
<tr>
<td>Feedback or Comments:</td>
<td></td>
</tr>
</tbody>
</table>

For additional information on Promoting Safe and Stable Families and the FFY2021 Statement of Need visit: [www.pssfnet.com](http://www.pssfnet.com).
Form #11 – E-VERIFY AFFIDAVIT

See instructions in Statement of Need, Section D.
Scan, save as a pdf and identify as “son#####_EVerify”.
Retain original. In the event that proposal is funded, original form will be needed for contract.

<table>
<thead>
<tr>
<th>Agency Name*</th>
<th>SoN #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Name</td>
<td>Program ID#</td>
</tr>
</tbody>
</table>

*Legal name of agency/organization/institution as it appears on Application Cover-Form #1

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

Promoting Safe & Stable Families Program
Name of Project

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 _____________________, 2020 in _____________________, GA.

Date   City

Signature of Authorized Officer

Printed Name of Authorized Officer   Printed Title of Authorized Officer


Signature of Notary Public   Date Commission Expires
### Form #12 – BUDGET NARRATIVE

See additional instructions in Statement of Need, Section D.

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Program ID#</th>
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</thead>
<tbody>
<tr>
<td>Program Name:</td>
<td>Service Model</td>
</tr>
</tbody>
</table>

### Instructions:
- Complete sections with details on proposed expenses.
- Provide sufficient information to explain cost and justify the need for all expenses.
- Show calculations for expense amounts charged to proposed program budget.
- See page 76 of SoN regarding Form #12 Budget Narrative for information on allowable costs.
- Boxes will expand as you type.
- Only include expenses associated with performing services as described on the Service Delivery Schedule.
- Do not include expenses covered by another source.
- Round final numbers to nearest dollar. Do not use cents in total expense columns.
- Record total from expense category (shaded boxes) on corresponding lines in the “Amount” column on Form #6 Budget.
- Save as a pdf and identify as “son####_BUDNarrative”.

### PART A: DIRECT SERVICE COSTS

#### Section 1: Direct Service Personnel

Report each staff member included in Form #4-Services Part A in this section. Staff members who only have administrative or supervisory duties are to be reported separately in Part B of this form.

Instructions for completing:
- Complete one row for each individual staff member reported in Form #4-Services Part A. Provide the following information:
  - **A**: Name and Title. Identify all personnel by name and position. If position has not yet been filled, use TBD in place of name.
  - **B**: Report total compensation
    - For salaried individuals
      - Report annual salary
      - Identify and report any Fringe Benefits applicable (e.g. FICA, health insurance premium)
      - Calculate an hourly rate (cost) by dividing total compensation and benefits by total annual hours the salary covers. Show calculations.
      - Full Time Equivalent (FTE) is 2080 hours. Do not exceed 2080 annual hours for any individual.
    - For part time or hourly individuals
      - Report hourly rate
      - Identify and report any additional fringe benefits as a percentage (if applicable)
      - Determine a final hourly rate (cost) that includes any applicable benefits
  - **C**: Record hourly rate in column C.
  - **D**: Determine the total PSSF Hours and report in column D.
  - **E**: Describe the hours reported in column D as related to their PSSF direct service delivery responsibilities only.
    - For individuals who have both direct service and administrative or supervisory duties, only report number hours related to PSSF Direct Service Delivery in Column D of this section. Hours related to administrative or supervisory duties will be reported in Section 4 of this form.
  - **F**: Calculate total PSSF expense amount by multiplying the individual’s hourly rate (column C) by total PSSF hours (column D). Round final numbers to nearest dollar. Do not use cents in total expense column.
  - Transfer individual total expense for each individual (column F) to corresponding line on Form #6-Budget Section 1. Identify on budget line with individual’s title (column A).
- Insert additional rows if necessary.
### Section 1: Direct Service Personnel (Personnel listed in Form #4 Services Part A)

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name &amp; Title</td>
<td>Total Compensation</td>
<td>Hourly Rate</td>
<td>Total PSSF Hours (Direct)</td>
<td>PSSF Activity (Describe)</td>
<td>PSSF Expense</td>
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### Section 2: Contractors & Subcontractors

- Complete one row for each contractor or subcontractor, or non-staff transporter.
- Identify and provide details on negotiated expense and associated services included in contractor/subcontractor agreements. Include deliverables [services to be provided], hours, and compensation rate or per diem.
- Insert additional rows if necessary.
- Round final numbers to nearest dollar. Do not use cents in total expense columns.
- Record total expense calculated for each category on corresponding lines on Form #6-Budget Section 2

<table>
<thead>
<tr>
<th>Contractors</th>
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**TOTAL EXPENSE CONTRACTORS**
Transfer to Section 2 of Form #6-Budget

