



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

Dear RBWO Providers:

As we approach fiscal year 2025 (FY25) contract cycle, our goal is to ensure that all FY25 contracts are executed timely and efficiently. As you are aware, the Office of Provider Management (OPM) has developed a new process for obtaining and submitting provider's yearly and/or ongoing contract documents via GA+SCORE. For your convenience, we've gathered all of the [updated documents](#) that will need to be completed for the FY25 contract cycle, including any vendor request changes. (Note that file is a 10 MB zip file.) OPM will need all FY25 contract documents, listed below, to be completed and uploaded into GA SCORE (**DO NOT EMAIL**) by close of business on **January 5, 2024**. To ensure all contracts are executed timely, this deadline cannot be extended.

If you have questions or concerns, please contact Brenda Jones and/or Andria Bolton: Brenda Jones at Brenda.Jones@dhs.ga.gov. Andria Bolton at Andria.Bolton@dhs.ga.gov.

- Georgia Secretary of State Registration 2024
Please provide screenshot of Georgia Secretary of State Registration showing active compliance for year 2024- <https://ecorp.sos.ga.gov/> **Previous years are not accepted.**
- 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*
 - *State Contract Fiscal Year Only (Fiscal Year 2025) (Please do not add a beginning and end date)*
 - *Title of person duly authorized to execute the RBWO contract on behalf of corporation.*
- Security & Immigration Compliance Form
- Tax Compliance Form
- Void Business Check with Agency name
- W-9 (October 2018 revised version)
- Supplier Change Request Form and instructions (*New form in zip file*) Please do not send previous years forms. Ensure all forms are signed and dated. (**Leave Section 5 blank – This section is for DHS accounting team**)
- Authorized Signer & Approval Information Form (The person that signs the corporate resolution cannot be a signer on this form)

- RBWO Provider Request Form – Complete if there are no agency change requests. (This form will hold 3 locations).
 - Vendor Request Form (VRF)- Complete if there are any agency change(s) request to your contract (New locations, business office moves, program designations, capacity, closing locations, etc.) must be listed on a **vendor request change form (VRF)**.
- DHS Insurance Requirements- Certificate of Liability Insurance (COL) (*Please do not send actual policies. Single page COL 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.

Sincerely,
The Office of Provider Management (OPM)