



Family First Prevention Services – Capacity Building Grants
Family Centered Treatment – Midlands & Upstate
FY 2025-26 Grant Year

REQUEST FOR GRANT APPLICATIONS (RFGA)

CFDA Number: 93.556

Posting Date: January 17, 2025

<p>Your application <u>must</u> be submitted in a <u>sealed</u> package if mailed or in-person delivery. “Family Centered Treatment Grant Application” and Deadline/Closing Date (see below) must appear on package exterior.</p>	
<p>Deadline/Closing Date for Applications:</p> <p>February 11, 2025 at 11:00AM EST</p>	<p>Must Be Received At:</p> <p>SCDSS State Office-Procurement Division 1535 Confederate Avenue Ext. Columbia, SC 29201 or dssprocurement@dss.sc.gov (preferred method is Email)</p> <p>No Later Than February 11, 2025 at 11:00AM EST</p>
<p>Submit your sealed package to either of the following addresses:</p>	
<p>MAILING ADDRESS:</p> <p>SCDSS State Office-Procurement Division Attn: Britania Johnson P.O. Box 1520 Columbia, SC 29202-1520</p>	<p>PHYSICAL ADDRESS:</p> <p>SCDSS State Office-Procurement Division Attn: Britania Johnson 1535 Confederate Avenue Ext. Columbia, SC 29201</p>

SCDSS offers this Request for Grant Applications (RFGA) for the funds they administer SCDSS for the State of South Carolina from the **Federal Family First Transition Services Act** grant. This information can be found at <https://www.acf.hhs.gov/cb/resource/im2001>. To be considered as part of this grant program, applicants must support the activities, goals, and objectives outlined in the scope of services. Grant funds may not be used for any other purpose. SCDSS reserves the right to determine whether a proposal falls within the scope of activities and is eligible under the stated guidelines. Applications are only accepted during the Request for Grant Applications period. Applications will be evaluated by a panel of subject matter experts and will be evaluated based on the award criteria stated in Section III of the RFGA.

Under this RFGA, the maximum dollar amount available per region is **\$150,000.00**. **Richland County is the identified primary area in the Midlands and Greenville as the respective primary area for the Upstate.**

Eligibility: Organizations which are eligible to apply for funds must have at least a three-year documented history (within the past three years) of providing community-based services to children and families and have the documented infrastructure and capacity to ensure model implementation, fidelity, and service provision of the model for which this grant is issued. Qualified applicants must also have a designated independently licensed individual in their organization who have experience implementing FCT or related interventions.

How to Apply: See the Request for Grant Applications (RFGA) starting on page four of this document for additional details about information to be included with your submission. A cover letter should be included and signed by authorized agent or other official agency personnel. Eligible Providers must submit the required documents to either the mailing address or physical address listed above.

Deadline: The deadline for all applications is February 11, 2025 at 11:00AM EST. The preferred method to receive submittals is by Email, although paper submission is permitted. Please see physical address instructions below. Any documents received after the deadline will not be accepted. If the physical location named to send applications is closed due to unforeseen events or an emergency and applications cannot be received by the exact time specified in the application, the time specified for receipt of applications will be extended to the same time of day specified in the application on the first workday on which normal office hours resume.

Questions & Answers: Questions will be accepted until 5:00 PM EST, January 24, 2025, and should be submitted in an easily copied format such as Microsoft Word. All questions must be submitted in writing to Britania Johnson at Britania.Johnson@dss.sc.gov. Responses will be posted on the SCDSS website at <https://dss.sc.gov/about/procurement/> on January 29th, 2025 by 5:00PM EST.

The Final selection of the successful applicant is anticipated to be made and posted on the SCDSS website on or before February 19, at 5:00 PM EST. Notice of extension will be posted on this site if more time is required by SCDSS. The Grant Agreement will be effective when signed by both the Provider and SCDSS.

All Providers must have a state vendor number to receive an award and reimbursement from SCDSS. To obtain a state vendor number, visit www.procurement.sc.gov and select New Vendor Registration. (To determine if your business is already registered, go to “Vendor Search”). Upon registration, you will be assigned a state vendor number. Providers must keep their vendor information current. If you are already registered, you can update your information by selecting Change Vendor Registration. (Please note that vendor registration does not substitute for any obligation to register with the S.C. Secretary of State or S.C. Department of Revenue. You can register with the agencies at <http://www.scbos.com/default.htm>.)

