

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

### Funding Opportunity Announcement– FY 2026

<b>FOA Release Date:</b> March 18, 2025	<b>Deadline for Proposal Submission:</b> April 25, 2025 12:00pm (EST)
<b>Contract period: October 1, 2025 – Sept 30, 2026</b>	
<b>Maximum Amount available in FY2026: \$1,000,000</b> <b>The maximum funding request per applicant is limited to \$200,000.</b>	
<b>All application materials and any questions concerning these instructions, the application process, proposal requirements, or programmatic issues should be submitted by e-mail to:</b>  <b>Estelline Beamon</b> <b>DFCS CAPTA Contracts Specialist</b> <b>Email: CAPTA@dhs.ga.gov</b>	

**Statement of Need:** Georgia's Department of Human Services, Division of Family and Children Services (DHS/DFCS), is accepting requests for funding for innovative projects and activities that help to improve the child protective service system in Georgia in the following CAPTA priority areas:

- Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations.
- Intake, assessment, screening, and investigation of child abuse and neglect reports.
- Training for child protective services workers and mandated reporters.
- Programs and procedures for the identification, prevention, and treatment of child abuse and neglect.

- Development and implementation of procedures for collaboration among child protection services, domestic violence, and other agencies; and
- Services to disabled infants with life-threatening conditions and their families.
- Projects that align with the goals and objectives of Georgia's CAPTA State Plan or the 2025-2029 Child and Family Services Plan (CFSP)

### **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 submitted as a zip file to [CAPTA@dhs.ga.gov](mailto: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, 2025, through September 30, 2026. All proposed activities must be completed by September 30, 2026. 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 on 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 thirty (30) 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 Budget 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, 2026.

## **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, 2025.

## **APPLICATION, SUBMISSION AND DUE DATES**

Request for Funding applications that are submitted via zip file to [CAPTA@dhs.ga.gov](mailto:CAPTA@dhs.ga.gov) and received **by April 25, 2025**, will be considered for an October 1 contract start date. Applications will be reviewed in the order in which they are received.

Application documents should not exceed 10 pages and must include 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 public or community needs 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.

**Alignment with Georgia's 2025-2029 Child and Family Services Plan**– Describe how your project supports one or more goals and objectives within Georgia's 2025-2029 Child and Family Services Plan (CFSP) which aligns with the current interests of Georgia's CAPTA Citizen Review Panels. Demonstrate how your project will improve one or more goals and objectives described in the Plan. Include relevant research or data to support your claims. The CFSP can be found on the DHS/DFCS Federal Plans website: [dfcs.georgia.gov/data/federal-reviews-and-plans](https://dfcs.georgia.gov/data/federal-reviews-and-plans).

**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. Indirect (administrative) costs cannot exceed 10% of the proposed project budget. Include overview and completed Contract Budget /Quarterly Cumulative Expenditure Report (*example included*).

**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 2. Georgia Secretary of State proof of registration 3. Certificate of Liability Insurance 4. Georgia Tax Compliance Form 5. Contract Budget / Quarterly Cumulative Expenditure Report	6. Pre-Award Risk Assessment 7. Supplier Change Form 8. Security and Immigration E-Verify Form 9. W-9 Form 10. Criminal Records Certification 11. Authorized Signer and Approver Form
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*The following documents are REQUIRED for proposals submitted by NON-PROFIT applicants only.*

CORPORATE RESOLUTION ( <b>Non-Profits Only</b> )
<ul style="list-style-type: none"> <li>ALL Non-profit applicants MUST provide a certified or notarized copy of resolution passed by its governing board authorizing an officer(s) of the non-profit organization to enter into an agreement with DHS/DFCS, if an award is approved.</li> <li>Prepare Resolution on official letterhead using template provided as a guideline.</li> <li>The form must be signed in accordance with the authority identified on the Application Cover as the Authorized Authority and be consistent with:</li> <li>Officer(s) identified by corresponding title on Georgia Secretary of State website screenshot and authorized by the Corporate Resolution to sign contracts.</li> </ul> <p>Please note:</p> <ul style="list-style-type: none"> <li>The officer who signs the corporate resolution is prohibited from being identified as one of the officers who is authorized to sign the contract.</li> <li>Any individual identified as an “Agent” of the corporation on the registration screenshot is NOT considered an “Officer” and cannot be designated as the signatory for any proposal or contract documents.</li> <li>Electronic signatures are not allowed.</li> <li>Must include the date of when the resolution was approved.</li> <li>Signed document MUST be sealed or notarized (if corporate seal is not available).</li> </ul> <p>Please note:</p> <ul style="list-style-type: none"> <li>Details of imprinted corporate or notary seal must be evident.</li> </ul>

