



State of Georgia  
Governor's Office for Children and Families  
Abstinence Education  
2009 Application Face Sheet

**Applicant Agency (Legal Name):**

**Street Address:**

**City: County: State: Zip:**

**Federal Employer I.D. #:**

**Executive Officer:**

**Street Address:**

**City: County:  
State: Zip:**

**Telephone: Email:  
FAX:**

**Implementing Agency** (if different from applicant agency):

**Street Address:**

**City: County:  
State: Zip:**

**Telephone: Email:  
FAX:**

**Fiscal Contact:**

**Street Address:**

**City: County:  
State: Zip:**

**Telephone: Email:  
FAX:**

**Project Director:**

**Street Address:**

**City: County:  
State: Zip:**

**Telephone: Email:  
FAX:**

**Total Amount Requested:**

I, the undersigned authorized representative of the SOC fiscal agent, have read, understand and agree to all relative conditions specified in the State of Georgia Governor's Office for Children and Families Request for Proposal, and having read all attachments thereto do submit this application on behalf of the applicant. If awarded a grant to implement the provision herein, I do certify that all applicable federal and state laws, rules and regulations applicable thereto will be followed.

**Authorized by:**

\_\_\_\_\_  
Signature: Fiscal Agent Chief Executive Officer

\_\_\_\_\_  
Date