



Candice Broce

Georgia Department of Human Services Commissioner

Contracts Are DHS Agreement To Keep Our Children
Feeling Happy, Safe, Secure and Loved.



FY2025 RBWO Contract Period



JULY 1, 2024 – JUNE 30, 2025

FY2025 RBWO Required Contract Documents (9)

- Georgia Secretary of State Corporations Divisions - <https://ecorp.sos.ga.gov>
 - *Print document showing:*
 - **Active/Compliance**
 - **Year 2024 (multiple years)**
 - **Previous Years not accepted (Inactive)**

- Corporate Resolution Letter (**Not-for-Profit-Only**) (See Key Elements sample in zip file). Please include the following:
 - **Date of the Board of Directors meeting**
 - **Fiscal Year 2025**
 - **Name and title of person duly authorized to execute the RBWO contract on behalf of corporation.**
 - **The person that signs the Corporate Resolution cannot sign the RBWO contract.**

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SAMPLE

DO NOT COMPLETE THIS FORM - IT IS A SAMPLE TO FOLLOW.
ACTUAL RESOLUTION SHOULD BE TYPED ON CORPORATE
LETTERHEAD.

RESOLUTION TO ENTER CONTRACT

At the _____ meeting of _____
 _____ (regular OR called) _____ (legal name of corporation)
 on _____, the following resolution was presented,
 seconded, and passed _____
 _____ (date)
 _____:
 (unanimously OR by majority vote)

WHEREAS: The _____ (legal name of corporation)
desires to
provide _____ services, and

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

RESOLVED

FY2025 RBWO Required Contract Documents

- Void Business Check with Agency name
- W-9 (**2018 version**)
 - *Sign and Date form with Current Date*
 - ***NO OLD VERSIONS***
- Authorized Signer & Approval Information Form (***The person that signs the Corporate Resolution cannot be a signer on this form***)

Signed and all signatures are valid. Please fill out the following form. You can save data typed into this form.



Georgia Department of Human Services

Authorized Signer & Approver Information Form

This form contains pertinent information for both authorized signer and approvers. You must upload this completed form in the Notes & Attachments eCAT CIF.

Contract Information

Company Name

Authorized Signer Information

Provide the list of authorized individuals in the order they should sign. If contract is a nonprofit, the authorized signer(s) must match the Corporate Resolution.

Authorized Signer(s)

Authorized Signer #1		Email Address	
Title		Phone Number	
Authorized Signer #2		Email Address	
Title		Phone Number	
Authorized Signer #3		Email Address	
Title		Phone Number	

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Signed and all signatures are valid. Please fill out the following form. You can save data typed into this form. Signature Panel Highlight Existing Fields

Authorized Approver Information

If the contract requires approval before signature, provide the names in the order they should approve.

Authorized Approver(s)			
Authorized Approver #1		Email Address	
Title		Phone Number	
Authorized Approver #2		Email Address	
Title		Phone Number	
Authorized Approver #3		Email Address	
Title		Phone Number	
Authorized Approver #4		Email Address	
Title		Phone Number	
Authorized Approver #5		Email Address	
Title		Phone Number	



Signed and all signatures are valid. Please fill out the following form. You can save data typed into this form. Signature Panel Highlight Existing Fields

Office of Procurement and Contracts

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Georgia Department of Human Services

Authorized Signer & Approver Information Form

My signature below acknowledges that all information contained in this form is accurate and verified.

Program Contact

Brenda Jones Digitally signed by Brenda Jones
Date: 2023.01.05 16:03:54 -05'00'

Signature

Title

Printed Name

Date

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FY2025 RBWO Required Contract Documents

Security & Immigration Compliance Form

Tax Compliance Form

. *Tax Clearance*

SUPPLIER CHANGE REQUEST FORM (New Form) vs Vendor
Management Form

Autosave On Security & Immigration Compliance Form2 - Saved Search Jones, Brenda

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Comments Editing Share

Find Replace Select Dictate Sensitivity Editor Add-ins

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

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the Georgia Department of Human Services has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

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Name of Public Employer

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

Executed on _____, ____, 201__ 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 _____, 201__.