- Expiration date of notary's commission must be included.
- Scan notarized/sealed authorization, saving pdf.
- Keep the original file.

### Corporate Resolution Key Elements Example



**Corporate Resolution  
Key Elements**

Ensure the colored elements below are included in all Corporate Resolution submissions.

Corporate Resolution Key Elements
<p>At the <u>(regular or called)</u> meeting of <u>(legal name of Contractor)</u> on <u>(date of board meeting)</u>, the following resolution was presented, seconded, and passed <u>(unanimously or by majority vote)</u>:</p> <p>WHEREAS: The <u>(legal name of Contractor)</u> desires to provide services, and</p> <p>WHEREAS: Said Corporation desires to enter a contractual arrangement with the Georgia Department of Human Services for the provision of said services; be it therefore</p> <p>RESOLVED, that <u>(legal name of Contractor)</u>, agrees to enter a written contract with the Georgia Department of Human Services, for the provision of services for the period beginning <u>(effective start date of contract)</u> and ending <u>(end date of contract)</u>.</p> <p>AND THE <u>(title(s) of authorized contract signers)</u> Is/are duly authorized to execute said contract on behalf of this entity.</p> <p>Witness my hand and seal of the Corporation this ___ day of _____, 20__.</p>

Signature

The signer of the Corporate Resolution is prohibited from signing the contract.

Title

This title cannot be listed as an authorized contract signer if a sole individual is named


(Corporate Seal)

### GA SECRETARY OF STATE REGISTRATION Screenshot **(Non-Profits Only)**

- Go to the Georgia Secretary of State website: <https://ecorp.sos.ga.gov/BusinessSearch>
- Enter full legal name of Applicant. Click on “Business Search.”
- Click on agency name to expand record.
- 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 2025 filing. ‘Last Annual Registration Year’ MUST be 2025.
- Please note: 2025 filing is due by April 1, 2025; 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 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 \(/\)](#)

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**BUSINESS SEARCH**

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**BUSINESS INFORMATION**

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

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**REGISTERED AGENT INFORMATION**

Registered Agent Name:

Physical Address:

County:

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**OFFICER INFORMATION**

Name	Title	Business Address
<b></b>	CFO	<b></b>
<b></b>	CEO	<b></b>
<b></b>	Secretary	<b></b>

[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.



**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 endorsement(s).

<b>PRODUCER</b> Dawson-Taylor & Company P.O. Box 14722 3510 Roundabout Rd. Augusta GA 30919	<b>CONTACT</b> NAME: CHRISTIE ACORD PHONE: (706) 733-6111 FAX: (706) 733-4063 E-MAIL: christie.acord@dwawson.com ADDRESS: 3510 Roundabout Rd. Augusta, GA 30919
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<b>INSURED</b> Legal entity name, Inc. P.O. Box 10000 Atlanta GA 30338	<b>INSURERS AFFORDED COVERAGE</b> INSURER A: AMERICAN STATES INS CO INSURER B: AMERCO INSURANCE CO INSURER C: AMERCO INSURANCE CO OF AMERICA INSURER D: INSURER E: INSURER F:
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**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 RAO, CO-INS, ETC.