Additional Physical Address Information:

Visitors arriving at 1535 Confederate Avenue, Columbia, SC will enter SCDSS through the front entrance and deliver their proposal to Security Personnel.

It may take several minutes to obtain building access and have your application received. Please allow at least 30 minutes for this process of obtaining building access and getting your application stamped in. The deadline for applications is identified on this Cover Page. Please plan accordingly as deadline times will not be adjusted and proposals will not be accepted after the deadline stated.

South Carolina Department of Social Services
Family First Prevention Services Evidence-Based Practices Capacity Building Grant
Family Centered Treatment (Midlands and Upstate)
2025-2026 Grant Year Request for Grant Applications (RFGA)

I. BACKGROUND

The South Carolina Department of Social Services (“Department”) is South Carolina’s lead child welfare agency. The Department’s charge is to protect the state’s most vulnerable populations; its mission, to promote the safety, permanency, and well-being of children while strengthening families. To fulfill its objective, the Department envisions a system that is Trauma-informed, family-centered, strengths-based, culturally responsive, and recognizes that children belong in the least restrictive, most family-like settings possible, where they can thrive and grow.

Reinforcing its belief in strengthening families, the Department firmly believes that empirically sound interventions can prevent the occurrence and recurrence of child maltreatment and enable children and families to remain safely in the home while receiving services.

On Feb. 9, 2018, a Bipartisan Budget Act of 2018 (H.R. 1892) was signed into law which included the Family First Prevention Services Act (FFPSA; Public Law 115-123) which can be found at <https://www.congress.gov/bill/115th-congress/house-bill/1892/text>. This Act dramatically changed the way Title IV-E funds can be spent by states. Multiple reforms within the legislation provide a novel opportunity for child welfare systems to begin their transformation into systems of well-being for children and families. The prevention component of FFPSA enables states, territories, and tribes with an approved Title IV-E prevention plan to provide time-limited prevention services for mental health, substance use prevention and treatment, and for in-home parent skill-based programs. This aspect of the legislation is transformative and has far-reaching implications that will fundamentally change the practice for the Department but requires that approved services must meet certain qualifying thresholds designated by the Title IV-E Clearinghouse (the Clearinghouse). Of the interventions rated by the Clearinghouse, the Department has an especial interest in building capacity around services that are most likely to result in positive outcomes for children and families and to measuring the impact of these approaches on the children and families we serve.

SCOPE OF GRANT PROPOSAL

The State of South Carolina (SCDSS) solicits proposals from organizations to build capacity around Family Centered Treatment throughout South Carolina. Funds are intended to assist the Grantee in financing training and other costs associated with becoming an approved Family Centered Treatment provider in the Midlands and Upstate regions. Providers must receive training from an authorized model trainer.

The goal of Family Centered Treatment is to reduce or eliminate the risk of children being removed from the home and to assist the family to develop a safe, stable, and healthy environment in the home and community. FCT is designed to:

- Enable family stability via preservation of or development of a family placement.
- Enable the necessary changes in the critical areas of family functioning that are the underlying causes for the risk of family dissolution.
- Bring a reduction in hurtful and harmful behaviors affecting family functioning.
- Develop an emotional and functioning balance in the family so that the family system can cope effectively with any individual member's intrinsic or unresolvable challenges.

- Enable changes in referred client behavior to include family system involvement so that changes are not dependent upon the Practitioner.
- Enable discovery and effective use of the intrinsic strengths necessary for sustaining the changes made and enabling stability.
- Address systemic dynamics of trauma on the family system not just the individual.

II. DESCRIPTION OF SERVICES

- FCT Provider must adhere to the fidelity of the Family Centered Treatment Model for the entirety of the grant period.
- FCT Practitioners must respond to referrals within 48 hours.
- FCT Practitioners must provide Family Centered Treatment in the home or at a location acceptable to the parent/caregiver multiple times per week depending on the needs of the family.
- FCT Practitioners are on-call to families 24 hours a day, seven days a week, for the duration of services.
- FCT Practitioners must engage with families for a minimum of two, multi-hour sessions per week, though the intensity and frequency vary according to youth and family needs.
- FCT Practitioners must initiate face to face contact with the family within 72 hours of the referral.
- FCT Provider must implement Family Centered Treatment at full capacity by June 1, 2025 or as otherwise agreed upon by SCDSS.
- FCT Provider must create a comprehensive service plan that is child-focused, family-centered, individualized, strengths-based, culturally responsive and trauma informed. The plan will mirror elements of the Department's Family Permanency Plan. The plan must be informed by the Family Assessment Device and the Care Process Model – Pediatric Trauma Screener.
- At minimum, the FCT Practitioner will communicate the family's progress monthly to DSS staff.

