# Georgia Access Navigator Grant Application: Form A – Applicant Information & Signature

Instructions*:* Complete the information below. **All fields below are required unless marked with an asterisk (\*).**

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| 1. **Organization Information** | | |
| 1. **Organization’s Legal Name** |  | |
| 1. **Organization’s Employer Identification Number (EIN)** |  | |
| 1. **Organization Type** (e.g., provider, community or consumer-focused nonprofit, or any other entity that meets the requirements outlined in [45 CFR § 155.210](https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-155/subpart-C/section-155.210)) |  | |
| 1. **Organizational System for Award Management (SAM) Number\*** |  | |
| 1. **Lead Applicant? (Yes/No)** |  | |
| Sub-Recipient Organization Name(s)\* (*Refer to Application for Letter of Support requirements.)* |  | |
| 1. **Website URL** (Please list your webpage that provides information about your Navigator program, if applicable; this page may be linked on the “Find a Local Assister” tool on the Georgia Access website). |  | |
| 1. **Total Number of Planned Individual Navigators** |  | |
| 1. **Proposed Service Area** (Please list the specific regions, cities, and/or counties) |  | |
| 1. **Total Number of In-Person Sites** |  | |
| 1. **Primary Physical Address** | | |
| Street |  | |
| City |  | |
| State |  | |
| Zip / Postal Code |  | |
| County |  | |
| **Mailing Address\*** (complete only if different from above; P.O. Boxes allowed) | | |
| Street |  | |
| City |  | |
| State |  | |
| Zip / Postal Code |  | |
| **Additional Project Site Location(s)** (include additional site location(s) if applicable) | | |
| Street |  | |
| City |  | |
| State |  | |
| Zip / Postal Code |  | |
| County |  | |
| 1. **Is the applicant delinquent on any state, federal or other debt (Yes/No)?** |  | |
| If yes, provide an explanation |  | |
| 1. **Has the applicant previously served as a Navigator Grantee (Yes/No)?** |  | |
| If yes, provide start and end dates |  | |
| 1. **Total amount of grant funding requested for the 12-month performance period beginning August 2024** |  | |
| 1. **Application Point of Contact** | | |
| 1. **Point of Contact** | | |
| Last Name |  | |
| First Name |  | |
| 1. **Job Title** |  | |
| 1. **Telephone Number** |  | |
| 1. **Email Address** |  | |
| 1. **Authorized Organizational Representative:** The Authorized Organizational Representative, or Authorized Representative, is the designated representative of the applicant organization with authority to act on the organization’s behalf in matters related to the award and administration of grants. | | |
| 1. **Authorized Organizational Representative** | | |
| Last Name |  | |
| First Name |  | |
| 1. **Title** |  | |
| 1. **Telephone Number** |  | |
| 1. **Email** |  | |
| 1. **Assurances** | | |
| 1. **As the duly Authorized Organizational Representative, I am aware that submission to the Office of Commissioner of Insurance and Safety Fire of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the award process. This may include the application, budget, and list of applicants. In addition, I certify that the applicant:**  * Has legal authority to apply for the funds made available under the requirements of the application, and has the institutional, managerial, and financial capacity (including funds sufficient to pay the non-State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application. * Will give the Georgia Office of Commissioner of Insurance and Safety Fire, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award, and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). * Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents a real or perceived personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the application instructions, including development of specifications, requirements, or the evaluation of the submitted applications. * Will maintain necessary operational and financial systems to effectively manage and safeguard award monies and data. * Will comply with all federal and state statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352;34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 4) federal Equal Employment Opportunities Act. * Will comply with all applicable federal and state laws and regulations. * Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5). * Is in compliance, for all contracts in excess of $100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontractors as well. * Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil. * Attests that the applicant and all subrecipients are not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. * Understands that unresolved monies owed to the federal agencies or the State of Georgia may preclude the receipt of this award. * Understands that any false, fictitious, or fraudulent statements or claims may subject the applicant to criminal, civil, or administrative penalties. * Attests that all statements contained within the submitted Georgia Access Navigator Grant Application are true, complete, and accurate to the best of my knowledge. * Certifies that the applying organization and its subrecipients will comply with all the assurances above. | | |
| **Authorized Organizational Representative Signature** | | **Date** |