A picture containing circle

Description automatically generated

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

**FY2023 Sources of Strength Program**

**Application Cover**

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

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| --- | --- | --- | --- |
|  | | | **Proposal ID#** |
| **STR####** |
| **Check one.** | **🞏** New STR Applicant for FY2023 | **🞏** Continuation and/or Expansion of Applicant’s existing STRprogram | |

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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: |  |