

SECTION D

Proposal Preparation & Submission

CHECKLIST

<input checked="" type="checkbox"/> <u>Required Forms and Documents - All Applicants</u>	<u>Save Document as:</u> *
<input type="checkbox"/> Form #1 - Application Cover	son#####_Cover
<input type="checkbox"/> Form #2 - Current Contractor Report (for FFY2017 programs only)	son#####_CCReport
<input type="checkbox"/> Form #3 - Narrative	son#####_Narrative
<input type="checkbox"/> Form #4 - Services	son#####_Services
<input type="checkbox"/> Form #5 - Service Delivery Schedule	son#####_SDS
<input type="checkbox"/> Form #6 - Budget	son#####_Budget
<input type="checkbox"/> Form #7 - Disaster Plan	son#####_DisasterPlan
<input type="checkbox"/> Form #8 - Cash Match Commitment	son#####_Match
<input type="checkbox"/> Form #9 - Criminal History Investigations	son#####_History
<input type="checkbox"/> Form #10 - DFCS Acknowledgement	son#####_CountyDFCS
<input type="checkbox"/> Form #11 - E-Verify Affidavit – <i>New Proposal Document</i>	Son#####_EVerify
<input type="checkbox"/> Screenshot of Federal Excluded Parties List	son#####_Excluded
 <u>Additional Required Documents - Non-Profits ONLY</u>	
<input type="checkbox"/> Screenshot of GA Secretary of State Registration	son#####_Registration
<input type="checkbox"/> Certificate of Liability Insurance	son#####_Insurance
<input type="checkbox"/> Corporate Resolution (template provided)	son#####_Resolution
 <u>Additional Required Document - Public Entities ONLY</u>	
<input type="checkbox"/> Authorization to Enter into Contract (template provided)	son#####_Authorization

* Required naming convention to facilitate document upload process:

When saving final documents, include assigned SoN number followed by an underscore and the designated document name. No other description is necessary. For example: son10100_Cover (will appear as "son10100_Cover.pdf").

PROPOSAL SUBMISSION DEADLINE:
Tuesday, April 25, 2017 at NOON EDT

Proposal Requirements & Guidelines

- **All proposals MUST be submitted electronically** (see pages 96-100 for directions on submitting your proposal) using the username and password received at the PSSF Bidders Meeting.
- Each proposal may only include services for a single PSSF service model. Proposed services must satisfy the service requirements for the service model, be responsive to the needs of the specified target population, and service plan must be effective in meeting objectives and producing desired outcomes.
- ***Proposals submitted that do not include ALL required forms and documents will be disqualified during the compliance and technical review.***
- Only FFY2018 forms will be accepted. Download forms from www.pssfnet.com, Funding Opportunities, FFY2018 PSSF Proposal Forms/Templates.
- Complete each form as directed using Arial Narrow 10 point, single-spaced. Do not change font size, spacing or margins on forms.
- The identification of the applicant agency on all forms should be consistent with the name as it appears on the Georgia Secretary of State registration (or as identified on the Authorization for a public entity)
- Identify agency, program name and SoN# consistently in the spaces provided on each form.
- If the proposal is for a program currently funded in FFY2017, record PSSF program ID# in the designated space on each form. If unsure, leave blank.
- If printing and then scanning any document, scan using a resolution no greater than 150 dpi.
- Example forms are included in SoN Section F – Forms, Templates and Examples.
- Save final documents as a pdf (or print and scan as a pdf) and identify each document as directed.
Exception: Form #5 and Form #6 MUST be saved and uploaded as Excel spreadsheets (xlsx).

Completing Your Proposal

Form #1 - APPLICATION COVER

- Download form and complete as directed.
- Record agency name exactly as it appears on your Georgia Secretary of State registration (non-profits). If applicant is a public entity, identify institution serving as the legal entity.
- Program name should NOT be the same as the agency name. *If proposal is for a program funded in FFY2017, use the same program name used in FFY2017 and record corresponding PSSF Program ID# in the designated space.*
- Select one PSSF service model ONLY for each proposal.
- Enter Total Cost in the designated space. Federal Award and Cash Match amounts will calculate automatically after you click out of the Total Cost field. Ensure that the Total Cost equals the total expenses on your Budget. Report these same amounts on your Cash Match Commitment (Form #8).
- SAO Vendor # can be found on PSSF invoice if you had an FFY2017 PSSF contract. *(Leave blank if not known. If awarded PSSF funding for the first time, a new vendor application and W-9 will need to be completed.)*
- If you do not have a Dun & Bradstreet number (DUNS), information is available at: <http://www.sba.gov/content/getting-d-u-n-s-number>.
- ORI/OAC#: Record identification # received when you registered with GAPS for criminal background checks.
- E-Verify #: Record your agency's Federal Work Authorization User Identification Number.
- Sign, date, and identify corporate officer signing the application. *For non-profit applicants, signing officer must be identified by name and title indicated on Georgia Secretary of State website screenshot. Electronic signatures are NOT allowed.*
- Scan signed form and save as a pdf. Identify and save as "son#####_Cover".

Form # 2 - CURRENT CONTRACTOR REPORT

All FFY2017 contractors submitting proposals for FFY2018 must complete the **Current Contractor Report**. If proposal is for a program funded in FFY2017, Form #2A should be completed describing year-to-date performance and justification for funding. If proposal is for a new or additional program for FFY2018, Form # 2B should be completed describing rationale for an additional program. **Do not complete both #2A and #2B – choose the appropriate form.**

- Download form and complete as directed.
- Save document as a pdf (or scan as a pdf) and identify as "son#####_CCReport".

Form # 3 – NARRATIVE

- Download form and complete as directed.
- Respond to each question in the space provided on the form. Be concise. Be specific. Be complete.
- Save document as a pdf (or print and scan as a pdf) and identify as "son#####_Narrative".

Form #4 - SERVICES

- Download form and complete as directed.
- Complete each section describing each service/activity (what it is) and service delivery (how it is provided).
- Service delivery MUST meet all service delivery guidelines and requirements outlined in the SoN for selected service model, in addition to meeting basic requirements for any evidence-based strategies, practices or program model utilized.
- Save document as a pdf (or print and scan as a pdf) and identify as "son#####_Services".

Form #5 - SERVICE DELIVERY SCHEDULE (Excel)

- Download form, and complete as directed.
- Record corresponding acronym for proposed service model. (Example: Family Support, Prevention and Early Intervention would be "FSS/PEI".)
- Save as an Excel spreadsheet (xlsx) and identify as "son#####_SDS". *Do not save as a pdf.*

Completing the Service Delivery Schedule

The Service Delivery Schedule summarizes your service plan. Using the information reported on the "S" forms from your Form #4 – Services, complete a line for each service based on the service delivery described.

You cannot satisfy a PSSF service requirement with services paid for by another funding source.

Proposed average monthly caseload: Record the average number of cases that proposed services will be provided to each month. Example #1: You have a parent education program based on 12 weekly classes. The parenting classes are offered 4 times during the year. You expect caregivers from 10 families to participate in each group of classes. The expected monthly caseload would be **10**. Example #2: You are proposing a home visiting program. You have budgeted for 1.5 positions. Evidence-based model limits caseload to 20 families for one FTE. Your average caseload would be $20 \div 1.5 = 13.33$ (as you have budgeted 1.5 FTE.)

Proposed # of cases per year: Estimate the number of cases you anticipate serving over the full year. Example #1: In the case above, as the classes were offered 4 times during the year to 10 new families each time, then the number of cases for the year would be $10 \times 4 = 40$. Example #2: For the second example described above for a home visiting program, you anticipate that half of your cases will either roll off or discontinue services so based on your average monthly caseload of 30, the number of families you'd serve during the year would be $30 \div 2 = 15$.

SC: Leave blank. This space will be used to identify PSSF service code for FFY2018 reporting purposes.

S: Identify S# from the corresponding service form on your Form #4 - Services. Lines for S1, S2a,b&c are already designated on the SDS.

Type: From the dropdown list, indicate if service is one of the required services (**Req**) or an additional service (**Add**).

Description: Identify service. Be consistent with description of corresponding service on your Form #4 – Services.

Format: From the dropdown list, indicate service delivery format describing if service is provided to an individual (**Ind**), a family (**Fam**) or is a group activity (**Grp**). If service is provided in more than one format (ie. both group and individual), each must be listed on its own line on the SDS.