III. SERVICE PROVISION

FCT utilizes Four Phases of Treatment: Joining and Assessment, Restructuring, Valuing Change and Generalization. FCT utilizes a supervision process to determine whether specific indicators demonstrating that a family has successfully completed a phase of treatment. FCT Practitioners must be available to families 24 hours a day, 7 days a week.

- Joining and Assessment – Identify family strengths, define family success, gain acceptance and trust. Assess for changes using family centered evaluation.
- Restructuring – Negotiate family functioning acts aligned with goals. Experimental practice experiences are targeted at shifting the behavioral functioning patterns of the family.
- Valuing Change – Question and define the reason for change. Sustainable change in a family system occurs when the behavioral changes made during restructuring are valued and seen as necessary by the family.
- Generalization – Skill adoption and family success. The family determines the time of closure using an analytical process that evaluates changes made and the families ability to use strategies independently.

IV. TRAINING AND SUPERVISION

FCT Provider must adhere to all training requirements from the Family Centered Treatment Foundation for initial certification and ongoing recertification (see below).

FCT Practitioners must complete the online training component “staffing forms” before seeing any families and must complete their FCT certification at Level 1 within 12 months of hire. Practitioners must engage in situational leadership supervision based on their development and performance.

FCT staff must receive periodic and regular training about relevant child welfare topics including, but not limited to, substance abuse, adolescent development, psychotropic medication and medication management, working with families, concurrent child welfare permanency planning, domestic violence, teen relationship abuse, HIV/AIDS, behavior modification and management, child development disorders, Lesbian, Gay, Bi-sexual, Transgender, Queer and Questioning (LGBTQQI+), gender identity and expression, sexually acting-out, crisis intervention and trauma therapy.

V. REQUIRED ACTIVITIES

The Provider awarded under this grant application shall:

1. Partner with an authorized model trainer to receive the training and coaching required to be an approved Family Centered Treatment service provider.
2. Ensure that Family Centered Treatment supervisors are licensed by the South Carolina Department of Licensing Labor and Regulation (SCLLR) as one of the following: Licensed Psychologist (LP), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), or Licensed Independent Social Worker- Clinical Practice (LISW-CP) or as otherwise approved in writing by SCDSS.
3. Ensure that Direct Workers have a master’s degree in social work, psychology, marriage and family therapy, or related human service field or a bachelor’s degree in social work, psychology, sociology, or related human service field with at least 2 years of direct social service experience or as otherwise approved in writing by SCDSS.
4. Be prepared to service families for whom English is not their primary language (including American Sign Language). While staff does not have to be bilingual, they should have an established plan and mechanism for meeting the needs of these families.
5. Be required to use Family Centered Treatment’s data management system. This system contains all the paperwork and forms that are utilized in Family Centered Treatment to measure model fidelity, which will be reported back to DSS and the Grantee(s). The costs of using this system should be built into the budget of the Grantee(s).
6. Be required to enter data, such as plans and assessments or child and family specific data, into the SCDSS Provider Portal. Documentation will follow the Family Centered Treatment clinical standards.
7. Be required to work closely with the Family Centered Treatment consultant as required by model trainers and cooperate with record reviews and onsite visits.
8. Be required to submit an annual report detailing plan for on-going sustainability of services.
9. Establish Individual Professional Development Plans for all staff with the supervisor and manager, and a Team Quality Enhancement Plan is also developed and monitored.

A. GRANT REQUIREMENTS

1. Grantee must be approved by model trainers to begin training within 30 days of grant award date.
2. The Provider must allow SCDSS on-site for site visits, audits or both and make records available

for financial, programmatic, quality management and other grant-related visits.

3. The Provider must provide, upon request by SCDSS, specific documentation of expenditures included with submitted invoices. The following areas will be reviewed, audited, or both:
 - a. Financial Management: Financial records will be reviewed to assure compliance with generally accepted accounting requirements. The records should provide accurate, current and complete disclosure of financial results. Records must identify the source and application of funds and must be supported by invoices and another source documentation.
 - b. Program Progress: Review progress in meeting Family Centered Treatment deliverables and fidelity compliance. Programs must meet all model requirements by June 1, 2025, to allow for full caseload capacity and fidelity.

