

Human Services Grant Reference Form

This is the form to be used to request the **2026-2027** Human Services Grant Application.

Please use this form to document the names of, no more than, two (2) individuals from your organization who will be responsible for uploading the grant application and attachments into the DeKalb County Human Services SharePoint site.

Please complete the form and email to Lisa Thomas, Grants & Administrative Manager, at hsgrants@dekalbcountyga.gov.

Organization's Name

Organization's URL

Contact 1's Name

Contact 2's Name

Contact 1's Title

Contact 2's Title

Contact 1's Email

Contact 2's Email

Contact 1's Telephone

Contact 2's Telephone

Can the agency provide a Complete Independent Audit, conducted by a licensed Certified Public Accountant on the auditor's letterhead, that is current as of 2024 or 2025?

Yes

No