

Form #9 - CRIMINAL HISTORY INVESTIGATIONS

See instructions in Statement of Need, Section D.

Scan, save as a pdf and identify as "son#####_History".

Retain original. In the event that proposal is funded, original form will be needed for contract.

Agency Name*:		SoN #	
Program Name:		Program ID#	

**Legal name of agency/organization/institution as it appears on Application Cover- Form #1*

ORI # or OAC #

This organization, by the signature of the authorized officer below, certifies in accordance with the Georgia Division of Family and Children Services, Promoting Safe and Stable Families contract, that it will use Georgia Applicant Processing Services (GAPS) at www.cogentid.com to conduct criminal record background investigations on all employees, staff, volunteers and/or subcontractors as stipulated.

Signature of Officer

Notary Signature

Printed Name of Officer
(Must match name on Secretary of State screenshot)

Date Commission Expires

*Affix notary seal or stamp below.
Use foil for additional contrast.*

Title of Officer
(Must match title on Secretary of State screenshot)

Date