B. FUNDING RELATED GRANT REQUIREMENTS

1. Annual submission of a budget, budget narrative, outreach, and education plan.
2. Annual submission of report indicating fidelity with training model standards.
3. Must go directly toward training, capacity building and service provision expenses associated with the model for which this grant will be awarded.

Funds may not be used for the following.

- Operating Costs
- Lobbying
- Publicity
- Legal fees
- Any other item not related to grant conditions

****Note: Selected Provider must provide 5% in-kind match ****

C. GRANT REPORTING REQUIREMENTS

Providers must provide programmatic and financial reports as required by DSS. These requirements are:

1. **Weekly Reporting**: The Grantee shall:
 - a. Log all referrals in a DSS-approved and managed data portal. Each referral entry must include:
 - i. Referral Date
 - ii. Status of Referral
 - iii. Name of Clinical Employee serving the family
 - iv. Start Date of Services
 - v. Close Date of Services
 - b. Ensure all referrals received in a given week are logged by week's end.
 - c. Update the status of any case in the approved data portal if there are changes to:
 - i. Any Previous Referrals
 - ii. Current Active Cases
 - d. For current active cases, clinicians are required to upload monthly progress reports in the approved data portal for every family actively engaged in services.
2. **Bi-Weekly Reporting**: The bi-weekly report should include the following information:
 - a. Number of clients (child/family) for 1 FTE allowed by office per contract.
 - b. Capacity (total number of cases once fully staffed)

- c. Current capacity (based on staff currently accepting cases)
- d. Current number of child/families with open DSS cases (in treatment)
- e. Current number of child/families with closed DSS cases (in treatment)
- f. Immediate number of openings to be filled.
- g. Current number of clients in out of home placement (Kinship - voluntary)
- h. Current number of clients that are in foster care.
- i. Number of referrals received in the past two weeks.
- j. Number of referrals that were INELIGIBLE, broken down by reason:
 - i. Outside of service area
 - ii. Due to DSS case closure
 - iii. Due to no capacity
 - iv. Better served by another intervention
- k. Number of cases closed in the past 2 weeks before completing treatment.
- l. Number of referrals that failed to engage after 3 attempts.
- m. Number of cases that engaged but declined any service.
- n. Number of cases that withdrew/dropped-out after 1 or more sessions.
- o. Number of cases closed before completing treatment due to DSS service line closure.
- p. Number of families SUCCESSFULLY COMPLETED past two weeks.
- q. Total number of clients currently on Waitlist
- r. Number of Clients on Waitlist 5 Calendar Days or Less
- s. Number of Clients on Waitlist 6 Calendar Days or More
- t. Total number of families successfully discharged year to date.

3. Cost Reporting

- a. Submit a cost report as requested by SCDSS and completed on the SCDSS provided cost report template.

D. GRANT BUDGET

The grant project period is from February 25, 2025 through February 24, 2026. The total dollar amount available will be \$150,000 for each region awarded (Midlands and/or Upstate). Determination of award will be based on the merits of the proposed projects as put forth in the grant applications. If awarded, the Provider will submit to SCDSS a report and proof of satisfactory compliance with Family Centered Treatment model standards and full site accreditation/clinician certification.

Funding Cycle: Effective date of the Grant Agreement through February 24, 2026.

II. INFORMATION FOR PROVIDER TO SUBMIT- EVALUATION

To be considered for award all proposals must include, at minimum, responses to the information requested in this section. Evaluation points associated with each section are noted in parentheses.

- Proposals are limited to a maximum of 25 pages for the narrative. The cover page, budget, budget narrative, resumes, appendices and attachments are not counted against this 25-page limit.
- No additional attachments, other than those specified, will be accepted.
- Please submit only proposals with 1-inch margins, 12-point font and numbered pages. Single spacing is permissible.
- Proposals will be rated on a 100-point scale (narrative points available = 90; financial points available = 10).

Entities applying should restate each of the items listed below and provide their response immediately thereafter.

ALL INFORMATION SHOULD BE PRESENTED IN THE LISTED ORDER:

TABLE OF CONTENTS – Provide a **one-page** table of contents document that includes all the items listed below.