TYPE	COVERAGE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	BHV2060188715	10/20/202X	10/20/202X	Each Occurrence \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				Product/Completed Operations \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY				Personal & Adv Injury \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY				General Aggregate \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	BHV2060188715	10/20/202X	10/20/202X	Products - CompOP Agg. \$ 3,000,000
	<input type="checkbox"/> ANY AUTO				Completed Operations \$ 1,000,000
	<input type="checkbox"/> HOMEOWNERS				Medical Payments \$ 5,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY				Medical Payments \$ 5,000
B	<input checked="" type="checkbox"/> EMPLOYERS' COMPENSATION AND EMPLOYERS' LIABILITY	WWC3441091	10/15/202X	10/15/202X	Each Occurrence \$ 100,000
	<input type="checkbox"/> EMPLOYERS' COMPENSATION				Medical Payments \$ 5,000
	<input type="checkbox"/> EMPLOYERS' COMPENSATION				Medical Payments \$ 5,000
	<input type="checkbox"/> EMPLOYERS' COMPENSATION				Medical Payments \$ 5,000
C	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY	LP7742074C	10/20/202X	10/20/202X	Each Occurrence \$ 1,000,000
	<input type="checkbox"/> PROFESSIONAL LIABILITY				Medical Payments \$ 5,000
	<input type="checkbox"/> PROFESSIONAL LIABILITY				Medical Payments \$ 5,000
	<input type="checkbox"/> PROFESSIONAL LIABILITY				Medical Payments \$ 5,000

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

**CERTIFICATE HOLDER**      **CANCELLATION**

Georgia OHDFCO  
 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: *[Signature]*

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#### 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 (STI):
  - Sales and Use Tax Number:
  - Withholding Tax Number:

- What type of service will you perform?
- Will you sell any tangible personal property or goods?

- Supplier's Affiliate's Name:
  - FEI:
  - STI:
  - Sales and Use Tax Number:
  - Withholding Tax Number:

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

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

#### NOTICE TO SUPPLIER:

In the event the supplier is considered for contract award, the information provided in the form will be submitted by the State Entity to the Georgia Department of Revenue ("DOR") for a determination as to whether the supplier is a "prohibited source" (as defined by O.C.G.A. §50-5-82) or whether there are any other outstanding tax issues. MISSING, INCOMPLETE, OR ERRONEOUS DATA MAY DELAY OR PROHIBIT VERIFICATION OF YOUR ELIGIBILITY FOR CONTRACT AWARD. NO PROHIBITED SOURCE MAY RECEIVE CONTRACT AWARD; THEREFORE, YOU ARE STRONGLY ENCOURAGED TO CHECK YOUR TAX STATUS NOW AND RESOLVE ANY OUTSTANDING TAX LIABILITIES AND/OR MISSING TAX RETURNS.

**STATE ENTITY:** Please submit this form via email to DOR at [compliance-state-con@dor.ga.gov](mailto: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 Reimb.	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: \_\_\_\_\_

Contractor's Signature \_\_\_\_\_

Typed Name and Title \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Approval for Payment \_\_\_\_\_

Signature of DHS Approving Authority \_\_\_\_\_

Typed Name and Title \_\_\_\_\_

Date Approved \_\_\_\_\_

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



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 (O.C.G.A. § 13-10-1) (1) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$35 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 to 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 phone mailbox, a toll-free, 800 number, 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)

☐ FEITIN Change (check change if supplier is 1099 applicable)  
☐ Business Name Change  
☐ 1099 Eligible (check change if non-eligible if supplier is already 1099 eligible)  
1099 Addr ID # Agency Liaison are REQUIRED to enter the ADDR ID # when to meet 1099  
☐ 1099 - M Enter Code (Required for Form 1099 - M)   
☐ 1099 - N Code 01 (01 is the only code available for the 1099 - MEO)  
☐ Reactivate Supplier Profile  
☐ Deactivate Supplier Profile  
☐ Add Additional Business Address  
☐ Change Existing Business Address Enter Addr ID # to change:  (Agency Liaison are required to enter Addr ID # to change)  
☐ Change/Add Payment Alt Name to an existing address (if applicable to a different name)  
Payment Alt Name:   
☐ Classification Change: (Agency Liaison are required to submit one for Classification Changes)  
☐ Attorney ☐ HCM ☐ Student ☐ Supplier Non-minority  
☐ Gov Non-State of GA ☐ Non-Supplier ☐ Supplier Minority  
☐ Statewide Contract (2024 New Only)  
☐ 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 \_\_\_\_\_

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

Brian P. Kemp  
Governor



Candice L. Broce  
Commissioner

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

Contractor Name: \_\_\_\_\_

RE: Security and Immigration Compliance - Purchase of Services \$2,499.00 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 100 at <http://www.legis.ga.gov/Legislation/en-US/display/20132014/SB/100>.

