



**Georgia Department
of Human Services**

Division of Family & Children Services

**Georgia Division of Family and Children Services
Child Abuse Prevention and Treatment Act (CAPTA)**

Funding Opportunity Announcement–FY 2027

FOA Release Date: March 2, 2026	Deadline for Proposal Submission: April 13, 2026 12:00pm (EST)
Contract period: October 1, 2026 – Sept 30, 2027	
Maximum Amount available in FY2027: \$1,000,000 The maximum funding request per applicant is limited to \$200,000.	
All application materials and any questions concerning these instructions, the application process, proposal requirements, or programmatic issues should be submitted by email to: DFCS CAPTA Contracts Email: CAPTA@dhs.ga.gov	

Statement of Need: Georgia’s Department of Human Services, Division of Family and Children Services (DHS/DFCS), is seeking proposals for innovative projects and activities that help improve the child protective service system in Georgia. Proposals should be responsive to [Georgia’s CAPTA Citizen Review Panel](#) goals identified in [Georgia’s 2025-2029 Child Abuse Prevention and Treatment Act \(CAPTA\) Citizen Review Panels’ State Plan](#). The CAPTA State Plan goals support several items within the federal [Child and Family Services Review \(CFSR\)](#), including Child Well-Being Outcomes (items 12, 17, 18), and Systemic Factors (items 26, 27, 29, and 30). The Plan goals also align with the goals of Georgia’s [2025-2029 Child and Family Services Plan \(CFSP\)](#), which are to build workforce and staff competencies, increase front-end supports for families, and improve information technology and data sharing tools, and with #6, 7, and 13 of the CAPTA statute ([§5106a](#)).

Through the lens of the CAPTA legislation, specifically the assurances in § 106(b)(2)(A), and the 14 priority areas listed below that govern allowable spending in §106(a), the Citizen Review

Panels unanimously decided to focus attention on items 6, 7, and 13 in bold and italicized below to promote improvements during the timeframe covered by the state CAPTA Plan. The plan identifies three goals along with a non-exhaustive list of supportive activities for the state legislature, child welfare agency, and stakeholders that will potentially improve services for children and families. The three selected priorities will provide greater flexibility for directing the use of grant funds throughout the life of the plan.

In accordance with Section 106 of (a) of the [CAPTA legislation](#), grants are allotted to states for purposes of assisting the state in improving the child protective services system in 14 priority areas.

1. the intake, assessment, screening, and investigation of reports of child abuse or neglect;
2. A. creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and
B. improving legal preparation and representation, including—
 - i. procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and
 - ii. provisions for the appointment of an individual appointed to represent a child in judicial proceedings;
3. case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;
4. enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;
5. developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;
6. ***developing, strengthening, and facilitating training including—***
 - a. ***training regarding research-based strategies, including the use of differential response, to promote collaboration with the families;***
 - b. ***training regarding the legal duties of such individuals;***
 - c. ***personal safety training for case workers; and***
 - d. ***training in early childhood, child, and adolescent development;***
7. ***improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.***
8. developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;
9. developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with lifethreatening conditions, including—
 - a. existing social and health services.
 - b. financial assistance.
 - c. services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and
 - d. the use of differential response in preventing child abuse and neglect;

10. developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response;
11. developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;
12. supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems;
- 13. supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs—**
 - a. to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and**
 - b. to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports; or**
14. developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in—
 - a. investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and
 - b. the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents.

Additional consideration is given to proposals that that are responsive to the CAPTA State Plan, CFSSR, and CFSP for the purpose of improving child abuse and neglect prevention and treatment programs. All proposals and/or activities MUST meet federal requirements and be responsive to the CAPTA legislative mandate. Federal funding rules do not allow for food, beverages, or meals and should not be included in your proposal.

Eligibility Criteria

This program is open to Georgia state agencies, local governments including courts, nonprofit organizations, and educational institutions who meet Georgia DHS contract eligibility criteria.

For-profit organizations, direct-service organizations, and suspended or debarred individuals are ineligible to receive funding under this FOA. Previous grantees are not guaranteed funding.

