

**Georgia Division of Family and Children Services (DFCS)**

**Well-Being Services Section**

**Afterschool Care Program**

**FFY 2022 Statement of Need Proposal Form**

**Form G**

**Federal Fiscal Year (FFY) 2022**

**Contractor Information Form**

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| **Contractor Information** |
| Agency Name: |  |
| DUNS Number: |  |
| FEIN (of the fiscal agent named above): |  |
| State of Georgia Vendor Number: |  |
| Corporate Status: (*Local Education Agency, Board of Commissioners, etc.*) |  |
| Fiscal Year End Date (mm/dd): |  |
| Name of Authorized Executive: |  |
| Professional Title of Authorized Executive: |  |
| Address: |  |
| City, State, Zip Code: |  |
| Phone Number: |  |
| Fax Number: |  |
| E-mail Address: |  |
|  |  |
| **Contract Contact to DFCS**(e.g., Local Leader and Liaison for all contract-related business.) |  |
| Professional Title of Program Contact: |  |
| Address: |  |
| City, State, Zip Code: |  |
| Phone Number: |  |
| Fax Number: |  |
| E-mail Address: |  |

|  |  |
| --- | --- |
| **Program Contact for DFCS**(e.g., Local Leader and Liaison for all program-related business.) |  |
| Professional Title of Contract Contact: |  |
| Address: |  |
| City, State, Zip Code: |  |
| Phone Number: |  |
| Fax Number: |  |
| E-mail Address: |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorized Contract Signer #1** |  | Email Address |  |
| Title |  | Phone Number |  |
| **Authorized Contract Signer #2** |  | Email Address  |  |
| Title |  | Phone Number |  |