Accordingly, DHS is required to obtain the sworn affidavit herein provided for purchases of services which exceed \$2,499.00. 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.audit.ga.gov/NA/GAO/section\\_3\\_affidavits.html](http://www.audit.ga.gov/NA/GAO/section_3_affidavits.html). Again, do not return the Subcontractor and Sub-subcontractor Affidavits.

If you are an individual (no entity claim), an exemption under Option 1 or Option 2 may be applicable. Please indicate the appropriate option, sign, date and return this letter to my attention at [brian.kemp@dhs.ga.gov](mailto:brian.kemp@dhs.ga.gov) for review (see Option 1 or 2).

Please return the required documents immediately to permit DHS to meet 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:

- 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;
- The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- 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;
- The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- 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);
- 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
- Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards pursuant to O.C.G.A. § 13-10-91 to the public employer within five 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: \_\_\_\_\_

**Form W-9**  
(Rev. March 2024)  
Department of the Treasury  
Internal Revenue Service

**Before you begin:** For guidance related to the purpose of Form W-9, see [www.irs.gov/form945](https://www.irs.gov/form945).

**Request for Taxpayer Identification Number and Certification**  
Go to [www.irs.gov/Form945](https://www.irs.gov/Form945) for instructions and the latest information.

Give the form to the requester. Do not send to the IRS.

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**Part I** Name of the entity/individual. An entry is required. For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.

**2** Business name/disregarded entity name, if different from above.

**3** Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = corporation, S = S corporation, P = Partnership).  
**Note.** Check the "LLC" box above and, in the entry space, enter the appropriate code (S, C, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of the owner.

☐ Other (see instructions)

**4** If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing the form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

**5** Address (number, street, and apt. or suite no.). See instructions.

**6** City, state, and ZIP code.

**7** List account number(s) here.

**Requester's name and address (optional)**

**Part II Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate space. The TIN may be your Social Security number, your employer identification number (EIN), or your backup withholding. For individuals, the TIN is the number you use to file your federal income tax return. For partnerships, the TIN is the partnership's EIN. For sole proprietors, the TIN is the owner's Social Security number. For trusts, the TIN is the trust's EIN. For estates, the TIN is the estate's EIN. For other entities, it is your employer identification number (EIN). If you do not have a number, see [www.irs.gov/efile](https://www.irs.gov/efile) for a TIN, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also [What Name and Number To Give the Requester for Guidance on Whose Number to Enter](https://www.irs.gov/efile).

**Part III Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must mark one of the boxes above if you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate subject to mortgage interest deduction or abatement of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part III, later.

**Sign Here** Signature of U.S. person \_\_\_\_\_ Date \_\_\_\_\_

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/form945](https://www.irs.gov/form945).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS giving you your name because they

Use 102319-1

Form **W-9** (Rev. 3-2024)