<table>
<thead>
<tr>
<th>Subcontractors</th>
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</table>

**TOTAL EXPENSE SUBCONTRACTORS**
Transfer to Section 2 of Form #6-Budget

<table>
<thead>
<tr>
<th>Non-Staff Transporter</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**TOTAL EXPENSE NON-STAFF TRANSPORTER**
Transfer to Section 2 of Form #6-Budget
**Section 3: Other Direct Service Costs**

- Provide detailed descriptions of all DIRECT SERVICE expenses included in expense category
- Description must include sufficient explanation to justify expense on budget
- Round final numbers to nearest dollar. Do not use cents in Total Expense column.
- Record total expense calculated for each category on corresponding lines on Form #6-Budget Section 3

<table>
<thead>
<tr>
<th>Descriptions &amp; Calculations</th>
<th>TOTAL EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation (Mileage Reimbursement)</td>
<td></td>
</tr>
<tr>
<td>Program Supplies &amp; Materials</td>
<td></td>
</tr>
<tr>
<td>Consumer Supports</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**PART B: ADMINISTRATIVE COSTS**

**Section 4: Administrative & Supervisory Personnel Costs**

- Complete one row for each individual staff member. Provide the following information:
  - A: Name and Title. Identify all personnel by name and position. If position has not yet been filled, use TBD in place of name.
  - B: Report total compensation
    - For salaried individuals
      - Report annual salary
      - Identify and report any Fringe Benefits applicable (e.g., FICA, health insurance premium)
      - Calculate an hourly rate (cost) by dividing total compensation and benefits by total annual hours that salary covers. Show calculations
      - Full time equivalent (FTE) is 2080 hours. Do not exceed 2080 annual hours for any individual on budget.
    - For part-time or hourly individuals
      - Report hourly rate
      - Identify and report any additional fringe benefits as a percentage (if applicable)
      - Determine a final hourly rate (cost) that includes any applicable benefits
  - C: Record hourly rate in column C.
  - D: Determine the total PSSF Hours related to Administrative and Supervisory duties and report in column D.
  - E: Describe the hours reported in column D as related to their PSSF Administrative and Supervisory activities only.
    - For individuals who have both direct service and administrative or supervisory duties, only report number hours related to PSSF Administrative and Supervisory activities
    - Use same hourly rate as previously calculated and reported in Section 1 of this form.
  - F: Calculate total PSSF expense amount by multiplying the individual’s hourly rate (column C) by total PSSF hours (column D). Round final numbers to nearest dollar. Do not use cents in Total Expense columns.
  - Transfer individual total expense for each individual (column F) to corresponding line on Form #6-Budget Section 4. Identify on budget line with individual’s title (column A).
  - Insert additional rows if necessary.
**Section 4: Personnel with Administrative or Supervisory related to PSSF program.**

<table>
<thead>
<tr>
<th>A</th>
<th>Name &amp; Title</th>
<th>B</th>
<th>Total Compensation</th>
<th>C</th>
<th>Hourly Rate</th>
<th>D</th>
<th>Total PSSF Hours (Admin/Supervisory)</th>
<th>E</th>
<th>PSSF Activity Describe</th>
<th>F</th>
<th>PSSF Expense</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Section 5: Other Administrative Costs**

- Provide detailed descriptions of all expenses included in expense category.
- For any % allocation charged, provide rationale to explain allocated % and/or amount.
- Descriptions must provide sufficient explanation that supports direct service costs stated in Part A of this form.
- Round final numbers to nearest dollar. Do not use cents in total expense column.
- Record total expense calculated for each category on corresponding line on Form #6-Budget Section 5.

<table>
<thead>
<tr>
<th>Descriptions &amp; Calculations</th>
<th>TOTAL EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Rental</td>
<td></td>
</tr>
<tr>
<td>Office Supplies</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
</tr>
<tr>
<td>Staff Training &amp; Professional Development</td>
<td></td>
</tr>
<tr>
<td>Conferences &amp; Travel</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Federally Approved Indirect Cost</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OF PART B: ADMINISTRATIVE COSTS CANNOT EXCEED 20% OF TOTAL COST OF SERVICES**
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) 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) desires to provide services, and

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

RESOLVED, that (insert legal name of non-profit as it appears on Secretary of State registration) agrees to enter a written contract with the Georgia Division of Family and Children Services for the provision of services as described in the FFY2021 Promoting Safe and Stable Families proposal for the period beginning October 1, 2020 and ending September 30, 2021.

