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

Form F
Contractor Information Form

Contractor Information	
Legal Agency Name:	
DUNS Number:	
TIN Number:	
FEIN (of the fiscal agent named above):	
State of Georgia Vendor Number:	
Entity Type: *(Non-profit, Profit, Individual, State, Public, etc.)*	
Fiscal Year End Date (mm/dd):	
Name of Authorized Executive:	
Professional Title of Authorized Executive:	
Physical Address:	
City, State, Zip Code:	
Phone Number:	
Fax Number:	
E-mail Address:	

Contract Contact to DFCS (e.g., Local Leader and Liaison for all contract-related business.)	
Professional Title of Program Contact:	
Mailing Address:	
City, State, Zip Code:	
Phone Number:	
Fax Number:	
E-mail Address:	

Program Contact for DFCS (e.g., Local Leader and Liaison for all program-related business.)	
Professional Title of Contract Contact:	
Mailing Address:	
City, State, Zip Code:	
Phone Number:	
Fax Number:	
E-mail Address:	