Contract Terms

Proposals must be electronically submitted as one zip file to CAPTA@dhs.ga.gov. Applicants should submit only one email that includes all the information outlined in the Application Submission section at the time of submission. Multiple and additional submissions will not be accepted. Proposals received by the declared deadline will be reviewed to ensure all necessary worksheets and documentation are completed and included in submitted proposals. Incomplete

applications will not be reviewed, and applicants will not be permitted to add information or otherwise update their application after submission. Communication via telephone, email, and/or fax regarding award notices is prohibited before official notification by the Department.

The awarded contract is for the 12-month federal fiscal year, beginning on October 1, 2026, through September 30, 2027. All proposed activities must be completed by September 30, 2027. Program or project expenses incurred prior to the effective start date are ineligible for reimbursement. The awardee should have sufficient capital to cover the cost of services outlined in the budget for the first 45 days after the commencement of the contract. Payment under the CAPTA contract will be on a reimbursement basis upon completion of identified deliverable(s) listed on the Scope of Services (required document).

The grantee must submit, at a minimum, a quarterly programmatic report within ten (10) days after the end of each calendar quarter (January, April, July, and October) describing the activities completed in the previous calendar quarter. The grantee must submit payment invoices for reimbursement using the approved DHS/DFCS Cumulative Quarterly Expenditure Report; appropriate documentation of expenditures must be included. To be eligible for reimbursement under the CAPTA contract, a cost must be incurred in accordance with the approved budget, applicable Cost Principles, and within the grant period. Final invoices and program reports must be submitted to DHS/DFCS no later than November 15, 2027.

Proposal Review and Award Recommendations

A peer review will be conducted on all applications by the Proposal Review Committee composed of Georgia's Citizen Review Panel (CRP) members, persons with lived experience in the child welfare system, and DFCS subject matter experts. The Review Committee will consider each application and recommend approval, conditional approval with requested revisions, or rejection of the proposal based on its merits and responsiveness to this Statement of Need.

Final review and consideration of applicant proposals will be completed by the DFCS Federal Plans Director. All decisions are final, and no appeals will be considered.

Applications may be recommended for funding in whole or in part. Successful applicants may be funded at an amount lower than that requested. The Division reserves the right to fund activities or distinctive project elements based on CAPTA priorities and needs of DHS/DFCS.

Notification

Applicants will be notified of their application status by email on or before July 1, 2026.

APPLICATION, SUBMISSION AND DUE DATES

Request for Funding applications that are submitted via zip file to CAPTA@dhs.ga.gov and received **by April 13, 2026**, will be considered for an October 1 contract start date. Applications will be reviewed in the order in which they are received. Proposals may be submitted using Microsoft Word or portable document format (pdf).

Application documents should not exceed 10 pages and must include all the following:

Project Abstract – Briefly describe the problem that your project plans to address, the planned aims or outcomes of your project, and the timeline in which your project will be completed. The Project Abstract must be less than 300 words.

Statement of Need – Describe the specific goal that your project will address. Demonstrate currently unmet or underserved needs and describe how those needs will be realistically met with your project. Include relevant research or data to support your claims. The statement of need should reference current, publicly available data and, where appropriate, include specific information based on the applicant’s prior work. No data will be provided to applicants. The applicant should identify any gaps that will be addressed through its proposed project.

Alignment with Georgia’s 2025-2029 Child Abuse Prevention and Treatment Act (CAPTA) Plan – Describe how your project supports one or more goals identified by Georgia’s CAPTA Citizen Review Panels in the 2025-2029 Child Abuse Prevention and Treatment Act (CAPTA) Plan and alignment with other federal plans. Demonstrate how your project will improve one or more goals described in the Plan. Include relevant research or data to support your claims. Georgia’s federal reviews and plans can be found on the [DHS/DFCS Federal Plans](#) website.

Project Description – Describe the contents of your project. Include Goals, Objectives, and Timeline for completion.

Budget Overview – Describe the funds requested for each allowable budget category along with a supportive budget narrative using both worksheet tabs in the file. Indirect (administrative) costs cannot exceed 10% of the proposed project budget. Include overview and completed Proposal Budget Summary.

Evaluation Plan – Describe how your project will be evaluated for adherence to stated goals and objectives. Include sample(s) of evaluation tool(s).

