

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

Prevention and Community Support Section

**FY2024 Sources of Strength Program (STR)**

**School Sponsorship**

Complete one form for each participating school.

Sign document(s), scan and save pdf as STR####\_SchoolSponsorship

If submitting multiple School Sponsorships, scan and combine as a single pdf.

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| --- | --- | --- |
| **Applicant\***:  |  | **Proposal ID#** |
| **STR####** |

 *\*Record full legal name of entity/agency/organization/institution.*

The Applicant must identify a **system-wide** sponsor who will oversee program implementation and be the primary contact for the Sources of Strength Program. Identify the individual who will be responsible for submitting reports to our office.

|  |  |  |
| --- | --- | --- |
| **School System Sponsor:** |  |  |
| **Title:** |  |  |
| **Signature:** |  |  |
| **Date:** |  |  |
| **Email:** |  |  |

**Each school** must identify a sponsor who will be directly responsible for ensuring the implementation of the school’s Sources of Strength program. While it is not essential that this person be the Principal, experience has shown that the schools that have the Principal as the sponsor experience greater success with implementation of Sources of Strength.

|  |  |  |
| --- | --- | --- |
| **Participating School:** |  |  |
| **Street Address, City & Zip:** |  |  |
| **School Sponsor:** |  |  |
| **Title:** |  |  |
| **Signature:** |  |  |
| **Date:**  |  |  |
| **Email:** |  |  |

*Each participating school must also complete and submit corresponding School Assurance and School Implementation forms.*