Average Duration: Report average expected duration of each contact or engagement with the client. Time to travel to and/or from another location to provide services or to prepare and document activity is not included in the "Duration" of a service.

Examples: One hour home visit – **1.00**; a one and a half hour support group – **1.50**; a three hour assessment – **3.00**.

Frequency & Delivery: Describe frequency and delivery used to calculate total units per year. See Additional Information – Completing Frequency & Delivery, at the end of this section for examples.

Total # per Year: Report estimated total number of services per year. There are many factors you may have to take into consideration in determining the expected total per year. For services to individuals or families, to determine total per year, you also need to consider your average monthly caseload or total number of cases in a year.

Remember that you can adjust the total for # services per year. Your calculations are estimates.

Total Direct Service Hours: This column calculates automatically. DO NOT CHANGE OR DELETE FORMULAS IN THIS COLUMN. TOTAL will also calculate automatically.

Cost per Unit: Report cost of a single service (cost that will be invoiced when service is provided.) Unit Cost is directly related to time (Duration) and associated expenses included on Budget.

Suggestion: When determining Unit Costs, try to round to nearest dollar or fifty cents.

Total Cost: Do not enter data in this column as totals for each line will calculate automatically after "Cost per Unit" and "Total # per Year" are entered. DO NOT CHANGE OR DELETE FORMULAS IN THIS COLUMN. Total Cost should be as close to total budgeted expenses as possible without exceeding that amount.

If your plan has more than 12 services, you can insert additional rows. 'Copy and insert row' to paste properties and formulas into the added row(s).

Additional Information - Completing "Frequency & Delivery"

See example Service Delivery Schedule in Section F.

- Assessments: An initial assessment is conducted once on each family at, or prior to, commencement of services to determine need for other services. A total of 20 cases is reported for the year.
 - 1/family/year (20 families/year) - include this description in the "Frequency & Delivery" column
 - Total # of assessments: 20 (report in "Total # per Year" column)
- Parent Education: Caregivers receive 24 individual weekly sessions at the center.
 - 24/caregiver/year for 20 caregivers - include this description in the "Frequency & Delivery" column
 - Total for the year: 480 (report in "Total # per Year" column)
- Behavior Management: Over the year, about 15 families will receive 10-12 sessions of Behavior management.
 - 10-12/family/year (15 families/year) - include this description in the "Frequency & Delivery" column
 - Total # for the year is based on average of 11 sessions for 15 families: 165 (report in "Total # per Year" column)
- Life Skills: Two sessions are held each week (except none in December).
 - 2 groups/week for 11 months - include this description in the "Frequency & Delivery" column
 - Total for the year: 88 (report in "Total # per Year" column)
- Peer Support Group: Support groups are held twice a month.
 - 2 groups/month - include this description in the "Frequency & Delivery" column
 - Total for the year: 24 (report in "Total # per Year" column)
- Transportation: Transportation is made available up to 4 times each week.
 - 4 trips/week for 48 weeks - include this description in the "Frequency & Delivery" column
 - Total for the year: 192 (report in "Total # per Year" column)

Form #6 - BUDGET (Excel)

The Budget outlines the expenses that will be incurred in order to provide services as proposed and summarized on the Service Delivery Schedule, Form #5.

Expenses incurred prior to the start of the contract are not eligible.

Only expenses incurred as a result of providing proposed services are eligible.

Do not include any expense for services that are covered by another source of funding.

In-kind contributions are not eligible expenses. Do not report any in-kind contributions on the budget.

Round estimated costs for each line item up to the nearest dollar. Do not use cents.

Recommendation: Total Expenses should be an amount divisible evenly by 4. (ie. \$40,000.00, \$28,400.00, \$78,000.00)

- Download Budget, Form #6, and complete as directed.
- **Total Expenses** is entered in the space for Total Cost on the Application Cover, Form #1 – **an exact match**.
- When complete, save as an Excel spreadsheet (xlsx) and identify as "son#####_Budget". Do not save as a pdf.

Contractor will be required to submit quarterly reports on expenses paid to provide services reported.

Completing a Budget

- The Budget, Form #6, has been revised to provide a better framework for compiling expenses related to proposed services.
- Budget categories and expense descriptions have been listed in the left hand column to improve consistency.
- Formulas have been incorporated into the "Amount" column for each section to display sub-totals. Please take care not to delete or override formulas.
- "Details" box will expand as you type. Show or describe calculations.
- Percentage for each section of the total expenses will calculate and display as you enter amounts.
- **TOTAL EXPENSES:** Total expenses will be automatically calculated. Total Expenses MUST equal Total Cost reported on the Application Cover, Form #1 – **an exact match**.

Additional information, eligibility, limitations, etc. are included in the following instructions.

- Described below is the type of information that should be reported in the "Details" column of the budget to support the amount expensed.

Direct Service Expenses: These are costs that are 'consumed' in providing services or without which services would not occur. This would include such expenses as staff time, room rental, or mileage for home visits. These are all expenses that are associated with the actual delivery of proposed services. Do not include supervisory or administrative activities and/or costs in this section.

Salaried Staff: Several lines have been designated for 'salaried' staff. Report salary information for a single staff position on each line. Identify position. **Report total number of paid hours** per month and per year dedicated to providing PSSF services, and calculate and report the annual expense in the "Amount" column. One budget line per position. DO NOT include supervisory staff time in this section. Add lines as needed. Do not combine positions. Do not include fringe benefits. There is a single line item for all fringe benefits.

Examples:

- 25% (or 10 hours per week) of the program coordinator's 40 hour work week is dedicated to providing PSSF services. Total hours per year 500 (50 weeks x10). Her annual salary is \$40,000. The eligible expense is **\$10,000** and this is the amount entered in the "Amount" column. Also include in the description the total number of hours per year. In the space for 'hours/month, record 40. In the space for hours/year, record 480.
- Another staff member who does home visits dedicates all 40 hours a week to proposed PSSF services, 2,000 hours per year (50x40). Her annual salary is \$28,000. The eligible expense is **\$28,000** and this is entered in the "Amount" column. In the space for 'hours/month, record 160. In the space for hours/year, record 2,000.
- Executive Director provides parent coaching 6 hours a week for supervised visits and 4 hours facilitating weekly support groups. 25% of her 40 hour/week salary is dedicated to providing direct PSSF services. In the space for 'hours/month, record 40. In the space for hours/year, record 480. A total of 480 hours per year. 25% of an annual \$55,000 salary = **\$13,750**. This would be the amount reported in the "Amount" column. Any hours for supervision and administrative activities are reported in the "Administrative" section of the budget.
- If you need to report more than three salaried positions, copy and insert another salary row to include the formulas.

Fringe Benefits: Report a single amount for TOTAL fringe benefits paid for all salaried employees listed above.

Example:

- For the salaried staff described above, if fringe benefits were 15% of \$51,750 which is the total salary expense for all three staff positions, the fringe benefit expense reported in the "Amount" column would be **\$7,762.50**.

Hourly Staff: Describe and include calculations for any hourly (non-salaried) staff.

Example:

- Transporter who provides transportation services for children to and from supervised visits for 5 hours/week for 35 weeks a year. Total hours 175 hours at \$15.00/hour. Total expense of **\$2,625**.

Contractors (per Diems): Describe and report all per diems, fees and contracts paid to contractors who provide services based on completed tasks.

Examples:

- Contractor who provides childcare for twenty 2-hour support groups at \$12.00/hour. Total expense of \$480.00 (20x2 hours @ \$12.00)
- Fees to certified teacher for twice weekly tutoring sessions for 18 weeks at \$62.50/session. (2 x 18 x \$62.50 = \$2,250.00)

Subcontractors: Subcontractors are other non-profit, for profit or public entities with whom you have an agreement to provide services. Identify subcontractor by name, if known.

Example:

- Legal fees paid to Harmon & Harmon, LLP for 2-4 guardianship consultations, 15 hours @ \$100.00/hour. Total of **\$1,500.00** is entered in the "Amount" column.

Supplies/Consumables: This includes any materials distributed or used during the provision of services, such as workbooks, handouts, assessment instruments, etc.

Examples:

- Printed handouts for parenting classes 1,000 pages at .10 each = \$100.00. Assessment forms (75x\$35.00 each) \$2,625.00. Total reported in the "Amount" column would be **\$2,725.00**.
- Report all supply expenses on one line and report only the total in the "Amount" column.