Staff and Organizational Information – List the names and titles of individuals who will be working on the project. Include specific qualifications, certifications, and skills. Identify the individuals who will be the primary point of contact for award-related communications and for the evaluation plan.

If your project is approved, **additional documents** must be submitted to DFCS within 14 days of receiving notice of approval. All document signatures must be dated within the current calendar year:

1. Corporate Resolution	6. Pre-Award Risk Assessment
2. Georgia Secretary of State proof of registration	7. Supplier Change Form
3. Certificate of Liability Insurance	8. Security and Immigration E-Verify Form
4. Georgia Tax Compliance Form	9. W-9 Form
5. Contract Budget / Quarterly Cumulative Expenditure Report	10. Criminal Records Certification
	11. Authorized Signer and Approver Form

- Eligible 'Business Type' must be 'Domestic Non-Profit'
- 'Business Status' must be Active/Compliance.
- Please note: A "Business Status" that says 'Owes Current Year' is not acceptable and does not satisfy this requirement.
- Applicants **MUST** have completed a 2026 filing. 'Last Annual Registration Year' **MUST** be 2026.
- Please note: 2026 filing is due by April 1, 2026; however, filing can be completed on the website at any time.
- Take a screenshot of the above screen, copy and paste into a Word document. Save as a pdf.
- Screenshots taken with a mobile device or tablet may not upload properly to the submission site and may result in a 'failure to upload' error.
- It is required that officers signing any application documents are identified on the registration screenshot and are identified on the documents they sign with the same title. Officers signing the corporate resolution or are authorized by the corporate resolution must also be identified similarly.

SOS Registration Example


GEORGIA
 CORPORATIONS DIVISION

GEORGIA SECRETARY OF STATE
 BRAD RAFFENSPERGER

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: [REDACTED] Control Number: [REDACTED]
 INC.
 Business Type: **Domestic Nonprofit Corporation** Business Status: **Active/Compliance**
 Business Purpose: **NONE**
 Principal Office Address: [REDACTED] Date of Formation / Registration Date: **11/30/1987**
 USA
 State of Formation: **Georgia** Last Annual Registration Year: **2024**

REGISTERED AGENT INFORMATION

Registered Agent Name: [REDACTED]
 Physical Address: [REDACTED]
 County: [REDACTED]

OFFICER INFORMATION

Name	Title	Business Address
[REDACTED]	CFO	[REDACTED]
[REDACTED]	CEO	[REDACTED]
[REDACTED]	Secretary	[REDACTED]

[Back](#) [Filing History](#) [Name History](#)
[Return to Business Search](#)

Office of the Georgia Secretary of State Attn: 2 MLK, Jr. Dr. Suite 313, Floyd West Tower Atlanta, GA 30334-1530.
 Phone: (404) 656-2817 Toll-free: (844) 753-7825, WEBSITE: <https://sos.ga.gov/>
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CERTIFICATE OF LIABILITY INSURANCE (Non-Profits Only)

- ALL applicants must submit a Certificate of Insurance (COI) confirming current liability coverage in effect. If coverage expires prior to the commencement of the contract year, proof of renewal will be required.
- Applicants who receive an award, whose coverage is insufficient will be required to obtain additional coverage and provide an updated certificate to demonstrate full coverage prior to receiving a contract.
- COI can be obtained through your insurance agent or carrier identifying applicant as insured and describing general liability, professional liability, automobile liability, and workers

compensation coverage in effect. Facsimile of required certificate is posted at the bottom of this section. No other document will be accepted.

- DHS/DFCS MUST be identified as the certificate holder (47 Trinity Ave SW, 2nd floor, Atlanta, GA 30334)
- Applicant is responsible for ensuring that any approved Subcontractor (s) also maintain required liability coverage.

There are several options for meeting liability coverage requirements. Applicant should consult insurance agent to determine the appropriate coverage and limits to meet business and contract requirements.

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

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

Please note: Expiration dates for all coverage must fall within the contract period. If any coverage expires between submission of the proposal and preparation of the contract, an updated certificate will be required. During the contract period, the Contractor is responsible for submitting Certificate of Insurance when renewals are complete to demonstrate that required coverages remain in effect.

