

# Attachment A-1

## State of Georgia – Criminal Justice Coordinating Council Juvenile Justice Delinquency Treatment and Prevention Program

### Application Face Sheet

#### SECTION 1: APPLICANT AGENCY (for contracting purposes)

Applicant Agency (Legal Name): \_\_\_\_\_  
Legal Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Federal Employer I.D. #: \_\_\_\_\_ DUNS #: \_\_\_\_\_ Congressional District #: \_\_\_\_\_  
Executive Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

#### SECTION 2: FISCAL AGENT

Applicant's Fiscal Agent (Legal Name): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### SECTION 3: FISCAL CONTACT

Fiscal Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

#### SECTION 4: PROGRAM CONTACT

Program Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

SECTION 5: GRANT AMOUNT REQUESTED: \$ \_\_\_\_\_

**SECTION 6: AUTHORIZING SIGNATURES**

*I, the undersigned, an authorized representative of the applicant, have read, understand, and agree to all relative conditions specified in the Criminal Justice Coordinating Councils Request for Proposal and having read all attachments thereto do submit this application on behalf of the applicant agency. If awarded a grant to implement the provision herein, I do certify that all applicable federal and state laws, rules, and regulations thereto will be followed.*

**APPLICANT AGENCY:**  
agency)

**FISCAL AGENT (if not applicant**

\_\_\_\_\_  
Signature, Executive Officer    Date

\_\_\_\_\_  
Signature, Executive Officer    Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

**SECTION 7: APPLICANT AGENCY FISCAL INFORMATION**

1. Month of Fiscal Year End: \_\_\_\_\_
2. Attach to the application, the applicant agency's financial statements as required by RFP Section 6, A-5.
3. Is applicant agency:  Public Government Entity
4. Is applicant agency delinquent on any federal debt?  NO     YES If yes, attach a detailed explanation.
5. Did applicant agency receive 80 percent or more of its annual gross revenue in federal awards in its preceding fiscal year; and \$25,000,000 or more in annual gross revenue from federal awards and in so doing is required to comply with "Federal Funding Accountability and Transparency Act"?  NO     YES If yes, attach names and total compensation of the five most highly compensated officers of the grantee.

**SECTION 8: TARGET POPULATION**

Target group (check one):  Middle School     High School     Middle and High School

Gender served (check one):  Male only     Female only     Male and Female

Age range: Age \_\_\_\_\_ to age \_\_\_\_\_

Number of youth to be served: \_\_\_\_\_

**SECTION 9: SERVICE DELIVERY AREA**

Primary county to be served: \_\_\_\_\_

List other counties to be served: \_\_\_\_\_

Congressional District(s) to be served: \_\_\_\_\_

**SECTION 10: PROGRAM ACTIVITIES**

Justice:

- Community Service /Restitution
- Evening Report Center
- Juvenile Drug Court
- Diversion Services
- Tutoring
- Counseling Services
- Other Evidence-based curriculum/Intervention (List Primary Intervention and secondary):

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## APPLICATION FACE SHEET- INSTRUCTIONS

**GENERAL INSTRUCTION:** Click on the gray highlighted areas to type responses. Do not press enter. To check boxes: double click box, select “Checked” under Default Value, and click “OK”.

### SECTION 1: APPLICANT AGENCY (for contracting purposes)

Complete this section to provide legal information for contracting purposes.

1. Enter legal name, address, federal employer identification number, and DUNS number of the applicant agency. The address may include a sub-division of the applicant agency, but may not include the name of an individual.
2. Enter the number of the congressional district for the city/county of the applicant agency.
3. Enter contact information as indicated for the Executive Officer who has the legal authority to enter into contractual agreements on behalf of the applicant agency.

### SECTION 2: FISCAL AGENT

Complete this section if the applicant agency has a fiscal agent that manages its financial resources. If applicant agent is also the fiscal agent, please note as “SAME”.

### SECTION 3: FISCAL CONTACT

Enter the contact information of the person responsible for financial reporting. For entities that have a fiscal agent, indicate the fiscal agent’s financial contact person. For non-profit entities, enter the contact information for individual that manages the financial accounts for the applicant agency.

### SECTION 4: PROGRAM CONTACT

Enter the contact information of the primary person responsible for managing the program. If the person is not known at time of application, enter contact information of interim person responsible for managing the program.

### SECTION 5: GRANT AMOUNT REQUESTED

Using whole dollars enter the total grant amount requested for the grant award period.

### SECTION 6: AUTHORIZING SIGNATURES

The application face sheet must be signed in **BLUE INK** by the Executive Officer who has the legal authority to enter into contractual agreements on behalf of the applicant agency and on behalf of the fiscal agent (if applicant has a fiscal agent).

### SECTION 7: APPLICANT AGENCY FISCAL INFORMATION

1. Enter the month of the applicant agency’s fiscal year end;
2. Check one box to indicate if the applicant agency is a public government entity OR non-profit 501(c)3 entity;
3. Check one box to indicate if the applicant agency is delinquent on any federal debt. If the applicant agency is delinquent on federal debt, attach to the application the following: Federal Agency, Federal Program, CFDA number, Federal contact person’s name and phone number and detailed explanation; and
4. Attach to the application, a copy of applicant’s financial statements as required by RFP Section 6. If applicant agency is a non-profit entity attach to the application, a copy of the 501(c)3 non-profit letter issued by the Internal Revenue Service.
5. Check yes if applicant agency receives 80 percent or more of its annual gross revenue in Federal awards in its preceding fiscal year; and \$25,000,000 or more in annual gross revenue from Federal awards. If yes, the applicant agency is required to comply with “Federal Funding Accountability and Transparency Act” by attaching to the application, the names and total compensation of the five most highly compensated officers of the applicant agency.

### SECTION 8: TARGET POPULATION

The target population is the youth who receive abstinence education and all youth development activities. Check one target group and gender served. Enter the age range for the target population. Enter the number of youth to be served during the grant period.

### SECTION 9: SERVICE DELIVERY AREA

List the service area by: 1) Primary county; 2) Other counties; and 3) Congressional district for the primary county to be served.

### SECTION 10: PROGRAM ACTIVITIES

Check the additional service you propose to add to your existing program through this grant opportunity.