AND THE Chief Executive Officer, Chief Financial Officer, and/or Secretary* 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)

* Name and title of officers must be consistent with information as it appears on Secretary of State registration screenshot.
USE PUBLIC ENTITY LETTERHEAD

AUTHORIZATION TO ENTER INTO CONTRACT

Date: _____________________

Project/Program Title: ___________________________________

Contract Period: October 1, 2020 – September 30, 2021

Project/Program Amount:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Award Request</td>
<td>$</td>
</tr>
<tr>
<td>Match Commitment</td>
<td>$</td>
</tr>
<tr>
<td>Total Cost of Services</td>
<td>$</td>
</tr>
</tbody>
</table>

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 Division of Family and Children Services for the provision of services as described in the FFY2021 Promoting Safe and Stable Families proposal.

__________________________________________          ____________________________________________
Signature                                              Notary Signature

__________________________________________
Name and Title

Date Commission Expires

Notary Seal or Stamp
**Form #1 - APPLICATION COVER**

**FFY2021 PSSF Statement of Need Proposal**

See instructions in Section D of Statement of Need. Scan, save as a pdf and identify as “son####.Cover”. Identification of non-profit agencies must be consistent with SoS Registration screenshot.

| **SoN #** | 13000 |

| **Agency Name:** | New Vision Family Center, Inc. |
| **PO Box 123** |
| **Street Address:** | 123 Main St. W. |
| **Executive Director:** | Mary Green |
| **City:** | Sandy Springs |
| **Zip Code:** | 30328 |
| **County:** | Fulton |

**Select only one service model.**

- **PSSF Family Support Services**
  - 1. Prevention/Early Intervention (PEI)
  - 2. Home Visiting (HVS)
  - 3. Healthy Relationship/Co-Parenting (HMI)
  - 4. Supports/Svcs for Homeless Youth & Families (SHY)

- **PSSF Family Preservation Services**
  - 1. Placement Prevention Services (PPS)
  - 2. Relative Caregiver/Kinship Family (RCF)
  - 3. Crisis Intervention Services (CIS)
  - 4. Residential/Post-Placement After-Care (RAC)
  - 5. Substance Abuse Family Recovery & Support (STR)

- **PSSF Family Reunification Services**
  - 1. Supervised Family Visitation (SFV)
  - 2. Child and Family Advocacy (CFA)
  - 3. Parent Reunification Services (PRS)

- **PSSF Adoption Promotion/Permanency Services**
  - 1. Adoption Promotion/Post-Perm. Support (APS)
  - 2. Transition and Emancipation Support (TES)

**Funding Request**

- **Federal Award** (75%) $45,300.00
- **Cash Match Commitment** (25%) $15,100.00
- **Proposed Total Cost of Services** (100%) $60,400.00

**Service Area**

- **Primary** - Identify county where majority of services will be provided (list only one county):
  - Fulton
- **Secondary** - List additional counties where services will be available:
  - Cobb, Clayton

**Caseload**

- Proposed Average Caseload per Month: 10
- Proposed Number of Total Families/Cases per Year: 60

**Applicant’s Organizational Status**

| Public Entity (city, county or state agency or institution) | SAO/Vendor #: | ORI/OAC #: GAP223223 |
| **Private Non-Profit Agency/Organization** | EIN #: 55-1231234 | E-Verify #: 321123 |

| **Agency Fiscal Year End:** | July 2020 |
| **DUNS #:** | 987654321 |

**Communications**

All communications with respect to this proposal including award notices, contract negotiations, contract preparation and distribution, will be done electronically. Identify individual to whom all PSSF communications related to this proposal should be sent.

**Name:** Gene Woods  
**Title:** Chief Operations Officer  
**Email:** gwoods@newvision.org

**Signature**

The undersigned confirms that the applicant meets the criteria described in the Statement of Need; has provided accurate information regarding the agency, program and services described in the application; and is able to meet contract requirements, if awarded a contract with DFCS.

*For non-profit applicants, name and title must be same as individual is identified on SoS registration.
## Form #5 - SERVICE DELIVERY SCHEDULE

The Service Delivery Schedule summarizes proposed service plan utilizing information reported on Form #4, "S" forms. See instructions in Statement of Need, section D. Save as an Excel worksheet (xls) and identify as "son####_SDS".

### Proposed Average Monthly Caseload:
- 10

### Expected Total Number of Cases (Families) per Year:
- 60

### Proposed PSSF service plans must include all required services as identified for the selected service model. Required services may be supplemented with services provided proposal demonstrates that the addition of these services is necessary to enhance the effectiveness of core services in addressing the unique needs of the target population or in reducing barriers to effective engagement of families in their service plans. Proposed PSSF service plans must include sufficient investment in core services to adequately support PSSF objectives for the service model and target population.