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
03/01/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsements.

PRODUCER Dawson-Taylor & Company P. O. Box 14722 3510 Roundabout Rd. Augusta GA 30919	CONTACT CHRISTIE ACCOTT PHONE: (706) 733-6111 FAX: (706) 733-4563 E-MAIL: chaccott@dtaworld.com ADDRESS:
INSURED Legal entity name, Inc. PCV 0000 10000 Atlanta GA 30338	INSURERS AFFORDED COVERAGE INSURER A: AMERICAN STATES THE CO INSURER B: WELLS FARGO TRUST CO INSURER C: GENERAL INSURANCE CO OF AMERIC INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 19-20 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE	DESCRIPTION	POLICY NUMBER	ISSUE DATE	EXPIRES	COVERAGE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	BHW2060188715	10/00/202X	10/00/202X	Each Occurrence Aggregate Products - Comp/OP Agg	\$ 1,000,000 \$ 1,000,000 \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> HOMEOWNERS <input type="checkbox"/> AUTOMOBILE ONLY <input type="checkbox"/> AUTOMOBILE ONLY <input type="checkbox"/> AUTOMOBILE ONLY	BHW2060188715	10/00/202X	10/00/202X	Covered Except Tumb Bodily Injury (Per Person) Bodily Injury (Per Accident) Property Damage Medical Payments Uninsured Motorist Excess Umbrella Excess Liability	\$ 1,000,000 \$ \$ \$ \$ \$ \$
B	<input checked="" type="checkbox"/> EMPLOYERS' COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> EMPLOYERS' COMPENSATION EXCLUDED <input type="checkbox"/> MEMBER OF THE FIRM <input type="checkbox"/> PER. SERV. OF OPERATIONS BELOW	WWC3441091	10/19/202X	10/19/202X	Per Statute Per Statute Per Statute Per Statute	100,000 100,000 400,000 \$1,000,000
C	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY	LP7743074C	10/00/202X	10/00/202X	General Aggregate	\$2,000,000

DESCRIPTION OF OPERATIONS (LOCATIONS / VEHICLES) (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER **CANCELLATION**

Georgia OHMDFCS 47 Trinity Ave SW 2nd Floor Atlanta GA 30334	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: <i>WJH</i>
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Georgia Tax Compliance Form – Complete and save as Word document.



Georgia TAX COMPLIANCE

INSTRUCTIONS TO SUPPLIERS
Please complete the following information:

- Supplier's Name:
- Physical Location Address:
- Federal Identification Number (FED):
- Have you ever been registered with Georgia Department of Revenue?
- If so, please provide the following information, if applicable:
 - State Taxpayer Identification Number (STD):
 - Sales and Use Tax Number:
 - Withholding Tax Number:
- What type of service will you perform?
- Will you sell any tangible personal property or goods?
- Supplier's Affiliate Name:
 - FEI:
 - STI:
 - Sales and Use Tax Number:
 - Withholding Tax Number:

If there is more than one affiliate, please attach a separate sheet listing the information above.

- Person responsible for handling supplier's tax issues (such as the CFO, the company tax officer, etc.):
 - Name:
 - Telephone Number:
 - E-mail Address:

NOTICE TO SUPPLIER:
In the event the supplier is considered for contract award, the information provided in the form will be submitted by the State Entity to the Georgia Department of Revenue ("DOR") for a determination as to whether the supplier is a "prohibited source" (as defined by O.C.G.A. §30-5-82) or whether there are any other outstanding tax issues. MISSING, INCOMPLETE, OR ERRONEOUS DATA MAY DELAY OR PROHIBIT VERIFICATION OF YOUR ELIGIBILITY FOR CONTRACT AWARD. NO PROHIBITED SOURCE MAY RECEIVE CONTRACT AWARD. THEREFORE, YOU ARE STRONGLY ENCOURAGED TO CHECK YOUR TAX STATUS NOW AND RESOLVE ANY OUTSTANDING TAX LIABILITIES AND/OR MISSING TAX RETURNS.

STATE ENTITY: Please submit this form via email to DOR at compliance-state-con@dor.ga.gov for processing in accordance with the Georgia Procurement Manual.

