Georgia Division of Family and Children Services (DFCS)
Well-Being Services Section
GARYSE/Chafee Program
FFY 2021 Statement of Need Proposal Forms

Form B - PROGRAM SITES

Please complete Form B indicating all of the sites that are proposed to be funded through the DFCS GARYSE/Chafee Program funding for your agency.

Legal Name of Proposing Agency	
Total Number of Sites*	

	Site Name	Address	City	County	Zip Code	Number of youth to be served**	Age range of youth to be served (# - #) **
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

* Agencies may add rows as necessary.
** Only nummerical characters should be indicated. Do not use words, symbols or non-numerical values.

IMPORTANT NOTICE: The DFCS GARYSE/Chafee Program reserves the right to verify all information on this form. Any false information provided may lead to the disqualification of the agency's proposal for funding consideration.