Consumer Support: This includes expenses such as refreshments and snacks.

Examples:

- Snacks provided to children at 200 home visits 3 boxes @ \$40.00 each (75 snacks each). Total \$120.00
- Meal prepared at annual back-to-school event for 50 children and 40 adults at \$5.00 each for a total of \$450.00.
- Combine all consumer support expenses (\$120.00+\$450.00) and report total of **\$570.00** in "Amount" column.

Mileage – Transporting Clients: Calculate mileage to transport clients.

Examples:

- Transporting children to and from supervised visits – 100 visits at an average of 35 miles per return trip for a total of 3,500 miles/year. $3,500 \times .565$ (current rate/mile) = \$1,977.50
- Transporting families to and from well baby checks – 1/quarter/family, 15 families each with 4 return trips at 10 miles each. $(15 \times 4 \times 10 = 600 \text{ miles} @ .565 = \$339.00)$
- Combine all client transportation expenses (\$1,977.50+\$339.00) and report total of **\$2,316.50** in "Amount" column.

Mileage – Staff: Calculate mileage (return trip) between agency and family home for worker providing services in the home, or to an offsite location

Example:

- 50 home visits per year, with an average of 65 miles per visit, 3,250 miles @ .565 = \$1,836.25. Report **\$1,836.25** in "Amount" column.

Other Transportation Costs: Other allowable transportation costs might be:

Examples:

- Tokens for public transit - Marta card for a return trip for 10 youth attending monthly life skills class, $10 \times 12 \times \$5.00 = \600.00
- Taxi certificates at \$15.00 each used by families to get home from class after buses have stopped running at night – 20 certificates, \$300.00
- Combine all other transportation expenses (\$600.00+\$300.00) and report total of **\$900.00** in "Amount" column.

Room Rentals: Fees charged, other than office space, when using an off-site location

Example:

- Donation to YMCA for use of meeting room for monthly support group, $12 \times \$65.00 = \780.00 . Report **\$780.00** in "Amount" column.

Other: Expenses not otherwise specified. Identify each 'other' significant expense on a separate line. Insert additional lines if needed.

Examples:

- Drug screens (120 pre-supervised visit drug screens @ \$8.50 each). Enter \$1,020.00 in "Amount" column.
- Emergency aid (35 Kroger food cards @ \$50.00 each). Enter \$1,750.00 in "Amount" column.
- Entrance fees for enrichment activities (Visit to Children's Museum for 15 children at \$9.00 each. Enter \$135.00 in "Amount" column.

Service Support Expenses: These are expenses that are not "required" to provide services but are directly related to your ability to provide them.

NEW - Volunteer Supervision: Additional Budget Instructions Regarding Volunteers:

Volunteer Supervision & Support

Although volunteers are not compensated for their time, there are costs associated with a volunteer essential to service delivery (client contact). This would include CASA volunteers, volunteers who observe visits, and volunteer mentors. In these cases, staff supervision may be the most significant cost associated with a volunteer work force, and should be listed in the Service Support expenses section.

Example calculation for a budget reported as a separate line on the budget in the Service Support Expenses section:

1. Staff supervisor: 40 hours/week (2,000/year) to supervise 20 CASA volunteers, 100% of annual salary of \$35,000.00. Fringe benefits would be included in total fringe benefits reported for salaried staff.
2. Hourly staff: Peer mentor supervisor/coach – 40 hours/month to coach and/or debrief 10 youth mentors, plus 4 hours/month to supervise mentor and mentee peer facilitated support group, 528 hours @ \$20.00 = \$10,560.00
3. Contractors: Consultant to assess and match mentor and mentees. \$75.00 per assessment and match for 40 mentors, \$3,000.00.

Training and/or Professional Development: Eligible expenses would include training/certification required in order to meet practice model requirement. The actual expense allocation should be determined based on % of staff time allocated to providing proposed PSSF services. For example, if 50% of a staff member's hours are PSSF expenses listed in direct costs, then 50% of training costs would be the eligible expense. Another example would be contracting with an individual to provide in-services six times during the year for all staff but only one of your 10 staff members provides PSSF services, then 10% of the expense would be eligible. Show calculations. Provide sufficient description (including why necessary and/or benefit to program) and justification in the description to support "Amount" expensed.

Training expense for volunteers should be reported as any other staff training expense.

Background Checks: The cost of obtaining the required criminal background checks through Cogent is an allowable expense. Report number of checks (5 new staff and 4 volunteers @ \$65.00 each. Record total **\$585.00** in "Amount" column.

Marketing and Marketing Materials: Costs associated with community outreach and proposed marketing plan to generate referrals are eligible. Provide sufficient description and justification to support "Amount" expensed.

- Example:
Quarterly announcement in community newsletter 4x\$25.00= \$100.00. Printing of 1000 flyers to distribute at community fairs \$85.00 (quote obtained from printer). Combine all marketing expenses (\$100.00+\$85.00) and report total of **\$185.00** in "Amount" column.

Staff telephone: Cell phone costs associated with PSSF job responsibilities are allowable. 50% of the monthly cost of \$60.00 for each of three staff conducting home visits (0.5x\$60.00x12 months x 3 staff). Report **\$1,080.00** in "Amount" column.

Conferences: Conference registration fees for individuals identified as staff providing direct services or their supervisors are allowable expenses provided attendance at the conference provides professional development opportunities related to PSSF services or is required to maintain professional certification/standing related to PSSF services or some other benefit to PSSF can be demonstrated. Percentage of cost should be related to percentage of staff hours described on budget (amount of staff salary used for PSSF services.) For example, staff member whose 40 hours a week are all PSSF hours and her supervisor has 10 hours a week of PSSF responsibilities, then 100% of the staff member's conference fees would be eligible and 25% of the supervisor's. Show calculations. Provide sufficient description (including why necessary and/or benefit to program) and justification in the description to support "Amount" expensed.

Travel: Eligible travel expenses include those costs associated with attending required meetings, eligible conferences and training, and would include mileage, accommodations, etc. Use the same logic to determine eligible expenses as is described for conference expenses. Show calculations. Provide sufficient description (including why necessary and/or benefit to program) and justification in the description to support "Amount" expensed.

Other: Expenses not otherwise specified. Identify each 'other' significant expense on a separate line. Insert additional lines if needed.

Administrative Expenses: This includes are those indirect expenses that are administrative or operational in nature that may be required to support the provision of services. These are often based an allocation charged at a pre-determined rate. Total of administrative expenses cannot exceed 25% of total expenses.

Eligible expenses may include:

Salaried or Hourly Administrative Staff: Eligible expense is only the portion of administrator's responsibilities and time related to proposed PSSF activities.

Example: 4 hours/week to provide program oversight (10% of Executive Director's annual 40 hour/week, salary of \$45,000.00=\$4,500.00, plus 5 hours per month at \$12.00/hour for part-time staff to complete monthly reports (5x\$12.00x12= \$720.00). No fringe benefits for hourly staff expense. Allowable expense **\$5,220.00**. Do not include any fringe benefits in this calculation.

Fringe Benefits: Report a single amount for TOTAL fringe benefits paid for all administrative expense for staff listed above, if there is more than one.

Example: For the salaried staff described above, fringe benefits of 15% of \$4,500.00 expense =**\$675.00** which would be reported in the "Amount" column. Report a single amount for TOTAL fringe benefits paid for total administrative staff, if there is more than one.

Salaried or Hourly Supervisory Staff: Eligible expense is only the portion of supervisor's time and responsibilities directly related to proposed PSSF activities.

Example: 10 hours, twice a month (240 hours/year) to provide staff supervision (12% of supervisor's annual 40 hour/week, salary of \$35,000.00). Allowable expense **\$4,200.00**. Do not include any fringe benefits in this calculation.

Fringe Benefits: Report a single amount for TOTAL fringe benefits paid for all supervisory expense for staff listed above, if there is more than one.

Example: For the salaried staff described above, fringe benefits of 15% of \$4,200.00 expense =**\$630.00** which would be reported in the "Amount" column. Report a single amount for TOTAL fringe benefits paid for total supervisory staff, if there is more than one.

Administrative Services: Expense for contracted services such as bookkeeping fees.

Example: 10% of monthly bookkeeper costs of \$400.00 (.10x\$1,000x12=\$480.00). Expense entered in the "Amount" column would be \$40.00x12=**\$480.00**.