1. Program Description
2. Organizational History, Experience and Qualifications
3. Community Collaborations
4. Reporting and Evaluation
5. Budget Narrative*

A. APPLICATION SUBMISSION

Provider shall submit a signed Cover Page and Application addressing all the above noted points. Application must include one original and three copies of:

- a. Signed Cover Letter
- b. Table of Contents
- c. Program Description
- d. Organizational History, Experience and Qualifications
- e. Community Collaborations
- f. Reporting and Evaluation
- g. Education and Outreach Plan

B. PROGRAM DESCRIPTION (40 POINTS TOTAL)

1. List and describe the planned Capacity Building Grant initiatives to be implemented by your organization and how many people will be reached and/or impacted by each service. **The applicant must specify which region they are applying for and include separate budgets for each region they are applying for.**
2. Describe the staffing needed to provide the services as required by the Family Centered Treatment model standards and plan to ensure staff become qualified providers as soon as possible.
3. Describe the number of staff who will be trained using these funds.
4. Describe how you propose to reach eligible children and families in the county for which you are applying, and catchment area established by the model.
Note: Eligible children and families are FFPSA “candidates for care” as defined by the Department and who meet the models service criteria. These are specific populations involved with SCDSS that are in either family preservation, CPS investigations, or in foster care and who may be pregnant or parenting or otherwise as approved by SCDSS.
5. Describe how you will provide Family Centered Treatment with model fidelity.
6. Describe how Family Centered Treatment will fit into the continuum of services the Provider currently offers.
7. Describe how you plan for implementation and operational processes to ensure timely access to care.
8. Describe plan for long-term sustainability and proposed reimbursement rates for the provision of services as prescribed by the model. **Proposed rates must include rate setting methodology and narrative on how the Provider arrived at the specific rate.**

9. Describe training costs for the model and include these costs in the budget narrative.
10. Provide a tentative timeline for implementation of the model.
11. The applicant must describe how they will track and invoice for services at a client (youth level).
***Note:** Proposed rates are for informational purposes only and do not guarantee that SCDSS will reimburse the provider for the provision of services at the proposed rate. The proposed rate will not factor into the evaluation process.

C. ORGANIZATIONAL HISTORY, EXPERIENCE AND QUALIFICATIONS (30 POINTS TOTAL)

The Provider must demonstrate the proven ability to accomplish the tasks set forth in the Bringing About Conditions.

1. Describe the record of service, including years of service, to children and families within the communities/counties to be served.
2. Demonstrate the ability to begin provision of training within ninety days of grant execution or as otherwise approved by SCDSS.
3. Describe experience implementing programs and evidence-based practices within the communities for which they are applying.
4. Describe capability to utilize and implement technology requirements needed for effective model implementation.
5. The Provider must describe the experience the organization has in record keeping of when and how services are provided, evaluating services and marketing services to the target population. Provide a description of the organization's ability to complete monthly, quarterly, fiscal and programmatic progress reports.
6. Describe how the Provider will track program expenditures and service provision once the organization completes capacity building training.
7. Include resumes of key personnel assigned to manage the program and what they do for the organization.
8. Describe the ability of the organization to participate and collect data necessary for a rigorous evaluation of FCT and how they will partner with DSS to meet FFPSA IV-E regulatory evaluation requirements for supported/promising interventions.
9. Submit a Certificate of Existence, also known as a Certificate of Good Standing, from the Secretary of State. This certificate states that an entity is in good standing with the Secretary of State's Office, and has, to the best of the Secretary of State's knowledge, filed all required tax returns with the Department of Revenue. The Certificate can be requested via: <https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx>
10. List any lawsuits that have been filed against the Provider or management of the Provider for all services related to the services that will be provided under this grant. Include the status and a background on the claim.

D. COMMUNITY COLLABORATIONS (20 POINTS TOTAL)

1. List any community-based organizations with which your organization will collaborate. For each organization, define role in the region/area and record of service to members of the community.

2. Describe how your organization will collaborate with local practice partners within the areas to be served. Include how you will coordinate service delivery to ensure proper and timely access to services and to ensure no duplications of delivery occur within the service areas.
 3. Describe how your organization will help to bring about the conditions of this grant on outcomes and benefits of the model.
 4. Describe efforts your organization will make to ensure sustainability of the model (to include alternative funding streams and partnerships).
- E. REPORTING AND EVALUATION (10 POINTS TOTAL)
1. Describe the system your organization will use to collect demographic, service provided data, and qualitative data; and to evaluate its success in responding to the identified needs and providing cost-effective services.
 2. Describe how you will track outcomes of children and families who receive the model for which this grant is being awarded.
 3. Describe how your organization will approach continuous quality improvement.

