



# Georgia Council for the Arts FY26 Cultural Facilities Grant Management Handbook

## **UNUSED GRANT FUNDS**

**Please let GCA know ASAP if you will not be able to spend all of the grant funds awarded.**

Grantees are strongly encouraged to use all of the funds awarded to complete the project or operations supported by the grant; however, some grantees may be unable to use some or all of the grant funds awarded due to a variety of reasons, such as inability to meet the required income match or the arts facility work has been cancelled. If a grantee is not going to spend the full grant amount, GCA must know early enough in the fiscal year to reallocate those funds to another arts project. If GCA is not notified about unused funds until late in the fiscal year (May-June), there is not time to reallocate the funds and they must be returned to the state's general fund. In the recent past, unused funds in one year have had a negative impact on GCA's budget in the following year.

**Please help us protect and utilize all of the state's arts appropriation by submitting your Final Report on time and notifying GCA as soon as possible if your organization will not utilize all of the grant funds awarded.**

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## INTRODUCTION

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Congratulations on your GCA grant! This document outlines information regarding your FY26 grant. FY26 grantees are strongly encouraged to review this handbook as some policies have changed from previous years. Also, please review your contract carefully as it contains important information.

### Important Deadlines

|  |   |
|--|---|
| <b>Return contract and all associated Documents via GCA's online grant system at <a href="http://gaarts.org/apply">http://gaarts.org/apply</a></b> | November 21, 2025   |
| <b>Submit Contractor's Request for Reimbursement (CRR) Form for first grant payment (up to 90% of grant award amount)</b>                          | <p>For grantees with organization budgets above \$500,000 and a requirement of a 100% matching income amount for the grant award, a CRR may be submitted any time after expenses are at least double the amount being requested.</p> <p>For grantees with organization budgets below \$500,000 and a requirement of a 50% matching income amount for the grant award, a CRR may be submitted any time after expenses are at least 50% more than the amount being requested.</p> |
| <b>Final Report and CRR Form</b>   | All final reports are due no later than 30 days after the end of the funded project. For grant projects ending June 30, 2026, final reports are due no later than July 31, 2026. The CRR for the final 10% of the grant award may be submitted at this time.  |

Questions about how to complete any of the forms in the contract package should be directed to Delilah Johnson, Grants Specialist, at [djohnson@gaarts.org](mailto:djohnson@gaarts.org) or 404-962-4837.

Questions about the grant should be directed to Allen Bell, Director of Grants and Research, at [abell@gaarts.org](mailto:abell@gaarts.org) or 404-962-4839,

### General Provisions

All awards are made on a fiscal-year basis according to the state of Georgia fiscal year calendar (July 1, 2025 through June 30, 2026). The arts programming listed in the application must be completed within fiscal year 2026, and all expenses must be incurred within that same fiscal year.

## CONTRACT PACKAGE

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Required contract package documents must be submitted through the GCA online grants system at <http://gaarts.org/apply> no later than **November 21, 2025**. The list of requirements is below, and complete details for each item follow the list of requirements.

### Contract Package Email Contents

The contract package email will contain:

- the State of Georgia Grant Contract
- FY26 Grant Management Handbook
- a Corrections and Stipulations (C&S) Memo (if applicable)

### Contract Package Return Form Requirements

Grantees will complete and upload the items listed below to the Contract Package Return Form in the GCA online grant system at <http://gaarts.org/apply>. For your convenience, the Contract Package Return Form contains links to the Supplier Change Request (SCR) Form, the W-9 Form, the ADA Checklist, the Residency Verification documents, as well as the Contractor's Request for Reimbursement (CRR) form.

**All grantees** must return the following:

- A signed FY26 Grant Contract

**Grantees that did not receive a GCA grant in FY25** must complete and return the following:

- Supplier Change Request (SCR) form
- W-9 form
- ADA Checklist
- Residency Verification Documentation
  - **Non-profits with employees** - register with E-Verify and return a notarized federal work authorization affidavit (Appendix A in your contract).
  - **Non-profits with no employees** - submit a copy of the driver's license or passport for the person signing the contract and the form certifying that your organization has no employees (Appendix B in your contract).
  - **Local government entities** - no residency verification documents are required.

**Returning FY25 grantees** may complete and submit the following if they have changes:

- Supplier Change Request (SCR) Form – if organization name, address, or banking information has changed
- W-9 Form – if organization name or address has changed
- ADA Checklist – if organization moved or renovated the facility

Grantees may submit the following, **if applicable**:

- A C&S memo response (if required)
- Contractor's Request for Reimbursement (CRR) Form - see page 15 of the handbook

## **SAM UEI Requirement**

The federal government, including the National Endowment for the Arts (NEA), has transitioned from using DUNS numbers as their unique entity identifier (UEI) to using a new identifier, known as a **SAM UEI**. Because GCA is funded in part by the NEA, we are also required to transition to using the SAM UEI. **Going forward, a SAM UEI is required to process all GCA grant applications, contracts, payments, and final reports.**

If you have not already obtained a SAM UEI and added it to your organization's record in GCA's online grant system, you will need to do so for GCA to process the contract and payments for your grant.