NOTARY PUBLIC

My Commission Expires: _____

SAFE CHILDREN. STRENGTHENED FAMILIES. STRONGER GEORGIA.
2 PEACHTREE STREET NW, SUITE 19-490 | ATLANTA, GA 30303



ATTACHMENT G - TAX COMPLIANCE

INSTRUCTIONS TO SUPPLIERS

Please complete the following information:

- Supplier's Name:
- Physical Location Address:
- Federal Identification Number (FEI):
- Have you ever been registered in the State of Georgia?
- 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:

Vertical sidebar containing navigation and utility icons: a speech bubble, a list icon, a grid icon, a page number '1' in a box, a list icon, up and down arrow icons, a refresh icon, a document icon, a magnifying glass icon, and another magnifying glass icon.



SUPPLIER CHANGE REQUEST FORM

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

NEW EXISTING SUPPLIER ID NUMBER: Agency Use Only 0 0 0 0

SECTION 1: SUPPLIER IDENTIFICATION

FEI/SSN/TIN

Supplier Name:

Doing Business As (dba): if applicable

PHYSICAL ADDRESS DO NOT enter a P O Box

ADDITIONAL ADDRESS

Address 1:

Address 1:

Address 2:

Address 2:

City:

City:

State: Postal Code:

State: Postal Code:

Contact Email:

Primary Phone #: Ext: Landline Cell Used for Identity Verification

Secondary Phone #: Ext: Landline Cell Used for Identity Verification

Vertical sidebar with navigation icons: home, search, print, share, etc.

Primary Phone #: [] Ext: [] Secondary Phone #: [] Ext: []
 Landline Cell Used for Identity Verification

Driver's License #: For individuals only [] DL State: []

SECTION 2: BANK ACCOUNT INFORMATION

Required for New and Reactivating suppliers to add/change bank information to receive payments via ACH.

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

Replace Remittance Address at Loc # [] With Addr ID # []

Replace Invoicing Address at Loc # [] With Addr ID # []

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

ROUTING # [][][][][][][][][][] NEW ACCOUNT # []

Last Four Digits of Previous Bank Account # For changes only [][][][]

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

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

ACCOUNTS RECEIVABLE NOTIFICATION

PAYMENT REMIT EMAIL ADDRESS: []
PAYMENT REMIT EMAIL ADDRESS: []

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

[] Printed Name of Company Officer [] Signature of Company Officer [] Date

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SECTION 3: DIVERSITY IDENTIFICATION (Check ALL That Apply)

BUSINESS CERTIFICATIONS

- GA Small Business*
- GA Resident Business**
- Not Applicable
- Women Owned
- Minority Business Certified
- Prefer Not to Disclose

MINORITY BUSINESS ENTERPRISE (51% ownership)

- Hispanic – Latino
- Native American
- Pacific Islander
- Prefer Not to Disclose
- African American
- Asian American
- Not Applicable

*Based on Georgia law (OCGA 50-5-21) (3) "Small Business " means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 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 private mailbox, site trailer, or temporary structure.

VETERAN-OWNED SMALL BUSINESS (Check ALL That Apply)

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

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

- FEI/TIN Change (Cannot change if supplier is 1099 applicable)
- Business Name Change
- 1099 Eligible (Cannot change to non-eligible if supplier is already 1099 eligible)
 - 1099 Addr ID # (Agency Liaisons are REQUIRED to enter the AddrID # where to mail 1099)
 - 1099 – M Enter Code (Required for Form 1099 – M)
 - 1099 – N Code 01 (01 is the only code available for the 1099 – NEC)
- Reactivate Supplier Profile
- Deactivate Supplier Profile (Agency Liaison MUST attach written justification from the supplier with the SCR.)
- Add Additional Business Address (Enter additional address in Section 1)
- Change Existing Business Address

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- Add Additional Business Address (Enter additional address in Section 1)
- Change Existing Business Address
- Change/Add Payment Alt Name to an existing address (if payable to a different name. DO NOT enter the DBA).
- Enter Addr ID # to change: Payment Alt Name:
- Classification Change: (Agency Liaisons are required to check one for Classification Changes.)
- Attorney HCM Student Supplier Non-minority
- Gov Non-State of GA Non-Supplier Supplier Minority
- Statewide Contract (DOAS Use Only)
- HCM Vendor
- Other (Provided 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AGENCY LIAISON NAME	AGENCY LIAISON SIGNATURE	DATE	B/U#

Revised 10/2023

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FY2025 RBWO Required Contract Documents

- RBWO Provider Request Form – Complete if there are no change request (This form will hold 3 locations).
 - Any change(s) request to your contract (New locations, moves, program designations, capacity, closing locations, etc.) must be listed on a **vendor request change form (VRF)** located in GA SCORE.