<b>CRIMINAL HISTORY INVESTIGATIONS</b>	
Applicant Agency _____	FY2026 CAPTA Program
*Legal name of agency/organization/institution.	
Georgia Applicant Processing Services (GAPS) ORI or OAC #: _____	
<p>By signing below, I attest that by signing a contract with the Georgia Department of Human Services (referred herein as the Department or DHS), I will comply with the contract provision entitled: CRIMINAL HISTORY INVESTIGATIONS of the contract. I understand registration with the Office of Inspector General as outlined in the Criminal History be completed no later than October 1, 2021. I further understand all background checks for staff who work within the DHS funded program must be completed monthly for new staff/contractor (or before direct services can be provided to the family and youth participants of the OFCC-funded program).</p> <p>Demonstrations verifying all background checks have been completed for program staff who will work within the DHS funded program will be submitted to the identified DFCIS/Support Services Unit Staff representative monthly for new staff/contractor (or before direct services can be provided to the family and youth participants of the DHS funded program). If receiving a contract with the Department, DHSCFCS has the right to contact the Office of Inspector General to confirm my organization has registered and completed criminal history investigation (background) checks for staff who work under the DHS/OFCC contract. Any false information provided by my agency/organization on this form may result in the exclusion, disqualification or termination of my application and contract for the fiscal year.</p>	
<p><b>CRIMINAL HISTORY INVESTIGATIONS:</b></p> <p>A. The Contractor agrees that, for the filling of positions or releases of positions having direct care/treatment/custodial responsibilities for services rendered under the Contract, applicants selected for such positions shall undergo a criminal history investigation which shall include a fingerprint record check pursuant to the provisions of § 49-2-14 of the Official Code of Georgia Annotated (O.C.G.A.). New staff/sub-contractors must have a successful criminal history fingerprint background check prior to service provision. Existing staff must have a successful criminal history fingerprint background check every five (5) years from the initial criminal background check. Fingerprint record checks shall be submitted via Live Scan electronic fingerprint technology. Contractor must register with the Georgia Applicant Processing Services (GAPS) at <a href="http://www.ga.cognifit.com">www.ga.cognifit.com</a> and follow the instructions provided at that website.</p> <p>B. Pursuant to O.C.G.A. § 49-2-14, after recertifying and reviewing the criminal history report generated through the Cognifit-GAPS process, the Department will advise the Contractor if the applicant is eligible or not eligible to provide services to the Department. Said adjudication will be accomplished through a fitness determination letter issued by the Department's Office of Inspector General Background Investigations Unit (DIG BU) within fifteen (15) days of receiving the criminal history record. Circumstances may extend said fifteen (15) days if DIG BU determines that the applicant's criminal history record needs further review. If it is determined that the applicant is not eligible to provide services to the Department, said applicant will not be eligible to provide services to the Department under any circumstances.</p> <p>C. Contractor further agrees to complete a criminal history fingerprint National Crime Information Center (NCIC) background check on all of its foster parents, residential and group home staff. Contractor must obtain satisfactory results from the NCIC background check for each individual who works for the contractor. If a contractor fails to pass the criminal history fingerprint check, such individual will not be considered for employment with the contractor. If a contractor fails to obtain satisfactory results from the NCIC background check, the contractor has not received a satisfactory criminal history report, or the contractor has failed to pay the fee for the NCIC background check, the contractor shall be responsible for the cost of the background check until the contractor obtains satisfactory results from the NCIC background check and pays the fee for the NCIC background check. The contractor shall also be responsible for the cost of the background check for the child during any such period when Contractor had not received a satisfactory criminal history report, or the contractor has failed to pay the fee for the NCIC background check, or the contractor has failed to pay the fee for the background check under this or any other Contract to rescan the subject paid for the contractor during both periods.</p> <p>D. Any adult (age 18 and over) residing permanently or temporarily in the home and having access to children must inform the approving agency of any criminal indictments or convictions. A criminal history check including GCIC and NCIC finger printing must be performed and the outcomes documented. Repeat criminal history check, including fingerprinting, is required at least every (5) years at the time of the Annual Re-evaluation for all current foster parents and adults (age 18 and over) residing in the home.</p> <p>Provisions of this paragraph of the Contract shall not apply to persons employed in day-care centers, group day-care homes, family day-care homes, or children leaving centers which are required to be licensed, regulated, or commissioned by the Department or by the Georgia Department of Early Care and Learning, or to personal care homes required to be licensed, permitted, or regulated by the Department of Community Health.</p> <p>If awarded a contract with the Department, failure to comply with the criminal history investigation requirements as outlined in the paragraph entitled CRIMINAL HISTORY INVESTIGATIONS of the contract may be cause for contract termination. By signing this Criminal History Investigations Attestation Form, I understand this is not a guarantee or commitment for any award or funding from the Georgia Department of Human Services.</p>	
Signature of AUTHORIZED Officer _____	Notary Signature _____
Printed Name of Officer _____	Date Commission Expires _____
Title of Officer _____	Affix notary seal or stamp below.
Date _____	

**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