Contract Budget / Quarterly Cumulative Expenditure Report – Complete and save as Word document.

Contract Budget / Quarterly Cumulative Expenditure Report

Contractor:
 Contractor Number: 42700
 Contractor's Expenditure/Account #:

Electronic Funds Transfer? Yes _____ (Must have completed authorization for EFT on file.) No _____

Remit Checks or Remittance Advice to:
 Name: _____ Address: _____
 Attn: _____ City/State/Zip: _____

Type Expense	Approved Budget	Prior Cumulative Contract Expenditures	Quarter of Expenditures for Rebill	Balance of Funds
A. Personal Services	_____	_____	_____	_____
B. Regular Operating	_____	_____	_____	_____
C. Travel	_____	_____	_____	_____
D. Equipment	_____	_____	_____	_____
E. Facility Costs	_____	_____	_____	_____
F. Per Diem/Fees/Contract	_____	_____	_____	_____
G. Telecommunications	_____	_____	_____	_____
H. Other	_____	_____	_____	_____
Indirect Cost	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

I, the undersigned, certify that the expenditures reported have been made for:

Prepared by: _____ Approval for Payment: _____
 Contractor's Signature: _____ Signature of DHS Approving Authority: _____
 Typed Name and Title: _____ Typed Name and Title: _____
 Date: _____ Phone: _____ Date Approved: _____

Example

Pre-Award Risk Assessment – Complete and save as Excel document.


Georgia Department of Human Services
 Aging Services | Child Support Services | Family & Children Services
Pre-Award Risk Assessment Form

Contractor Name:			
CPDA/Contract/Grant Award Number(s) of Review:		Georgia Child Abuse Prevention and Treatment Act (CAPTA) Program	
Division/Program Name(s):			
Contract/Grant Period of Review:		October 1, 2025-September 30, 2026	
Contract/Grant amount(s):			
Risk Assessment Completed by:			
Risk Assessment Completed Date:			
Division Director or Program Manager Name:			
Total Score:		0	
Risk Level:		Low Risk	

1. Amount	Small < \$15,000	Medium \$15,000 to \$250,000	Large > \$250,000
Amount of the award (contract) approved:			
2. Accounting System			Combination
Type of accounting system used by entity:			
3. Program Complexity			Highly Complex
Rate the complexity of the program:			
Programs with complex compliance requirements have a higher risk of non-compliance. In your determination of complexity consider whether there are complex contract/grant requirements (if you choose one item, select slightly complex; if you choose two items, select moderately complex; if you choose three or four items, select highly complex). The following are some examples of programs a program would be considered more complex.			
<ul style="list-style-type: none"> Complex programmatic requirements and/or must adhere to regulations Various types of program reports are required Matching funds or Maintenance of Effort are required The entity further subcontracts out the program 			
4. Entity Risk			
Rate the entity based on your knowledge of the following:			
a. Was this the first award contract the entity received?			Yes/No
b. Did the entity follow all the terms and conditions of the prior contract and/or prior grant awards?			
c. Does the entity have adequate and qualified staff to comply with the terms of the contract/grant?			
d. Does the entity have previous experience with this or similar programs?			
e. Does the entity maintain policies which include procedures for assuring compliance with the terms of the contract/grant?			
f. Does the entity's accounting system accurately compute and track the receipt and disbursements of funds related to the contract/grant?			
g. Does the intermediate program require staff to track their time associated with the contract/grant?			
h. If yes, does the entity have a system that will account for 100% of each employee's time?			
i. Did the entity's key staff or program members attend required training and meetings during contract/grant awards?			
j. Did the entity's key staff or program members respond to State Office requests timely during contract/grant awards?			
k. Did the entity have one or more audit findings in their last and/or single audits regarding program non-compliance or internal control?			
l. Did the entity correct or is it currently correcting the findings mentioned in question 4k? (If answered no to 4k, select N/A)			
m. Was the entity audited by the DHS Internal Audit or State Auditors (DDAA) in the past 2 years?			
n. If yes to 4m, did the audit result in one or more audit findings? (If answered No or N/A to 4m, select N/A)			
o. Did the State Program Office perform a monitoring visit during or within the last 2 fiscal years?			
p. Did the entity have any findings from the program monitoring? (If answered No or N/A to 4o, select N/A)			

Example

Supplier Change Request Form – Complete and save as pdf document. Instructions are included.



