

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

**FY2023 GA Second Step Program**

**Application Cover**

Complete as directed. Scan signed document and save pdf as SSP####\_Cover

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|  | **Proposal ID#** |
| **SSP####** |
| **Check one.** | **🞏** New SSP Applicant for FY2023 | **🞏** Expansion of SSPfunded in FY2022 |  |

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| **Section 1: APPLICANT AGENCY/INSTITUTION** *(for contracting purposes)* |
| Applicant Agency: (legal name) |  | Check one: | 🞏 Public Entity🞏 Non-Profit Agency  |
| Street Address:*Must be physical address, not PO* |  | Mailing Address:*If different from street address* |  |
| City: |  | State: |  | Zip: |  | City: |  | State: |  | Zip: |  |
| County: |  | Telephone |  |  |
| Executive Officer (name): |  | Title |  | Email: |  |

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| DUNS# (as reported on SAM screenshot): |  | SAM Expiry Date: |  |
| 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: |  |

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

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

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| **Section 2: FISCAL AGENT & CONTACT** *Complete only if Applicant contracts with another entity to manage financial matters for this proposal.* |
| *Copy of executed agreement between Applicant and Fiscal Agent must be included with proposal submission.* |
| 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): |  |

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| **Section 3: CONTRACT AMOUNT REQUESTED** | Amount: | **$** |

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| **Section 4: AUTHORIZED SIGNATURES** |
| *I(We), the undersigned, an authorized officer/authority 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 Signature** |  |  | ***Second signature only if Resolution or Authorization requires two.***  |
|  |  |  |
| Authorized Authority/Officer:*(signature)* |  |  | Authorized Authority/Officer: *(signature)* |  |
| Name: |  |  | Name: |  |
| Title: |  | Date: |  |  | Title: |  | Date: |  |