

**Division of Family and Children Services, Prevention and Community Support Section**

**FY2022 Statement of Need**

**Application Cover**

Complete as directed. Scan signed document and save pdf as FSG\_510\_####\_Cover

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|  | **Proposal Username** |
| **FSG\_510\_#####** |
| **Identify Proposal Type. Select only one.** |
| 🞏 First Steps (**FSG**) | 🞏 GA Second Step(**SSP**) | 🞏 GA Home Visiting (**GHV**) | 🞏 Title V (SRAE)(**TVP**) | 🞏 PREP (**PRP**) | 🞏 Sources of Strength (**STR**) |  |
| **If applicable, check one** | **🞏** New Applicant for FY2022 | **🞏** Program Funded in FY2021 |  |

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| **Section 1: Applicant Agency** *(for contracting purposes)* |
| Applicant Agency: (legal name) |  | Check one: | 🞏 Public Entity 🞏 Non-Profit Agency |
| County |  |
| Legal Mailing Address: |  | City: |  | State: |  | Zip: |  |
| Telephone: |  | Email: |  |
| Federal Employer ID#: |  | DUNS#: |  | Year End: |  |
| GAPS ORI or OAC# |  | E-Verify# |  | Year End: |  |
| Executive Officer (name): |  | Title: |  |
| Street Address: |  | City: |  | State: |  | Zip: |  |
| Telephone: |  | Email: |  |

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| **Non-Profits ONLY: Authorized Authority** *(as listed on Corporate Resolution)*  |
| Authorized Officer (name): |  | Title: |  |
| Street Address: |  | City: |  | State: |  | Zip: |  |
| Telephone: |  | Email: |  | Date 501c3 issued: |  |

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| **Program Information** |
| Program Contact (name): |  | Title: |  |
| Street Address: |  | City: |  | State: |  | Zip: |  |
| Telephone: |  | Email: |  |

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| **Section 2: Fiscal Agent & Contact** *(if not the applicant agency)* |
| Applicant Fiscal Agent:(legal name) |  | Check one: | 🞏Public Entity 🞏 Non-Profit Agency |
| Street Address: |  | City: |  | State: |  | Zip: |  |
| Telephone: |  | Email: |  |
| Federal Employer ID#: |  | DUNS#: |  | Year End: |  |
| Fiscal Contact (name): |  | Email: |  |

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| **Section 3: Contract Amount Requested** | Amount: | **$** |

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| **Section 4: Authorized Signatures** |
| *I, the undersigned, an authorized representative of the applicant, have read, understand, and agree to all relative conditions specified in the DFCS – PCS 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 Agency** |  | **Fiscal Agent (if not Applicant Agency)** |
| Authorized Officer:*(signature)* |  |  | Authorized Officer:*(signature)* |  |
| Title: |  | Date: |  |  | Title: |  | Date: |  |