SUPPLIER CHANGE REQUEST FORM

Agency Supplier Liaisons **MUST** complete the Agency Liaison Use Only sections **AND** ensure the supplier has completed sections 1 - 3, the Supplier Use **OR** sections prior to submitting this form to SAO.

NEW EXISTING SUPPLIER ID NUMBER: Agency Use Only 0

SECTION 1: SUPPLIER IDENTIFICATION

FEI/SSN/TIN

Supplier Name:

Doing Business As (dba):

SUPPLIER ADDRESS

Address 1:

Address 2:

City:

State: Postal Code:

Contact Email:

Primary Phone #: Ext: Secondary Phone #: Ext:

Landline Cell Cell (used for identity verification)

Driver's License #: For verification

SECTION 2: BANK ACCOUNT INFORMATION

Required for new and reactivating suppliers to add/change bank info. To ensure payments via ACH.

I do not wish to provide banking information and understand all payments made to me will be via check.

Replace Remittance Address at Loc # With Addr ID #

Replace Invoicing Address at Loc # With Addr ID #

Add New Bank Account Change Bank Account Enter Loc # Agency Liaisons are required to complete items on this line for bank changes.

ROUTING # NEW ACCOUNT #

Last Four Digits of Previous Bank Account # For changes only

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.

Check here if this account can only be used for a SPECIFIC PURPOSE

DESCRIBE SPECIFIC PURPOSE

ACCOUNTS RECEIVABLE NOTIFICATION

PAYMENT REMIT EMAIL ADDRESS 1:

PAYMENT REMIT EMAIL ADDRESS 2:

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

Printed Name of Company Officer _____ Signature of Company Officer _____

SECTION 3: DIVERSITY IDENTIFICATION (Check ALL That Apply)

BUSINESS CERTIFICATIONS		MINORITY BUSINESS ENTERPRISE (51% ownership)	
<input type="checkbox"/> GA Small Business*	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Hispanic - Latino	<input type="checkbox"/> African American
<input type="checkbox"/> GA Resident Business**	<input type="checkbox"/> Minority Business Certified	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian American
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Prefer Not to Disclose	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Not Applicable
		<input type="checkbox"/> Prefer Not to Disclose	

*Based on Georgia law (OCGA 50-9-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 100 or less employees OR 500 million or less in gross receipts per year.

**Georgia resident business is defined as any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal in the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia, provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

VETERAN-OWNED SMALL BUSINESS (Check ALL That Apply)

Nonveteran-owned Small Business Veteran-owned Small Business Service Disabled VOSB Prefer Not to Disclose

SECTION 4: REQUESTED CHANGE(S) – (Check ALL That Apply)

FEI/TIN Change (cannot change if supplier is 1099 applicable)

Business Name Change

1099 Eligible (cannot change if not-eligible if supplier is already 1099 eligible)

1099 Addr ID # Agency Liaisons are REQUIRED to enter the AddrID # when to read 1099

1099 - M Enter Code (Required for Form 1099 - M)

1099 - N Code 01 (if in the only code available for the 1099 - NEC)

Reactivate Supplier Profile

Deactivate Supplier Profile

Add Additional Business (Address must be different than existing)

Change Existing Business Address Enter Addr ID # to change: Agency Liaisons are required to enter Addr ID # to change!

Change/Add Payment Alt Name to an existing address (or payable to a different name)

Payment Alt Name:

Classification Change: Agency Liaisons are required to check one for Classification Changes!

Attorney HCM Student Supplier Non-minority

Gov Non-State of GA Non-Supplier Supplier Minority

Statewide Contract (only use this)

HCM Vendor

Other (Provide details in the Comments section below)

Comments

AGENCY USE ONLY SECTION 5: AGENCY LIAISON CERTIFICATION (REQUIRED)

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

AGENCY LIAISON NAME _____ AGENCY LIAISON SIGNATURE _____ DATE _____

Security and Immigration E-Verify Form or Affidavit– Complete one and save as pdf document.