Under certain conditions, a fixed percentage may be used to calculate a single "indirect" cost that includes all administrative expenses, and is limited to a maximum of 20% of direct costs. This applies to public entities that are state colleges or universities.

Rent: Expenses related to program site, such as office rental, building lease, etc. Use the similar logic described for determining eligible expenses for Training/Professional development to determine appropriate PSSF cost. Show calculations. Provide sufficient description and justification in the description to support "Amount" expensed.

Example: Office where program housed is 30% of leased space which has a monthly rental of \$1,000.00. PSSF allocation (.30x\$1,000x12+ \$3,600.00). **\$3,600.00** reported in the "Amount" column.

Telephone, Office Equipment: A similar logic that was used for determining eligible expenses for rent may be used for determining and appropriate PSSF cost. Show calculations. Provide sufficient description and justification in the description to support "Amount" expensed.

Examples: Dedicated phone line for PSSF at \$75.00/month for an annual cost of \$900.00. 10% of annual copier lease used for copies of supervised visit observations to DFCS, copies of client worksheets, monthly reports, etc. (10% of \$3,500.00 = \$350.00). Total reported in the "Amount" column would be **\$1,250.00**.

Insurance: Expense should be determined based on an appropriate allocation related to proposed services. Show calculations. Provide sufficient description and justification in the description to support "Amount" expensed.

Audit Fees: Expense should be determined based on an appropriate allocation related to proposed services. Show calculations. Provide sufficient description and justification in the description to support "Amount" expensed.

Office Supplies: Costs may include as paper, envelopes, stamps, ink cartridges, etc. Expense should be determined based on an appropriate allocation related to proposed services. Show calculations. Provide sufficient description and justification in the description to support "Amount" expensed.

Indirect costs are only eligible if they are required to support the provision of proposed services and the budget includes sufficient justification to describe how the allocation was determined.

Total budget should be reflective of the expenses required to provide services as proposed.

Please note: In-kind contributions do not qualify and CANNOT be used to satisfy your cash match nor should they be included on the budget. Nor should they be included in your deliverables or on your service plan. Examples of in-kind contributions might be:

- Donated lunch for an event
- Free space used to hold a support group, such as in a church
- Bookkeeping done by a volunteer

Ineligible expenses include:

- Childcare provided for any other purpose than to facilitate the participation of the caregiver in proposed services or as temporary emergency childcare
- Furniture*: Purchase of office furniture
- Equipment*: Televisions, cameras, telephones, copy machine, computers or printers nor the purchase of any administrative equipment
- Purchase of land or buildings
- Major Renovations or Building Projects
- Landscaping , landscaping services, yard maintenance, fences, driveway or parking lot paving
- Utilities*: Electricity, natural gas, fuel oil, water, sewer charges
- Vehicles*: Purchase or maintenance of any vehicle

**Although these expenditures are not acceptable uses of PSSF funding, a portion may be utilized to help satisfy cash match commitment and will require additional review and approval to determine eligibility. If the source of funds used for the payment of these expenditures was federal, it would render the expense ineligible as a match contribution.*

Additional Documents, Forms & Screenshots REQUIRED - ALL PROPOSALS

Form #7 - DISASTER PLAN

Purpose: To describe agency's plans in the event of a disaster that disrupts service provision

- Download form and complete as directed.
- Provide responses to applicable questions without exceeding 1-page limit.
- Save final document as a pdf (or print and scan as a pdf) and identify as "son#####_DisasterPlan".

Form #8 - CASH MATCH COMMITMENT

Purpose: To certify agency/organization commitment to providing 25% cash match contribution, sources and availability

Form should be completed by applicant, not by external source of matching funds.

- Download form and complete as directed.
- Indicate Total Cost in designated space. The Federal Award amount and Cash Match Commitment will be calculated automatically. These amounts must be an **exact match** to amounts reported on Form #1 - Application Cover.
- Identify source(s) of funds and when they will be available. If the source of cash match is applicant's general operating fund, describe how these funds will be raised. **Total of all sources must be an exact match to the total match commitment.**
- Form must be signed by an officer identified on the Secretary of State screenshot for non-profits or individual identified on Authorization for public entities, and notarized. *Signing officer must be identified by name and title indicated on Georgia Secretary of State website screenshot or Authorization.*
- Expiration date of notary's commission must be included. If seal is used, affix foil seal to the form before impressing seal to improve contrast for scanning. Seal must be evident/visible on scanned document.
- Scan, save as a pdf, and identify as "son#####_Match".

"In-kind" match does not satisfy this requirement and should not be included on cash match commitment form.

Contractor is required to maintain a detailed set of accounting records relative to PSSF funds that specifically identifies the source and application of the cash match and will be required to provide verification of cash match contribution during the term of the contract.

***Only a scanned copy of notarized form is required with the proposal.
Keep original on file as it will be required to prepare contract, if proposal is selected.***

Form #9 - CRIMINAL HISTORY INVESTIGATIONS

Purpose: To certify that agency/organization conducts/will conduct criminal history investigations on all staff and volunteers in accordance with PSSF contract

- Download form and complete as directed.
- Record ORI or OAC# verifying agency registration with Georgia Applicant Processing Service (GAPS).
- Form must be signed by an officer identified on the Secretary of State screenshot for non-profits or individual identified on Authorization for public entities, and notarized. *Signing officer must be identified by name and title indicated on Georgia Secretary of State website screenshot or Authorization.*
- Expiration date of notary's commission must be included. If seal is used, affix foil seal to document before impressing seal to improve contrast for scanning. Seal must be evident/visible on scanned document.
- Scan, save as a pdf, and identify as "son#####_History".

***Only a scanned copy of notarized form is required with the proposal.
Keep original on file as it will be required to prepare contract, if proposal is selected.***

Visit: <http://www.ga.coquentid.com/index.htm> to obtain information on registering for criminal background checks.



Georgia Applicant Processing Services



Please note: Processing of application at time of registration is lengthy.

Form # 10 - DFCS ACKNOWLEDGEMENT**TIME-SENSITIVE!!!**

Purpose: To make local county DFCS aware of applicant's intention to submit a proposal

- Download form and complete Section A as directed.
- Contact your local DFCS County Director to arrange an opportunity to discuss your plans to submit a proposal. You can arrange to meet in person with a representative, or you can email the form and arrange to review plans over the phone. County representative is asked to complete section B. and return form to you.
- Do not mail or email to County Director without having made them aware of your request.
- The PSSF Grant Manager will have communicated with Regional and County Directors describing the purpose of the acknowledgement and asking their cooperation in responding to your requests in a timely manner due to the submission deadline.
- It is recommended that you attach a copy of your proposed service model description/requirements from the SoN to the form when you give it to the County Director.
- One form **MUST** be completed for each proposal.
- Form must be signed by DFCS county representative.
- Scan, save as a pdf, and identify as "son#####_CountyDFCS".

Please note: Acknowledgement by the county does not constitute an endorsement of your proposal or guarantee referrals. However, this should be seen as an opportunity to make local DFCS more aware of the potential benefits of a future relationship, should your proposal be funded.

Form # 11 – E-VERIFY AFFIDAVIT

NEW PROPOSAL DOCUMENT

Purpose: To verify that agency meets security and immigration compliance

- Download form and complete as directed.
- Record Federal Work Authorization User Identification number (E-Verify #).
- Record Date of Authorization (date that E-Verify # was issued to agency).
- Enter name of applicant as "Name of Contractor".
- Form must be signed by an officer identified on the Secretary of State screenshot for non-profits or individual identified on Authorization for public entities, and notarized. *Signing officer must be identified by name and title indicated on Georgia Secretary of State website screenshot or Authorization.*
- Expiration date of notary's commission must be included. If seal is used, affix foil seal to the form before impressing seal to improve contrast for scanning. Seal must be evident/visible on scanned document.
- Scan, save as a pdf, and identify as "son#####_EVerify".