### Do not alter properties or overwrite formulas in columns identified "A" through "E".

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Question #3, Caseload</th>
<th>Format</th>
<th>Average Duration</th>
<th>Frequency &amp; Delivery</th>
<th>Total/Year # Units</th>
<th>Cost Per Unit</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
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</tbody>
</table>

### Column Key & Directions

- **S** - Report corresponding "S" form, Question #8.
- **F** - Report corresponding "F" form, Question #10.
- **C** - Report corresponding "C" form, Question #11.
- **D** - Report corresponding "D" form, Question #12.

### Frequency & Delivery

- As reported on corresponding S form, Question #13.

### Total Hours

- 1,097.00

### Total Services

- $60,374.00

### Total Services does not have exactly match but cannot exceed total on Form #6, Budget Total Cost of Services.

### NOTE:

- Each service listed should have a corresponding "S" form (unless identified as a "B", "C",... unless more than one delivery option is available which requires it to be listed on its own line with its own Cost per Unit).
- Average Monthly Caseload is based on # of cases (described as families, individuals or placements) enrolled and receiving services each month.
- Total Case Management (S2a-c) services cannot exceed 20% of Total Cost. Standard duration is 1 hour.
- Services paid by for any funding source cannot be used to satisfy PSSF match or service requirements and should not be listed on this form.
- Do not list expenses on this form. Expenses associated with services as described are only reported in the budget.
- If you need room for additional services, you can insert additional rows. Copy and "Insert copied cells" to paste properties and formulas from another row.

### Form #5 - SERVICE DELIVERY SCHEDULE

- **Agency Name**: New Visions Family Center, Inc.
- **Program Name**: Family Time Support Program
- **Prepared By**: Jan Brown
- **Email**: lb56@gmail.ca
- **Program Id#:**
- **Service Model**: FSS/PEI

### Form #3, Narrative, Needs Assessment, Question #3, Caseload

**SoN #:** 13000

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Question #3, Caseload</th>
<th>Format</th>
<th>Average Duration</th>
<th>Frequency &amp; Delivery</th>
<th>Total/Year # Units</th>
<th>Cost Per Unit</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
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</tbody>
</table>

### Average Duration - As reported on corresponding S form, Question #10.

**Average Duration**

- As reported on corresponding S form, Question #11.

**Frequency & Delivery**

- As reported on corresponding S form, Question #12.

**Cost Per Unit**

- As reported on corresponding S form, Question #13.

**Total Cost**

- As reported on corresponding S form, Question #14.

**Total Services does not have exactly match but cannot exceed total on Form #6, Budget Total Cost of Services.**
Form #6 - BUDGET
See additional instructions in Statement of Need, Section D.

Save as an Excel worksheet (xlsx) and identify as "son####_Budget".

<table>
<thead>
<tr>
<th>Agency</th>
<th>New Horizons Family Center, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>Family Time Support Program</td>
</tr>
<tr>
<td>Prepared by</td>
<td>Jane Smith, Program Coordinator</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:janemail@email.com">janemail@email.com</a></td>
</tr>
<tr>
<td>Program ID#</td>
<td>123-1234</td>
</tr>
<tr>
<td>Service Model</td>
<td>FSS/PEI</td>
</tr>
<tr>
<td>SoN#</td>
<td>13000</td>
</tr>
</tbody>
</table>

Section 1: Direct Service Personnel
(Only Include Personnel Listed in Form#4 Services Part A)

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Coordinator</td>
<td>$32,059</td>
<td></td>
</tr>
<tr>
<td>Parent Educator</td>
<td>$8,398</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Total Section 1:</td>
<td>$40,457</td>
<td>67%</td>
</tr>
</tbody>
</table>

Section 2: Contractors & Subcontractors

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractors</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Subcontractors</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Non-Staff Transporter</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Total Section 2:</td>
<td>$</td>
<td>0%</td>
</tr>
</tbody>
</table>

Section 3: Other Direct Service Expenses

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>%</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>$354.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Supplies &amp; Materials</td>
<td>$3,500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer Supports</td>
<td>$1,250.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>$3,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Section 3:</td>
<td>$8,104.00</td>
<td>13%</td>
<td>80%</td>
</tr>
</tbody>
</table>

PART B: ADMINISTRATIVE COSTS

Section 4: Administrative & Supervisory Personnel Costs

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>%</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Coordinator</td>
<td>$8,014.00</td>
<td></td>
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</tr>
<tr>
<td>Total Section 4:</td>
<td>$8,014.00</td>
<td>13%</td>
<td></td>
</tr>
</tbody>
</table>

Section 5: Other Administrative Costs

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>%</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$600.00</td>
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<td></td>
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<tr>
<td>Insurance</td>
<td>$600.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Training &amp; Professional Development</td>
<td>$375.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conferences &amp; Travel</td>
<td>$450.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>$1,800.00</td>
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<td></td>
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<tr>
<td>Other</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federally Approved Indirect Cost</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Section 5:</td>
<td>$3,825.00</td>
<td>6%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Total Cost of Services $60,400.00 100%

ENTER Total Cost of Services in corresponding space on the Application Cover and on the Cash Match forms.

