



STATE OF GEORGIA
Division of Family and Children Services

Nathan Deal
Governor

Bobby D. Cagle
Director

CAPTA Funds Request

Date:

Requestor of Funds:

Organization/Agency Requesting Funds:

Amount Requested:

Contract Start and End Date:

Purpose - Explanation of Need:

Who needs the training/activity?

List the identified program area(s) and explain the impact on the program area(s) as stated in our CAPTA plan:

What are the expected outcomes or desired results?

How the result of the training/activity contributes to one or more of the five areas of the CAPTA Plan and also supports the CFSP?

Note: Attach proposal narrative and budget to request