***Only a scanned copy of notarized form is required with the proposal.
Keep original on file as it will be required to prepare contract, if proposal is selected.***

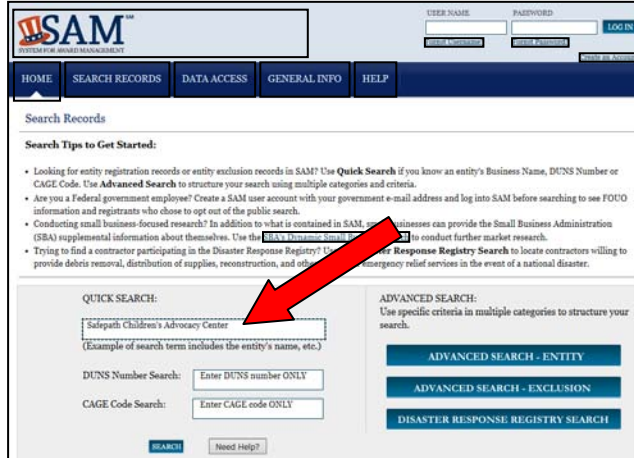
SCREENSHOT of FEDERAL EXCLUDED PARTIES LIST

Requirement: Screenshot MUST show that agency/organization/entity is currently registered, its status is "active" and there are no "active exclusions".

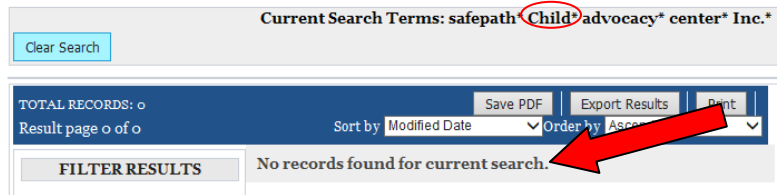
- Go to: <https://www.sam.gov/portal/SAM/#1>
- Click on "Search Records".

The screenshot displays the SAM (System for Award Management) website interface. At the top, there is a header with the SAM logo and a navigation menu. The main content area is divided into three columns: 'CREATE USER ACCOUNT', 'REGISTER/UPDATE ENTITY', and 'SEARCH RECORDS'. A red arrow points to the 'SEARCH RECORDS' button in the 'SEARCH RECORDS' column. Below the main content area, there is a 'WHAT IS SAM?' section and a 'NEWS AND ANNOUNCEMENTS' section.

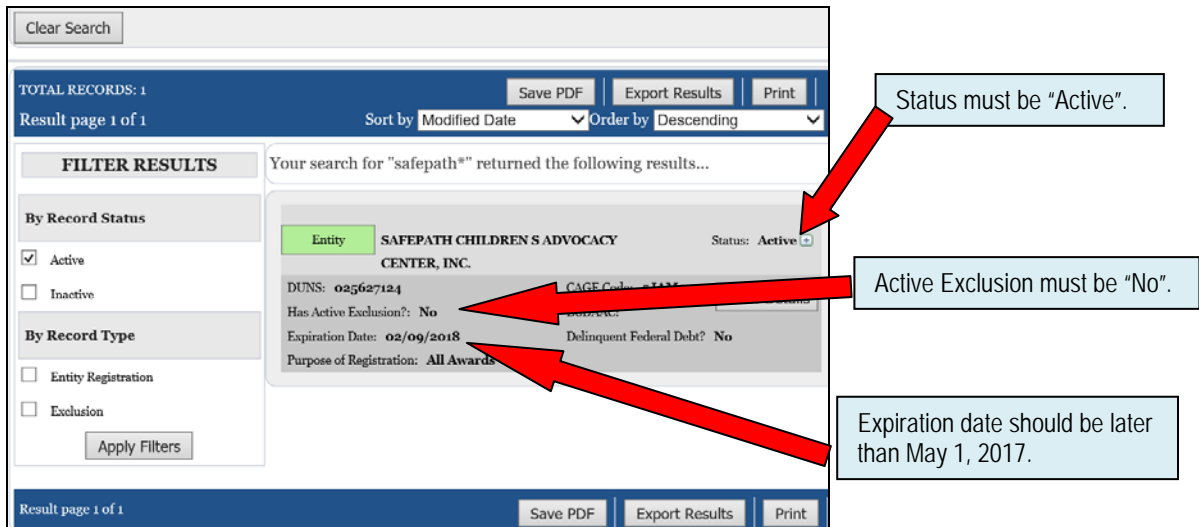
- Enter name of agency **exactly** as it appears on your corporate registration, or identify the public entity.



- Using a name that is not consistent with your state and federal registration will result in “no records found for current search”. ***This result is not acceptable...***



Screenshot Option #1



- There are three options for completing this screenshot.
 1. Take a screenshot (of above image), copy and paste into a Word document. Then save as a pdf or print, scan and save as a pdf.
 2. Select “Save PDF” button and save as a pdf.
 3. Select “Print” and print, scan and save as a pdf.

SAM Search Results
List of records matching your search for :

Search Term : safepath*
Record Status: Active

ENTITY	SAFEPATH CHILDREN S ADVOCACY CENTER, INC.			Status:Active
DUNS: 025627124	+4:	CAGE Code: 5JAM9	DoDAAC:	
Expiration Date: Feb 9, 2018	Has Active Exclusion?: No	Delinquent Federal Debt?: No		
Address: 736 WHITLOCK AVE NW STE 600				
City: MARIETTA		State/Province: GEORGIA		
ZIP Code: 30064-0001		Country: UNITED STATES		

Search Results

Current Search Terms: safepath*

Your search for "safepath*" returned the following results...

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

<input type="text" value="Entity"/>	<input type="text" value="SAFEPATH CHILDREN S ADVOCACY CENTER, INC."/>	<input type="text" value="Status: Active"/>	<input type="button" value="View Details"/>
DUNS: 025627124	CAGE Code: 5JAM9		
Has Active Exclusion?: No	DoDAAC:		
Expiration Date: 02/09/2018	Delinquent Federal Debt?: No		
Purpose of Registration: All Awards			

SAM | System for Award Management L3 ISM v1.P.60.20181222-1237
WWW2

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

Screenshot Option #2

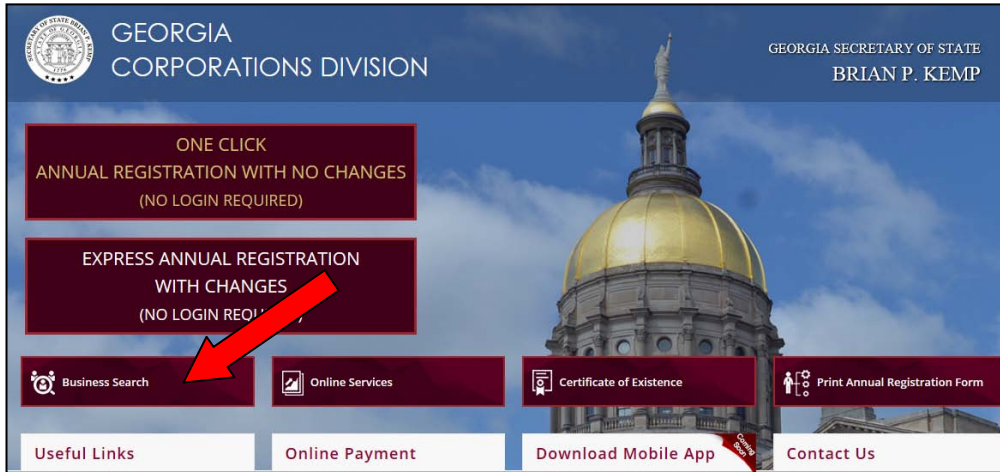
Screenshot Option #3

- If you choose to "print" from your own drop down menu, the screenshot will look like option #3.
- Save as "son#####_Excluded"
- It is possible that your browser returns another screenshot version from the SAM website. Should this occur, contact SoN_TA@pssfn.net to determine its eligibility to satisfy this requirement.