Total Budget cannot exceed $100,000.00.

Part B: Administrative Costs cannot exceed 20% of total cost of services.
Form #8 - CASH MATCH COMMITMENT

See instructions in Statement of Need, Section D.
Scan, save as a pdf and identify as “son####_Match”.
Retain original. In the event that proposal is funded, original form will be needed for contract.

Agency Name*: New Vision Family Center, Inc.  SoN # 13000
Program Name: Family Time Support Program  Program ID#

*Legal name of agency/organization/institution as it appears on Application Cover- Form #1

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Award - 75%</td>
<td>$45,300.00</td>
</tr>
<tr>
<td>Cash Match Commitment - 25%</td>
<td>$15,100.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$60,400.00</strong></td>
</tr>
</tbody>
</table>

Pursuant to the requirements of Georgia’s Promoting Safe and Stable Families program, we are aware that an award recipient must provide a cash match in the amount of 25% of total program cost. This organization, by the signature of the authorized officer below, commits to provide matching funds in the amount indicated above.

This organization further covenants the following:
- The matching funds do not reflect funding received from any other federal source.
- The matching funds reflect a cash contribution. "In-kind" contributions do not meet program requirements for matching funds.
- Funds derived from the PSSF contract will not be used to match other federal funding sources.

To the extent matching funds are used to qualify for federal funding, the matching funds will reflect an irrevocable contribution to the referenced agency or program.

### List all sources of Matching Funds*

<table>
<thead>
<tr>
<th>Description</th>
<th>Date Funds Available</th>
<th>Amount of Matching Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Fun Run</td>
<td>01/01/2020</td>
<td>$5,100.00</td>
</tr>
<tr>
<td>Private Donation</td>
<td>01/09/2020</td>
<td>$10,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>TOTAL</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>$15,100.00</strong></td>
</tr>
</tbody>
</table>

* Indicate legal name of organization providing match (if other than Applicant).
If Applicant is providing match from general operating budget, indicate source(s) of funds.

G Smith
Signature of AUTHORIZED Officer

George Smith
Printed Name of Officer
(Must match name on Secretary of State screenshot)

Elizabeth Lary
Notary Signature

09/22/2022
Date Commission Expires

Affix notary seal or stamp below.
Use foil for additional contrast.

04/01/2020
Date

CEO
Title of Officer
(Must match title on Secretary of State screenshot)
Form #9 - CRIMINAL HISTORY INVESTIGATIONS

See instructions in Statement of Need, Section D.
Scan, save as a pdf and identify as "son####_History".
Retain original. In the event that proposal is funded, original form will be needed for contract.

Agency Name*: New Vision Family Center, Inc.  SoN # 13000
Program Name: Family Time Support Program  Program ID#

*Legal name of agency/organization/institution as it appears on Application Cover- Form #1

GAP 223223
ORI # or OAC #

This organization, by the signature of the authorized officer below, certifies in accordance with the Georgia Division of Family and Children Services, Promoting Safe and Stable Families contract, that it will use Georgia Applicant Processing Services (GAPS) at https://www.aps.gemalto.com/ga/index.htm to conduct criminal record background investigations on all employees, staff, volunteers and/or subcontractors as stipulated in PARA #122 Criminal History Investigations. Failure to comply with the criminal history requirements as outlined may be cause for contract termination.

G Smith
Signature of AUTHORIZED Officer

George Smith
Printed Name of Officer
(Must match name on Secretary of State screenshot)

Elizabeth Lary
Notary Signature

09/22/2022
Date Commission Expires

04/01/2020
Date

CEO
Title of Officer
(Must match title on Secretary of State screenshot)

Affix notary seal or stamp below. Use foil for additional contrast.
Form #11 – E-VERIFY AFFIDAVIT

See instructions in Statement of Need, Section D.
Scan, save as a pdf and identify as “son#####_EVerify”.
Retain original. In the event that proposal is funded, original form will be needed for contract.

agency Name*: New Vision Family Center, Inc.
Program Name: Family Time Support Program
SoN # 13000

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:

321123

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)

06/21/2017
Date of Authorization
(This is the date the Company ID was issued by the Federal eVerify system.)

New Vision Family Center, Inc.
Name of Contractor

Promoting Safe & Stable Families Program
Name of Project

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 _______April 1, 2020_______, 2020 in ______Sandy Springs_______, GA.
Date City

G Smith
Signature of Authorized Officer
George Smith  CEO

Printed Name of Authorized Officer  Printed Title of Authorized Officer

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ______1st____ DAY OF ______April______, 2020.

