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

Prevention and Community Support Section

**FY2025 Sources of Strength Program (STR)**

**Application Cover**

Complete as directed. Scan signed document and save pdf as ***Agencyname.Cover***

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| **Check one.** | **🞏** New applicant or new project for FY2025 | **🞏** Continuation of projectfunded in FY2024 | **🞏**  Expansion or modified project funded in FY2024 |

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| **Section 1: APPLICANT AGENCY/INSTITUTION** *(for contracting purposes)* |
| Applicant: (legal name): |  | **Proposal ID#:** |  |
| Street Address:*Must be physical address, not PO.* |  | Fiscal Year End (month):  |  |
| **NON-PROFITS ONLY -** Date of 501c3: |  |
| City: |  | State: |  | Zip: |  | Federal Employer ID#:  |  |
| County: |  | Telephone: |  | Federal Authorization User ID# (as per SECIM form): |  |
| Mailing Address: |  | GAPS ORI/OAC# (as per CRC form): |  |
| City: |  | State: |  | Zip: |  | DUNS#: |  |
| Executive Director: |  | Title: |  | SAM Unique Entity # (from SAM screenshot): |  |
| Telephone: |  | Email: |  | SAM Registration Expiry Date (from SAM screenshot):  |  |

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| **Section 2: APPLICANT ORGANIZATIONAL STATUS & SIGNING AUTHORITY***. Check status that applies to Applicant and complete, as instructed.* |
|  🞏 **Non-Profit Applicants ONLY**: *Identify officer(s) listed on SOS registration and identified as contract signing authority on Non-Profit Corporate Resolution.*  |
| Authorized Officer #1 (name): |  | Authorized Officer #2 , if required (name): |  |
| Title: |  | Title: |  |
| Telephone: |  | Email: |  | Telephone: |  | Email: |  |
|  🞏 **Public Entity Applicants ONLY** *Identify* i*ndividual listed on Public Entity Authorization as contract signing authority.* |
| Signing Authority #1 (name): |  | Signing Authority #2, if required: |  |
| Title: |  | Title: |  |
| Telephone: |  | Email: |  | Telephone: |  | Email: |  |

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| **Section 3. PROPOSED PROJECT INFORMATION** |
| Project Name: |  | Project Contact: |  | Title: |  |
| Street Address: |  | Telephone: |  | Email: |  |
| City: |  | State: |  | Zip: |  | Project Contact: |  | Title: |  |
|  | Telephone: |  | Email: |  |

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| **Section 4: FISCAL AGENT & CONTACT, if applicable.** |
| *Complete only if Applicant contracts with another legal entity to manage financial matters for this project. Copy of executed agreement between Applicant and Fiscal Agent must be included with proposal submission.* |
| 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#: |  | Fiscal Year End (month): |  |

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| **Section 5: PROJECT AMOUNT REQUESTED** | Amount: | **$**  | *Amount must be consistent with total Budget or Budget Worksheet.* |

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| **Section 6: AUTHORIZED SIGNATURES** |
| *I(We), the undersigned, an authorized officer/authority for 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.* |
| **Applicant Signature** |  |  | *Second signature ONLY if Resolution or Authorization requires two.*  |
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| Authorized Authority/Officer:*(signature)* |  |  | Authorized Authority/Officer: *(signature)* |  |
| Name: |  |  | Name: |  |
| Title: |  | Date: |  |  | Title: |  | Date: |  |