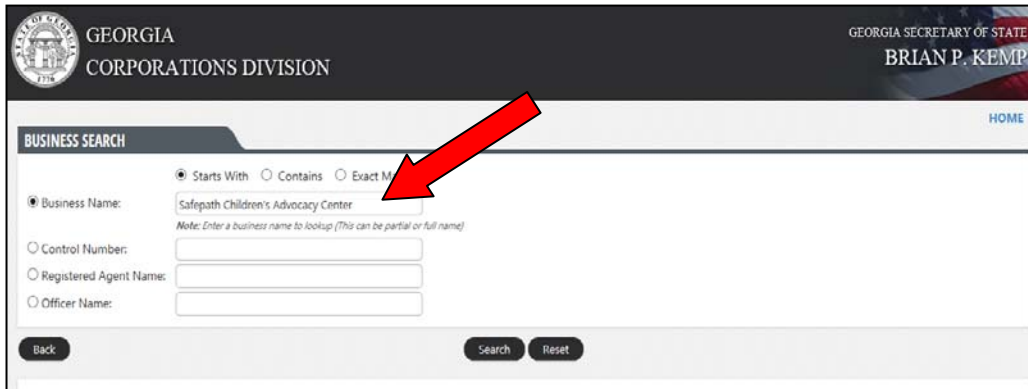
Additional Documents Required – Non-Profits ONLY

SCREENSHOT of GA SECRETARY OF STATE REGISTRATION (Non-profits ONLY)

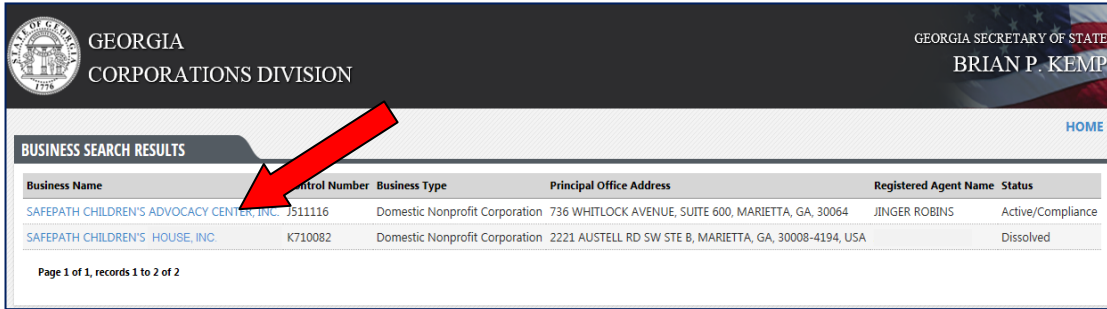
- Go to: <https://ecorp.sos.ga.gov/> .
- Click on "Business Search".



- Enter legal name of agency submitting proposal.



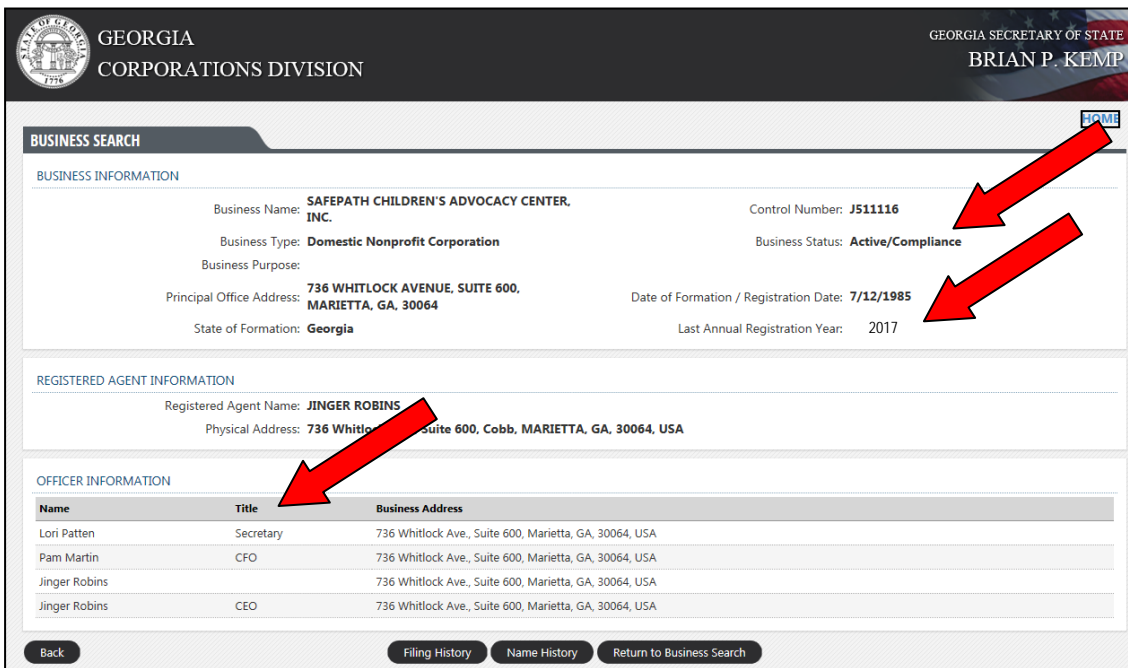
- If there are several agencies with similar names, you will have to select the correct one to get the corresponding registration status.
- Click on agency name to display registration status.



- The agency page displays information related to the corporation's non-profit status, the most recent filing, and the name and title of each of the officers of the corporation.
- PSSF applicants MUST have completed their 2017 filing, which is due April 1, 2017. The annual filing fee is \$50.00.
- The "Business Status" must be **ACTIVE/COMPLIANCE**. A "Business Status" that says "Owes Current Year AR" is not acceptable and does not satisfy this requirement.
- The "Last Annual Registration Year" **MUST be 2017**. Proof of registration payment is not sufficient.

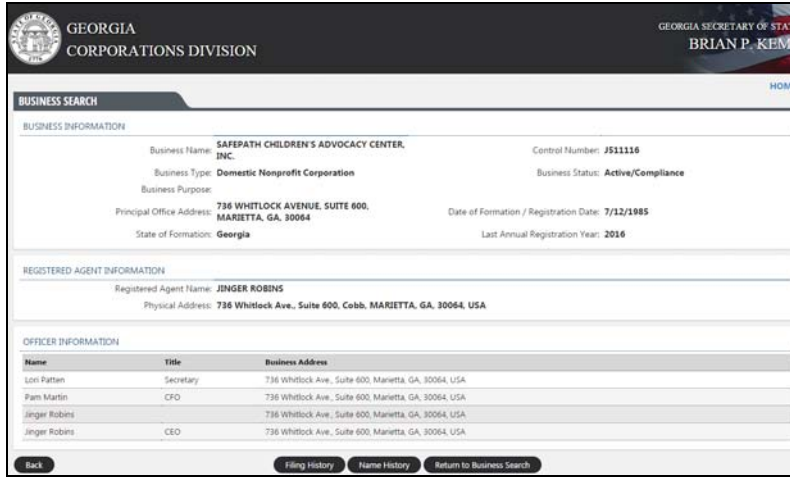
Note: It may take several weeks for site to be updated after registration has been done so that you can obtain the required screenshot. Proof of payment submission does not satisfy the proposal requirement.

- Ensure that the officers signing any application documents are included on the screenshot and are identified on the documents they sign with the same title. Officers signing the corporate resolution or authorized by the corporate resolution must also be identified similarly.

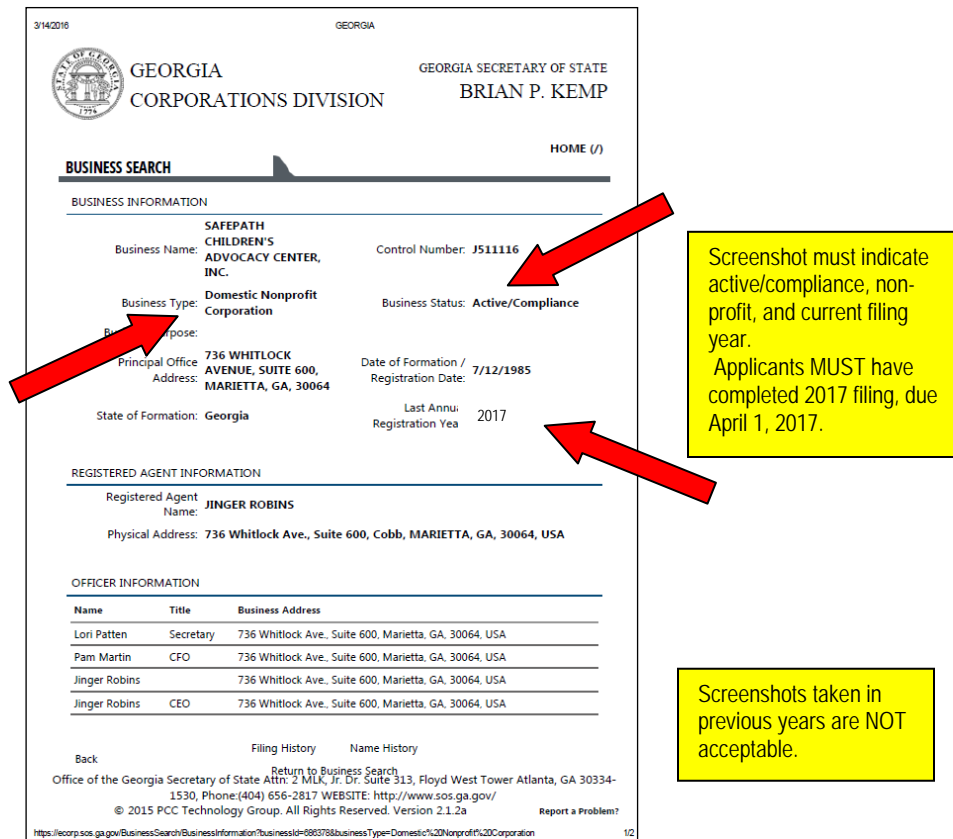


There are two acceptable options for meeting the screenshot requirements for registration information.