Elizabeth Lary
Signature of Notary Public

09/22/202________
Date Commission Expires

Form #11
## Form #12 – BUDGET NARRATIVE

See additional instructions in Statement of Need, Section D.

### SoN # 13000

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>New Vision Family Center, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Name:</td>
<td>Family Time Support Program</td>
</tr>
<tr>
<td>Program ID#:</td>
<td></td>
</tr>
<tr>
<td>Service Model:</td>
<td>FSS/PEI</td>
</tr>
</tbody>
</table>

### Instructions:
- Complete sections with details on proposed expenses.
- Provide sufficient information to explain cost and justify the need for all expenses.
- Show calculations for expense amounts charged to proposed program budget.
- See page 76 of SoN regarding Form #12 Budget Narrative for information on allowable costs.
- Boxes will expand as you type.
- Only include expenses associated with performing services as described on the Service Delivery Schedule.
- Do not include expenses covered by another source.
- Round final numbers to nearest dollar. Do not use cents in total expense columns.
- Record total for each expense category (shaded boxes) on corresponding lines in “Amount” column on Form #6 Budget.
- Save as a pdf and identify as “son####_BUDNarrative”.

### PART A: DIRECT SERVICE COSTS

#### Section 1: Direct Service Personnel

Report each staff member included in Form #4-Services Part A in this section.

Staff members who only have administrative or supervisory duties are to be reported separately in Part B of this form.

#### Instructions for completing:
- Complete one row for each individual staff member reported in Form #4-Services Part A. Provide the following information:
  - **A**: Name and Title. Identify all personnel by name and position. If position has not yet been filled, use TBD in place of name.
  - **B**: Report total compensation
    - For salaried individuals
      - Report annual salary
      - Identify and report any Fringe Benefits applicable (e.g. FICA, health insurance premium)
      - Calculate an hourly rate (cost) by dividing total compensation and benefits by total annual hours the salary covers. Show calculations.
      - Full Time Equivalent (FTE) is 2080 hours. Do not exceed 2080 annual hours for any individual.
    - For part time or hourly individuals
      - Report hourly rate
      - Identify and report any additional fringe benefits as a percentage (if applicable)
      - Determine a final hourly rate (cost) that includes any applicable benefits
  - **C**: Record hourly rate in column C.
  - **D**: Determine the total PSSF Hours and report in column D.
  - **E**: Describe the hours reported in column D as related to their PSSF direct service delivery responsibilities only.
    - For individuals who have both direct service and administrative or supervisory duties, only report number hours related to PSSF Direct Service Delivery in Column D of this section. Hours related to administrative or supervisory duties will be reported in Section 4 of this form.
  - **F**: Calculate total PSSF expense amount by multiplying the individual’s hourly rate (column C) by total PSSF hours (column D). Round final number to nearest dollar. Do not use cents in Total Expense column.
  - **G**: Transfer individual total expense for each individual (column F) to corresponding line on Form #6-Budget Section 1. Identify on budget line with individual’s title (column A).
- Insert additional rows if necessary.
### Section 1: Direct Service Personnel (Personnel listed in Form #4 Services Part A)

<table>
<thead>
<tr>
<th>Name &amp; Title</th>
<th>Total Compensation</th>
<th>C Hourly Rate</th>
<th>D Total PSSF Hours (Direct)</th>
<th>E PSSF Activity (Describe)</th>
<th>F PSSF Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Smith Program Coordinator</td>
<td>Salary/year $ 35,000 FICA 7.65%/year $ 2,677 Health Ins. Prem $ 2,400 Total $ 40,077/1900 hours per year</td>
<td>$21.09</td>
<td>1520</td>
<td>80% of time devoted to providing direct services (parent education, life skills, afterschool supervision, and working directly with clients/families)</td>
<td>$ 32,059</td>
</tr>
<tr>
<td>Ricky Martin, Parent Educator</td>
<td>Hourly Rate at $15 FICA @ 7.65% Total $ 16.15/hour</td>
<td>$16.15</td>
<td>520</td>
<td>Part time at 10 hours per week providing parent education, afterschool supervision, and will be attending training to provide more services (capacity building)</td>
<td>$ 8,398</td>
</tr>
</tbody>
</table>

### Section 2: Contractors & Subcontractors

- Complete one row for each contractor or subcontractor, or non-staff transporter.
- Identify and provide details on negotiated expense and associated services included in contractor/subcontractor agreements. Include deliverables [services to be provided], hours, and compensation rate or per diem.
- Insert additional rows if necessary
- Round final numbers to nearest dollar. Do not use cents in total expense column
- Record total expense calculated for each category on corresponding lines on Form #6-Budget Section 2