BRIAN P. KEMP GOVERNOR



CANDICE L. BROCE DIRECTOR

Reviewed/Approved By: (For Division Director or Designee)

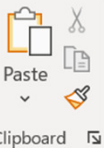
RBWO Provider Request Form

(Please complete all bold fields)

This form is for current approved site/locations only
(If requesting ANY changes (Program Designation, New sites, Capacity, Moves, etc.) please complete the Vendor Request Form in GA SCORE for changes to current contract).

Legal Name of Provider:
List Current Approved Site Locations Below

<p>Site Location Address:</p> <p>Mailing address if different:</p> <p>Director's Name:</p> <p>Director's Email Address:</p> <p>Office Telephone #:</p> <p>Site Program Designation:(CPA- Traditional, Base WO, Max WO, SBWO, SMWO, SMFWO) (CCI - Base, AWO, MWO, 2ND Chance, Teen, ILP, TLP, Maternity)</p> <p>Site Capacity:</p> <p>SHINES Resource ID:</p>



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Add-ins

Federal Tax ID #:

Provider Fiscal Year End Date:

Provider Organization Status (Check One)

License Type (Check One)

For Profit

CPA

Not for Profit

CCI

Comments:

Empty text box for comments

DIVISION OF FAMILY & CHILDREN SERVICES

RBWO Vendor Request Form FY2024 contract

New Site Location Request

 X A *NEW* location is being requested and an amended Rate Schedule.

Effective Date: July 1, 2024

Legal Name of Provider/Agency:

NEW Location/Site Address:

City:

County:

Mailing Address:

Mailing Address for Payment if different from mailing:

Director's Name:

Director's E-mail address:

Director's Contact #'s:

Office Number:

Cell Number:

SHINES resource ID for this location:

Vendor # for this location:

Check One:

For Profit: _____

Not For Profit: _____

License Type:

CPA _____

CCI _____

Program Designation(s):

Capacity:

Program Description:





FY2024 Insurance Requirements

Certificate of Liability Insurance (COL) *Please do not send actual policies. Single page from insurance company is required for all coverages listed below).*

- **Malpractice/Professional Liability Policy** (Claims Based) with EDP, Errors and Omissions Coverage. \$1 million per occurrence/\$3 million aggregate policy limits.
- **Commercial General Liability Policy** (Occurrence) to include contractual liability. \$1 million per occurrence/\$3 million dollar 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/\$3 million dollar aggregate policy limits.
- **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 \$3million dollar policy limits and the umbrella policy must follow the form of the underlying \$1 million primary policy.*
- **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 stature to hold workers compensation insurance and that occupy the premises or perform work under this Contract to obtain an insurance certificate showing proof of Worker Compensation Coverage
- ***Ensure that the Certificate Holder on the COL is as follows:***
 - ***DHS***
 - ***47 Trinity Ave. S.W., 2nd Floor***
 - ***Atlanta, Georgia 30334***

DIVISION OF FAMILY & CHILDREN SERVICES

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			2022-21336	06/15/2022	06/15/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Liquor Liability \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			2022-21336	06/15/2022	06/15/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			2022-21336-UMB	06/15/2022	06/15/2023	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC-2023-81539-00	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability Abuse and Molestation			2022-21336	06/15/2022	06/15/2023	Limit \$1MIL/\$3MIL Limit \$500k/\$500K
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

Procedures for developing DHS RBWO contracts

- Once all documents are reviewed and approved by OPM, OPM submits them to the DHS Office of Procurement and Contracts (OPC), and the State Accounting Office. All departments review the documents for different reasons.
- Once all department reviews are completed and forms are approved, the contract development begins.
- The person(s) name documented on the Authorized Signer & Approver form will receive the unexecuted contract via adobesign for review, signature and emailed back for DHS leadership to sign.
- Once DHS leadership signs the contract it becomes executed. The executed version is emailed back to the agency for their files.

DIVISION OF FAMILY & CHILDREN SERVICES

RBWO CONTRACT EXECUTED