Brian P. Kemp
Governor



Candice L. Bruce
Commissioner

Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

Contractor Name: _____

RE: Security and Immigration Compliance – Purchase of Services \$2,499.99 or More

Dear Sir or Madam:

The Department of Human Services (DHS), among other public employers in Georgia, is required to ensure that its Contractors comply with the provisions of Title 13, Chapter 10, Article 3 titled Security and Immigration Compliance. See Senate Bill 160 at <http://www.legis.ga.gov/LegislationView/DocViewer.do?doc=20110014408140>.

Accordingly, DHS is required to obtain the sworn affidavit herein provided for purchases of services which exceed \$2,499.99. The Contractor's representative must complete the information in the spaces provided on the form titled "Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)" and sign on behalf of the Contractor in the presence of a notary public.

Return the Contractor Affidavit to my attention by e-mail at _____. The Subcontractor and Sub-subcontractor Affidavits should not be returned. They are to be used by you as the Contractor. If additional copies of the forms are needed, they can be found at <http://www.dhs.ga.gov/NR/rdonlyres/04232e2c-3a3d-403c-b011-000114000000/0/04232e2c-3a3d-403c-b011-000114000000.pdf>. Again, do not return the Subcontractor and Sub-subcontractor Affidavits.

If you are an individual (not a company), claim an exemption under Option 1 or Option 2 below. Check the appropriate option, sign, date and return this letter to my attention by e-mail at _____.

Please return the required documents immediately to permit DHS to report compliance in a timely manner. Questions concerning compliance with or exemption from Title 13, Chapter 10, Article 3 must be directed to your legal advisor. We appreciate your prompt consideration of this matter.

Respectfully,

Claim of Exemption (check only one (1) option, if applicable)

Option 1: Applies only to licensed professionals (individuals only – not entities) such as Attorneys, Pharmacists, Certified Public Accountants, etc.

As an individual (non-entity) Contractor who is licensed pursuant to the Official Code of Georgia, Annotated (O.C.G.A.) Title 26 or Title 43 or by the State Bar of Georgia (Attorneys), in good standing, and who has contracted with DHS to render such licensed professional services, I am exempt from providing the affidavit required by O.C.G.A. Title 13, Chapter 10, Article 3.

Option 2: Applies only to Contractors with Zero (0) Employees

As a Contractor who has zero (0) employees and has no intent to hire employees during the project period, in lieu of the affidavit required by O.C.G.A. 13-10-91(b), I am submitting a copy of my state issued driver's license or identification card. The driver's license or identification card is issued by a state that verifies lawful immigration status prior to issuance.

Copy of Driver's License or Identification Card is Attached for Option 2 (not required for Option 1).

Individual's Printed Name _____ Individual's Signature _____ Date Signed _____

Attachments: Contractor, Subcontractor and Sub-Subcontractor Affidavit Forms

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A. § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the 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(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, or identification cards to the public employer within the business days of receipt.

Federal Work Authorization User Identification Number _____ Date of Authorization _____

Name of Contractor _____ Name of Project _____

Name of Public Employer _____

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

Executed on _____, 20__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent _____

Printed Name and Title of Authorized Officer or Agent _____

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20__.

NOTARY PUBLIC
My Commission Expires: _____

Example

Authorization to Enter into Contract – Complete and save as pdf document. (Authorization for Public Entities ONLY)

Authorization for Public Entities ONLY

Replicate on agency letterhead

**AUTHORIZATION
TO ENTER INTO CONTRACT**

Date:

Program: GA Child Abuse Prevention and Treatment Act (CAPTA) Program

Contract Period: October 1, 2025 – September 30, 2026

Proposed Cost:

Individual authorized to act on behalf of Public Entity:

Name:

Title:

Example

Insert Public Entity name as it appears on Application Cover agrees to enter into a written contract with the Georgia Department of Human Services, Division of Family and Children Services, to deliver services as described in FFY2026 GA CAPTA Program proposal.

Signature of AUTHORIZED Representative

Notary Signature

Printed Name

Date Commission Expires

Title

Affix notary seal or stamp below.

Date