Option A: Take a screenshot, copy and paste into a Word document. Then save as a pdf or print, scan and save as a pdf.



Option B: Select "Print" from your drop down menu. Either save as a pdf, or print, scan and save as a pdf.



- Save pdf as "son####_Registration"
- It is possible that your browser returns another screenshot version from the GA SOS website. Should this occur, contact SoN_TA@pssfnct.com to determine its eligibility to satisfy this requirement.

CERTIFICATE OF LIABILITY INSURANCE**(Non-profits ONLY)**

Applicant must provide a Certificate of Insurance describing current coverage in effect. Minimum coverage requirements are outlined in Section A page 8.

- **All applicants** (non-profits) must upload a copy of current Certificate of Insurance with proposal describing coverage in effect.
- **Applicants** awarded a PSSF contract, whose coverage is insufficient will be required to obtain additional coverage and provide an updated certificate prior to receiving a contract.
- Scan and save insurance certificate as a pdf and identify as "son#####_Insurance".

CORPORATE RESOLUTION**(Non-profits ONLY)**

Applicant must provide a scanned copy of the corporate resolution passed by the board of directors authorizing an officer(s) of the non-profit organization to enter into an agreement with DFCS to provide services in accordance with the terms of the contract, if awarded.

- Download template from website. Prepare resolution on corporate letterhead.
- Individual(s) identified as officer(s) of the corporation authorized to sign the PSSF contract must be one of the officers identified on the Secretary of State screenshot.
- "Agent" of the corporation is NOT considered an "Officer" and cannot be designated as the signatory for any proposal or contract documents.
- Resolution should be signed by the Corporate Secretary identified on the Secretary of State screenshot and include a corporate seal. Seal must be evident/visible on scanned document. *Affix foil to document before impressing seal to improve contrast for scanning.*
- If corporate seal is not available, resolution may be notarized. Expiration date of notary's commission must be included.
- Scan notarized/sealed resolution, save as a pdf and identify as "son#####_Resolution".

***Only a scanned copy of notarized or sealed form is required with the proposal.
Keep original on file as it will be required to prepare contract, if proposal is funded.***

Additional Document Required - Public Entities ONLY**AUTHORIZATION TO ENTER INTO A CONTRACT****(Public Entities ONLY)**

Applicant must provide a scanned copy of the authorization passed by the governing body of public entity authorizing designated representative to enter into an agreement with DFCS to provide services in accordance with the terms of the contract, if awarded.

- Download template from website. Prepare Authorization on official letterhead of applicant.
- Document must identify a representative who is authorized to act on behalf of the public entity and must be signed by a public entity official and notarized.
- Expiration date of notary's commission must be included. *If seal is used, affix foil to document before impressing seal to improve contrast for scanning.* Seal must be evident/visible on scanned document.
- Scan, save as a pdf and identify as "son#####_Authorization".

Only a scanned copy of notarized document is required with the proposal. Keep original Authorization on file as it will be required to prepare contract, if proposal is funded.

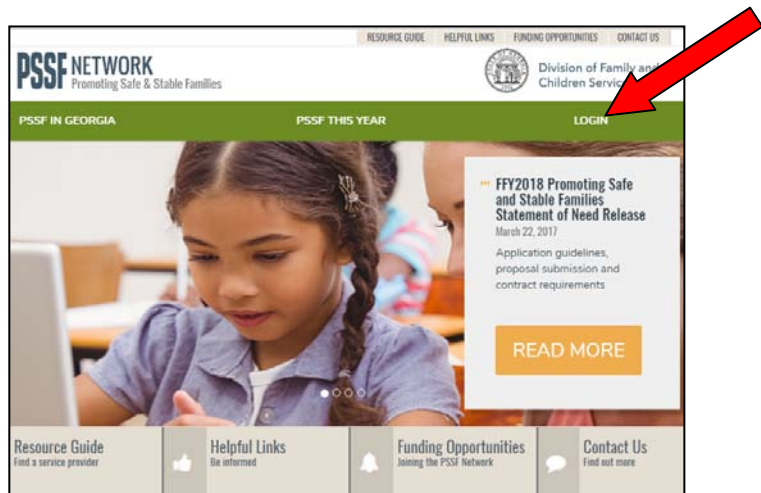
Submitting Your Proposal

- Proposals **MUST** be uploaded to secure page on the PSSF website. See website information and instructions that follow. Only electronic submissions will be accepted.
- All documents **MUST** be submitted as **pdf's** with the exception of the Service Delivery Schedule (Form #5) and Budget (Form #6). These are both uploaded as EXCEL documents (xlsx).
- Be sure you have saved each required proposal component as directed. It is important that all documents be identified correctly or they will not upload.
- When required documents have been completed as directed, you are ready to submit your proposal.
- Please note: Upload time varies depending on many factors including internet provider and browser settings. Larger files/documents take longer to upload. Please be aware of this when uploading multi-page pdf's, particularly scanned copies. Use a maximum dpi setting of 150 when document is being scanned.
- It is advised that you verify that all uploaded documents are correct, taking care **NOT** to delete any documents from your folder on the secure website.
- Increased website traffic on April 25, 2017 could slow uploading time. Being logged on to the website does not mean that you will meet the deadline for uploading all proposals documents, as required. You will not be able to upload a document after the NOON deadline.
- Incomplete proposals at the noon deadline will be disqualified from any further review. This includes missing or blank documents or documents that are incorrectly identified.

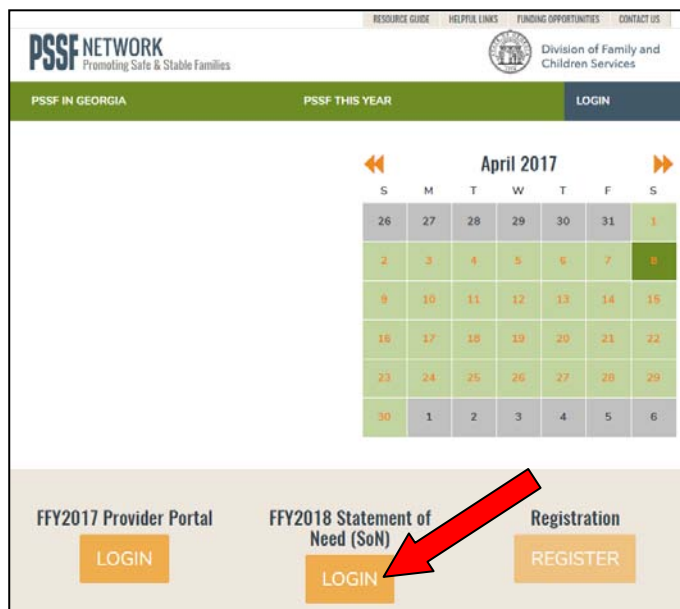
Uploading Proposal Documents

If submitting more than one proposal, each one MUST be uploaded using its own user name and password. A single user name and password CANNOT be used for more than one proposal.

- Upload site will be open beginning April 12, 2017 at noon and will close April 25, 2017 at noon, EDT.
- You may upload proposal documents at any time during the upload period.
- Anytime you upload a new document, you will see all previously uploaded documents as well. You will need to print a final screenshot to verify that ALL required documents were uploaded before the deadline.
- If you upload your proposal early, it is recommended that you verify that all the correct documents have been uploaded and in your secure account, 24 hours before the deadline.
- Enter <https://www.pssfnet.com/> in your internet browser. This will take you to the PSSF website. Click Login.