**Description & Calculations**

<table>
<thead>
<tr>
<th>Contractors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcontractors</td>
<td></td>
</tr>
<tr>
<td>Non-Staff Transporter</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL EXPENSE CONTRACTORS**
Transfer to Section 2 of Form #6-Budget

**TOTAL EXPENSE SUBCONTRACTORS**
Transfer to Section 2 of Form #6-Budget

**TOTAL EXPENSE NON-STAFF TRANSPORTER**
Transfer to Section 2 of Form #6-Budget
### Section 3: Other Direct Service Costs

- **Provide detailed descriptions of all DIRECT SERVICE expenses included in expense category**
- **Description must include sufficient explanation to justify expense on budget**
- **Round final numbers to nearest dollar. Do not use cents in Total Expense column.**
- **Record total expense calculated for each category on corresponding lines on Form #6-Budget Section 3**

<table>
<thead>
<tr>
<th>Descriptions &amp; Calculations</th>
<th>TOTAL EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation (Mileage Reimbursement)</td>
<td>Staff mileage reimbursement to attend off site parent/child enrichment/recreational activities each month. Average of 50 total miles each month (600 annual miles) 615*.575=$ 354</td>
</tr>
<tr>
<td>Program Supplies &amp; Materials</td>
<td>Parent handbooks ($300), trainer educator handbooks ($200), online assessment tool fees ($3000) for about 20 families</td>
</tr>
<tr>
<td>Consumer Supports</td>
<td>Gas cards to provide incentive to attend services $25 each (quantity 50 cards)</td>
</tr>
<tr>
<td>Other</td>
<td>Rental of facility to conduct monthly parent/child recreational activity off site each month (rental rate $250/event) (250x12)</td>
</tr>
</tbody>
</table>

### PART B: ADMINISTRATIVE COSTS

#### Section 4: Administrative & Supervisory Personnel Costs

- **Complete one row for each individual staff member. Provide the following information:**
  - **A:** Name and Title. Identify all personnel by name and position. If position has not yet been filled, use TBD in place of name.
  - **B:** Report total compensation
    - For salaried individuals
      - Report annual salary
      - Identify and report any Fringe Benefits applicable (e.g. FICA, health insurance premium)
      - **Calculate an hourly rate (cost) by dividing by dividing total compensation and benefits by total annual hours that salary covers. Show calculations**
        - **Full time equivalent (FTE) is 2080 hours. Do not exceed 2080 annual hours for any individual on budget.**
    - For part time or hourly individuals
      - Report hourly rate
      - Identify and report any additional fringe benefits as a percentage (if applicable)
      - **Determine a final hourly rate (cost) that includes any applicable benefits**
  - **C:** Record hourly rate in column C.
  - **D:** Determine the total PSSF Hours related to Administrative and Supervisory duties and report in column D.
  - **E:** Describe the hours reported in column D as related to their PSSF Administrative and Supervisory activities only.
    - For individuals who have both direct service and administrative or supervisory duties, only report number hours related to PSSF Administrative and Supervisory activities
    - Use same hourly rate as previously calculated and reported in Section 1 of this form.
  - **F:** Calculate total PSSF expense amount by multiplying the individual’s hourly rate (column C) by total PSSF hours (column D). **Round final numbers to nearest dollar. Do not use cents in Total Expense column.**
  - **Transfer individual total expense for each individual (column F) to corresponding line on Form #6-Budget Section 4. Identify on budget line with individual’s title (column A).**
  - **Insert additional rows if necessary.**
### Section 4: Personnel with Administrative or Supervisory related to PSSF program.

<table>
<thead>
<tr>
<th>Name &amp; Title</th>
<th>Total Compensation</th>
<th>Hourly Rate</th>
<th>Total PSSF Hours (Admin/Supervisory)</th>
<th>PSSF Activity Describe</th>
<th>PSSF Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Smith, Program Coordinator</td>
<td>Reported and calculated in section 1 of budget narrative</td>
<td>$21.09</td>
<td>380</td>
<td>20 % of time devoted to administrative and supervisory duties (program management)</td>
<td>$8,014</td>
</tr>
</tbody>
</table>

### Section 5: Other Administrative Costs

- Provide detailed descriptions of all expenses included in expense category.
- For any % allocation charged, provide rationale to explain allocated % and/or amount.
- Descriptions must provide sufficient explanation that supports direct service costs stated in Part A of this form.
- Round final numbers to nearest dollar. Do not include cents in Total Expense column.
- Record total expense calculated for each category on corresponding line on Form #6-Budget Section 5.

