**Georgia Division of Family and Children Services (DFCS)**

**Community Programs Unit**

 **Afterschool Care Program**

**FFY 2016 Statement of Need Proposal Forms**

**Form A – PROPOSAL COVER PAGE**

**SoN Information Session Confirmation Ticket Number: AFTSON16**

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|  [ ]  This proposal is for an agency not currently funded by the DHS DFCS Afterschool Care Program for the FFY 2015. | [ ]  This proposal is for an agency currently funded by the DFCS Afterschool Care Program for the Federal Fiscal Year (FFY) 2015.Current DFCS Award Amount: *Only for agencies currently funded by DFCS Afterschool Care Program –* ***Enter DFCS AWARD AMOUNT only***$       |

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| **AGENCY/ORGANIZATION INFORMATION** |
| Legal Name of Proposing Agency: *For non-profit agencies, this must be the name as it appears on the Secretary of State registration screenshot included with proposal*      | Program Name: *If different from Agency Name*      |
| Agency Mailing Address:      | City:      | Zip Code:      | State:      | County:      |
| Agency Physical Address:       | City:      | Zip Code:      | State:      | County:      |
| DUNS Number: *This is the DUNS number of the proposing agency*      | FEIN: *This is the FEIN of the proposing Agency*      | Agency Fiscal Year End Date: *MM/DD*      |
| Corporate Status of Proposing Agency: [ ]  Public Entity *(city, county or state agency or institution- school systems included)* [ ]  Private Non-Profit Agency/Organization[ ]  Other:       |
| Director/Principal (or designee) of Proposing Agency:      | Telephone:(     )       -       | Email Address:      |

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|  **DFCS AFTERSCHOOL CARE PROGRAM FUNDING REQUESTED** |
| **DFCS Afterschool Care Program Funding Request** | **Required Cash/In-Kind Match Provided by Proposing Agency** | **Total Cost of Proposed Services** | **Match Level Category** |
| **$**  | **$**  | **$** | **[ ]  1:1****[ ]  1.5:1****[ ]  3:1** |
| At least 50% of the *Total Cost of Proposed Services* must be Cash/In-Kind match. IMPORTANT NOTE: Other sources of federal funds CANNOT be used to satisfy cash/in-kind match. |

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| **COMMUNICATION INFORMATION** |
| Individual responsible for coordinating and responding to DFCS Afterschool Care Program proposal communications:Name:       Title/Position:       |
| Email Address:       Telephone: (     )       -       |

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| **YOUTH SERVED** |
| Number of youth proposed to be served\*:        | Age Range of youth proposed to be served\*\*:       |
| Total number of sites under this contract where services will be provided\*\*\*:       |

\* This number reflects the number of youth proposed to be served under the DFCS Afterschool Care Program contract agreement.

\*\* This number reflects the age range of youth proposed to be served under the DFCS Afterschool Care Program contract agreement.

\*\*\* Complete Form B to list all proposed sites.