ATTACHMENT 1

Procedures for Dispute Resolution

I. DISPUTE PROCEDURES FOR GRANT PROGRAM APPLICATIONS DURING THE APPLICATION PROCESS

The following dispute procedures are available to any community-based organization, local or county program or any other Provider that objects to any requirement(s) as outlined in a Request for Grant Applications (RFGA), amendment to RFGA or does not receive a distribution of funding as a grantee under a federal, state, or combined federal/state grant program. A provider or grantee that disagrees with any element of the grant requirements or with the distribution of funding is also referred to herein as a “requestor.”

- A. **Request or Application for Funding.** Subject to conditions set forth in these procedures, any prospective Provider desiring to file a dispute concerning SCDSS’s proposed evaluation of applications or proposed manner of distribution of funds (as outlined in the RFGA) shall e-mail or fax a Notification of Appeal to the SCDSS Procurement Manager*, within **three (3) business days** of the posting date of the RFGA or any amendment thereto. The notification of appeal must clearly specify the grounds of the dispute, and the relief requested. Within **seventy-two (72) hours** of receipt of a notification of appeal, the Procurement Manager shall render a decision as to the disposition of the dispute and will e-mail or fax written notification of this decision to the prospective Provider. If the prospective Provider is not satisfied with the decision rendered by the Procurement Manager, the Provider shall e-mail, or fax written notification to the SCDSS Program Area Director* within **two (2) business day** of the date of the written notification of decision from the Procurement Manager. The Procurement Manager will conduct a review and e-mail or fax a written decision to the prospective Provider within **three (3) business days**. The written decision will be final and may not be further appealed by the requestor.
- B. **Award to a Provider.** A requestor with a dispute regarding the Notification of Award shall e- mail, fax or mail a Notification of Appeal to the Procurement Manager within **three (3) business days** of the date of posting of the Notification of Award. The notification of appeal must clearly specify the grounds of the dispute and the relief requested. Within **seventy-two (72) hours** of receipt of a notification of appeal, the Procurement Manager shall render a decision as to the disposition of the dispute and will e-mail or fax written notification of this decision to the requestor. If the requestor is not satisfied with the decision rendered by the Procurement Manager, the requestor shall e-mail, or fax written notification to the Program Area Director within **three (3) business days** of the date of the written response from the Procurement Manager. The Procurement Manager will conduct a review and e-mail or fax a written decision to the requestor within **three (3) business days**. The written decision will be final and may not be further appealed by the requestor.
- C. **Notice of Decision.** A copy of all correspondence or decisions under this dispute resolution procedure shall be mailed or otherwise furnished immediately to the requestor and any other party intervening.

II. PROCEDURES FOR GRANT DISPUTES OR CONTROVERSIES REGARDING SCDSS'S EVALUATION OF A GRANTEE'S EXPENDITURES IN THE POST-AWARD PHASE

- A. **Applicability.** These procedures shall apply to controversies between SCDSS and a grantee when the grantee disagrees with SCDSS's evaluation of an expenditure by the grantee as "not allowed" under the grant program requirements. These procedures constitute the exclusive means of resolving a controversy between SCDSS and a grantee of an awarded grant.

- B. **Grievance.** No later than *thirty (30) calendar days* after receiving notice that the agency's grant program area has denied an expenditure, a grantee must e-mail, or fax written notice identifying any dispute or controversy to the Procurement Manager. The Procurement Manager will, *within thirty (30) calendar days* thereafter, review and attempt to informally resolve the dispute or controversy. If the dispute cannot be mutually resolved within that timeframe, a grantee wishing to continue pursuit of the dispute must e-mail or fax written notice of the dispute to the Procurement Manager within *five (5) business days* following the 30- day review period. The Procurement Manager will, within *ten (10) business days* of receipt of a written notice of the dispute, meet or hold a conference call with the grantee. Within *ten (10) business days* after such consultation with the grantee, the Procurement Manager will e-mail or fax the grantee with a written determination as to his/her decision regarding the disposition of the expenditure. The decision of the Procurement Manager will be final and may not be further appealed by the requestor.

* *Contacts are listed below:*

<p>Procurement Manager: Britania Johnson Procurement Manager SCDSS 1535 Confederate Ave Columbia, SC 29202 Phone: (803) 898-9013 Email: Britania.Johnson@dss.sc.gov</p>	<p>Program Contact: Steven Ferrufino SCDSS 1535 Confederate Ave Columbia, SC 29202 Phone: (803)898-1805 Email: steven.ferrufino@dss.sc.gov</p>
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