- Click the FFY2018 Statement of Need (SoN) login.



PSSF Statement of Need Proposal Submission

FFY2018
Promoting Safe and Stable Families Program
SoN Proposal Submission

*** To submit your proposal, log in with the username and password you received at the Bidders Meeting.**

Login

Username:

Password:

Login

- Enter the user name and password received at the Bidders Meeting.
- This will take you to a screen with links for each document.
 1. Click on the "Browse" button (or "Choose File" button if using Google Chrome) that corresponds to the document you are ready to upload.

PSSF Statement of Need Proposal Upload

FFY2018
Promoting Safe and Stable Families Program
SoN Proposal Submission

Agency: CSI Test Case
Username: son10100

Refer to instructions in the "Uploading Proposal Documents" section of the Statement of Need (p. 95).

If you experience any difficulties uploading your proposal documents, log out, log back in and try to upload again. Also, check to make sure the document is named correctly and does not include any spaces or extra characters. If you still are having trouble uploading the document, email SoN_TA@pssfnct.com for assistance.

*** DEADLINE FOR SUBMISSION OF PROPOSALS IS TUESDAY, APRIL 25, 2017 AT NOON, EDT.**

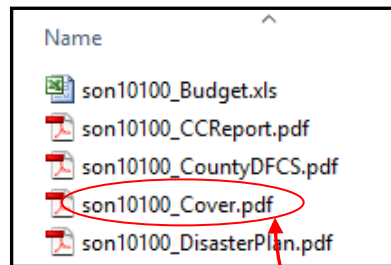
Documents **ONLY** upload one at a time!

A. Application Cover, Form #1 - (All proposals), a single pdf identified as "son#####_Cover.pdf"

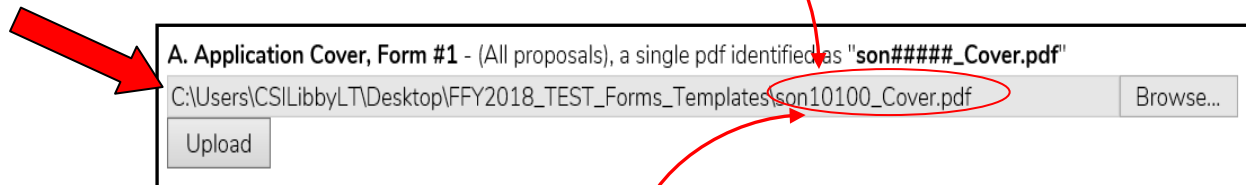
Upload Browse...



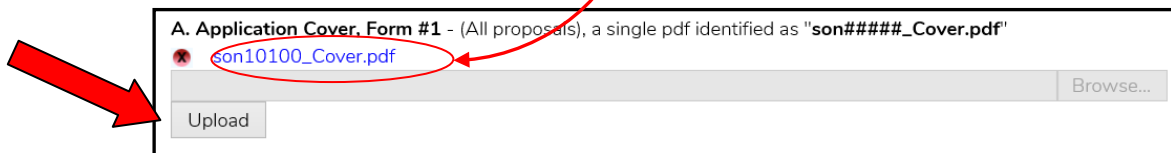
2. Locate document on your computer.



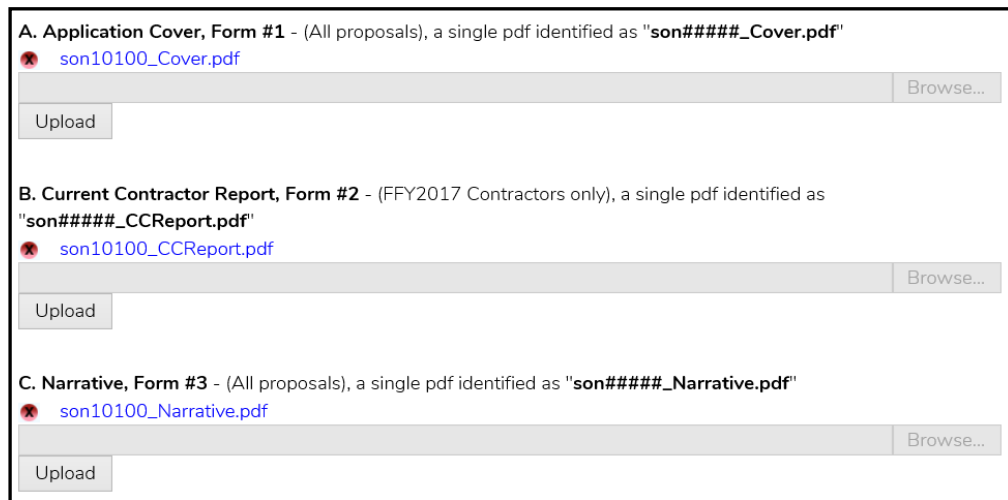
3. Double click to select. Document selected will appear in the box.



4. Click "upload" to upload document. Successfully uploaded documents will appear above the box.



Repeat steps 1-4 for each document.



- Click on each document after it has been uploaded to verify that the correct document was uploaded.
- DO NOT CLICK ON THE "X" TO VIEW YOUR DOCUMENT. THIS WILL DELETE IT. However, if this does happen, you will be able to upload the document again.
- If you have uploaded the wrong document, click on the "X" to delete it and then upload the correct one.

- After you have completed uploading documents, click “Done” at the bottom of the screen to access the verification page. Please refer to the checklist on p. 75 of the Statement of Need to make sure you have uploaded all documents required for your proposal.
- The Verification screen should list each of the documents that you uploaded. If it does not, you will need to upload missing document again.
- Check each document to make sure it is the one you intended to upload.
- Print a copy of the verification page for your records. Click “close” to exit website.



FFY2018
Promoting Safe and Stable Families Program
SoN Proposal Submission Verification

Agency: CSI Test Case
Username: son10100

Current Timestamp: **March 13, 2017 03:40 PM**

The documents listed below are currently uploaded. Please refer to the checklist on p. 73 of the Statement of Need to make sure you have uploaded all required documents.

If you need to upload additional documents or need to replace a currently uploaded document, click on the "Go Back to Upload Page" button.

If you are satisfied that you have uploaded the correct documents, click the "Print" button to print a copy of this page for your records.

Click the "Close" button to close the page.

Only the documents listed below are currently uploaded:

- son10100_Cover.pdf - 03/13/2017 13:45:59
- son10100_CCRReport.pdf - 03/13/2017 13:47:57
- son10100_Narrative.pdf - 03/13/2017 13:48:04
- son10100_Services.pdf - 03/13/2017 13:55:26
- son10100_SDS.xlsx - 03/13/2017 15:40:02
- son10100_Budget.xlsx - 03/13/2017 15:40:10
- son10100_DisasterPlan.pdf - 03/13/2017 13:56:42
- son10100_Match.pdf - 03/13/2017 13:56:48
- son10100_History.pdf - 03/13/2017 13:56:56
- son10100_CountyDFCS.pdf - 03/13/2017 13:57:14
- son10100_EVerify.pdf - 03/13/2017 13:57:07
- son10100_Excluded.pdf - 03/13/2017 14:02:12
- son10100_Registration.pdf - 03/13/2017 14:02:20
- son10100_Insurance.pdf - 03/13/2017 14:02:28
- son10100_Resolution.pdf - 03/13/2017 14:02:36

Please note: If you leave the upload window open for an extended period of time without uploading a document, the screen will time out and display an error message or take you back to the main screen. You will not lose any documents you have already uploaded. If you have not clicked “Done” at the bottom of the screen prior to timing out, previously selected documents may not have uploaded. Log back in to verify that all documents are uploaded.

If you experience any problem uploading a document, log out, log back in and try again. Also, be sure that you do not have any spaces, extra underscores or periods in the name of the document you are trying to upload.

If you receive an error message at any time during the upload process, include a copy of the error message in your email requesting assistance.

Should you experience any difficulties uploading your proposal, email SoN_TA@pssfn.net for assistance. However, please allow ample time for response prior to submission deadline as proposals will not be accepted after the deadline.

Recommendation: If you upload your proposal documents in advance of the deadline, log in on April 24, 2017, to print another upload verification screen. ALL required documents MUST be listed on your final verification page.

PROPOSAL SUBMISSION DEADLINE:
Tuesday, April 25, 2017 at NOON EDT