<table>
<thead>
<tr>
<th>Descriptions &amp; Calculations</th>
<th>TOTAL EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Rental</td>
<td></td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$600</td>
</tr>
<tr>
<td>Insurance</td>
<td>$600</td>
</tr>
<tr>
<td>Staff Training &amp; Professional Development</td>
<td>$375</td>
</tr>
<tr>
<td>Conferences &amp; Travel</td>
<td>$450</td>
</tr>
<tr>
<td>Telephone</td>
<td>$1,800</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Federally Approved Indirect Cost</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL OF PART B: ADMINISTRATIVE COSTS CANNOT EXCEED 20% OF TOTAL COST OF SERVICES**
## Certificate of Liability Insurance

**Date (MM/DD/YYYY):** 10/24/2019

### 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).

<table>
<thead>
<tr>
<th>PRODUCER</th>
<th>Christine Hayes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTACT</td>
<td>(706) 733-6888</td>
</tr>
<tr>
<td>E-MAIL</td>
<td><a href="mailto:chayes@dtcinsurance.com">chayes@dtcinsurance.com</a></td>
</tr>
</tbody>
</table>

### Insured
- **New Vision Family Center, Inc.**
- **PO Box 1000**
- **Atlanta, GA 30338**

### Insurers Affording Coverage
- **INSURER A:** American States Ins Co
- **INSURER B:** Wesco Insurance Co
- **INSURER C:** General Insurance Co of America
- **INSURER D:**
- **INSURER E:**
- **INSURER F:**

### Coverage Details

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Policy Number</th>
<th>Policy Eff (MM/DD/YYYY)</th>
<th>Policy Exp (MM/DD/YYYY)</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commercial General Liability</strong></td>
<td>BKW2060158715</td>
<td>10/20/2019</td>
<td>10/20/2020</td>
<td>$1,000,000</td>
</tr>
<tr>
<td><strong>Automobile Liability</strong></td>
<td>BKW2060158715</td>
<td>10/20/2019</td>
<td>10/20/2020</td>
<td>$1,000,000</td>
</tr>
<tr>
<td><strong>Workers Compensation and Employers' Liability</strong></td>
<td>WWC3441091</td>
<td>10/18/2019</td>
<td>10/18/2020</td>
<td>$100,000</td>
</tr>
<tr>
<td><strong>Professional Liability</strong></td>
<td>LP7740074C</td>
<td>10/20/2019</td>
<td>10/20/2020</td>
<td>$3,000,000</td>
</tr>
</tbody>
</table>

### Description of Operations / Locations / Vehicles (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

#### Workers Compensation and Employers' Liability
- **Per Statute / Other:**
  - E.L. Each Accident: $100,000
  - E.L. Disease - E.A. Employee: $100,000
  - E.L. Disease - Policy Limit: $500,000

### Certificate Holder
- **Georgia DHS/DFCS**
- c/o Care Solutions, Inc.
- 1117 Perimeter 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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ACORD 25 (2016/03) - The ACORD name and logo are registered marks of ACORD
CORPORATE RESOLUTION
TO ENTER INTO CONTRACT

At the ("regular or called") meeting of New Vision Family Center, Inc. on March 22, 2020 the following resolution was presented, seconded, and passed:

WHEREAS: The New Vision Family Center, Inc. desires to provide services, and

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

RESOLVED, that New Vision Family Center, Inc. agrees to enter a written contract with the Georgia Division of Family and Children Services for the provision of services as described in the FFY2021 Promoting Safe and Stable Families proposal for the period beginning October 1, 2020 and ending September 30, 2021.

AND THE Chief Executive Officer, Chief Financial Officer, and/or Secretary is duly authorized to execute said contract on behalf of this corporation.

Certified true and correct

____________________________
G Smith
Signature of Officer

____________________________
CEO
Title of Officer

George Smith
Name of Officer

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

* Name and title of officers must be consistent with information as it appears on Secretary of State registration screenshot.
Marietta School Board

AUTHORIZATION TO ENTER INTO CONTRACT

Date: April 1, 2020

Project/Program Title: Healthy Mothers, Healthy Babies

Contract Period: October 1, 2020 – September 30, 2021

<table>
<thead>
<tr>
<th>Project/Program Amount:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Award Request</td>
<td>$40,000.00</td>
</tr>
<tr>
<td>Match Commitment</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Total Cost of Services</td>
<td>$50,000.00</td>
</tr>
</tbody>
</table>

Individual authorized to act on behalf of Public Entity: John Smith, Superintendent

(Name and title of individual authorized to sign contract)

Marietta School Board agrees to enter into a written contract with the Georgia Division of Family and Children Services for the provision of services as described in the FFY2021 Promoting Safe and Stable Families proposal.

________________________  __________________________
John Smith, Superintendent  Ann Klint

Signature  Notary Signature

John Smith, Superintendent

Name and Title  Date Commission Expires

February 20, 2022