



Georgia Department of Human Services, Division of Family and Children Services

FY2025 Children's Justice Act (CJA) FOA

Application Cover

Complete as directed. Scan signed document and save pdf as *ApplicantAgency_Cover*

Please check one: <input type="checkbox"/> FY 2025: New Applicant	<input type="checkbox"/> FY 2024 Existing program
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Section 1: APPLICANT AGENCY/INSTITUTION <i>(for contracting purposes)</i>							
Applicant Agency: (legal name)				Check one: Public Entity Non-Profit Agency			
Street Address: <i>Must be physical address, not PO</i>				Mailing Address: <i>If different from street address</i>			
City:	State:	Zip:	City:	State:	Zip:		
County:		Telephone					
Executive Officer (name):				Title		Email:	

DUNS# (as reported on SAM screenshot):	SAM Expiry Date (from SAM screenshot):
GAPS ORI/OAC# (as reported on Criminal History Certification):	Federal Employer ID#: Year End (month):
Federal Authorization User ID# (as reported on SECIM form):	NON-PROFITS ONLY - Date 501c3 issued:

AUTHORIZED AUTHORITY <i>(individual authorized to sign contract and identified on Non-Profit Corporate Resolution or Public Entity Authorization)</i>			
Authorized Officer #1 (name):		Authorized Officer #2 if required (name):	
Title:	Title:		
Telephone	Email:	Telephone:	Email:

PROJECT INFORMATION			
Project Name:		Project Contact:	
Street Address:		Title:	State: Zip:
City:	State:	Zip:	Telephone: Email:

Section 2: FISCAL AGENT & CONTACT <i>Complete only if Applicant contracts with another entity to manage financial matters for this project. Copy of executed agreement between Applicant and Fiscal Agent must be included with proposal submission.</i>			
Applicant Fiscal Agent: (legal name)		Check one: Public Entity Non-Profit Agency	
Fiscal Contact (name):		Street Address:	
Title:	City:	State:	Zip:
Telephone:	Email:		
Federal Employer ID#:	DUNS#:	Year End (month):	

Section 3: PROJECT AMOUNT REQUESTED	Amount: \$
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Section 4: AUTHORIZED SIGNATURES	
<i>I (We), the undersigned, an authorized officer/authority of the applicant, have read, understand, and agree to all relative conditions specified in the DFCS – CJA Statement of Need and having read all attachments thereto do submit this application on behalf of the applicant agency. If awarded a contract to implement the provision herein, I do certify that all applicable federal and state laws, rules, and regulations thereto will be followed.</i>	

<p>Applicant Signature</p> Authorized Authority/Officer: _____ (signature) Name: _____ Title: _____ Date: _____	<p><i>Second signature only if Resolution or Authorization requires two.</i></p> Authorized Authority/Officer: _____ (signature) Name: _____ Title: _____ Date: _____
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