

**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 XXX\_###\_####\_Cover

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | **Proposal Username** | | |
| **XXX\_###\_#####** | | |
| **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: |  |