Detailed instructions for obtaining and entering a SAM UEI are included on pages 16-17 of the Grant Management Handbook.

## CONTRACT PACKAGE RETURN FORM

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The Contract Package Return Form in GCA's online grant system will contain links to the Supplier Change Request (SCR) Form, the W-9 Form, the ADA Checklist, the E-Verify federal work authorization affidavit, the form for certification of no employees, and the CRR form.

**These items must be submitted online through the Contract Package Return Form in GCA's online grant system no later than November 21, 2025.** If the items are not returned by the deadline, the contract may be cancelled and the grantee may not receive the FY26 award. In addition, FY26 grant panels will be informed that the contract was not returned, and they will take this into consideration when scoring.

If extenuating circumstances will prevent you from returning the contract by the deadline, contact Grants Specialist Delilah Johnson-Brown ([dbrown@gaarts.org](mailto:dbrown@gaarts.org)) to request an extension.

All required documents must be submitted through the Contract Package Return Form for the contract and contract package in GCA's online grant system, the same system where you submitted your FY26 Cultural Facilities Grant application: <http://gaarts.org/apply>.

To submit the forms online:

- Log in to your online GCA grant account at <http://gaarts.org/apply>
- In the column to the left, you should see the Contract Return Form as an item to be completed for your FY26 Cultural Facilities Grant application
- Click the Start button to access the online Contract Package Return Form
- Complete and upload the required forms and click SUBMIT

### Contract

The contract will be sent via email. Grantees will sign the contract and upload it through the online grant system at <https://gaarts.org/apply>. The signature must be a physical signature or Adobe certified signature.

The contract must be signed by one of the two authorized officials listed in the original application. If both of those people have left the organization, please complete a Change of Information Form via GCA's online grant system at <http://gaarts.org/apply> and submit it at the same time that you send the contract.


The contract will be signed by GCA when it is received by grantees, so once it is signed by your authorized official, you will be able to upload a fully executed copy.

## Supplier Change Request (SCR) Form

Grantees must complete a Supplier Change Request (SCR) Form if:

- Your organization did not receive a GCA grant in FY25.
- Your organization received a GCA grant in FY25, but has changes to the organization name, organization address, or organization banking information.

You will find a link to this form within the Contract Package Return Form or you can download the form here: <https://www.dropbox.com/scl/fi/5z1zns8wpmk6b6k6zmbu/SCR-Form-4-25-V3.pdf?rlkey=6g9xqwrjxf4ie95465h6w3g&st=g20redje&dl=0>. You must use the form you find via the link and not a copy of one that you have submitted in previous years. Read the instructions carefully as errors will cause the state to return the form for corrections, which will delay any payments. Also, do not strike through or write over mistakes on the form. If you make a mistake, please start the form again.

|  |                                       |
|--|---------------------------------------|
|   | <h3>SUPPLIER CHANGE REQUEST FORM</h3> |
| <p>Agency Supplier Liaisons MUST complete the Agency Liaison Use Only sections AND ensure the supplier has completed sections 1 - 3, the Supplier Use Only sections prior to submitting this form to SAO.</p>  |                                       |
| <input type="checkbox"/> NEW   | <input type="checkbox"/> EXISTING     |
| SUPPLIER ID NUMBER: <small>Agency Use Only</small> 0 0 0 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   |                                       |
| <b>SECTION 1 SUPPLIER IDENTIFICATION</b>   |                                       |
| FEI/SSN/TIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |                                       |
| Supplier Name as listed with IRS: <input type="text"/>   |                                       |
| Doing Business As (dba): <small>if applicable</small> <input type="text"/>   |                                       |
| <b>CONTACT INFORMATION</b> <small>(*REQUIRED) Enter the street address, city, state, zip, and county)</small>  |                                       |
| <input type="checkbox"/> *Physical Address: <input type="text"/>   |                                       |
| <input type="checkbox"/> Mailing Address: <input type="text"/>   |                                       |
| <input type="checkbox"/> Payment Remit to Address: <input type="text"/>  |                                       |
| Contact's Name <small>(REQUIRED FOR PAYMENT):</small> <input type="text"/> Contact's Title: <input type="text"/>   |                                       |
| *Contact's Email Address: <input type="text"/>   |                                       |
| Primary Phone #: <input type="text"/> Ext: <input type="text"/> Contact's Phone #: <input type="text"/> Ext: <input type="text"/>  |                                       |
| <input type="checkbox"/> Landline <input type="checkbox"/> Cell <small>Used for Identity Verification</small>  |                                       |
| <input type="checkbox"/> Landline <input type="checkbox"/> Cell <small>Used for Identity Verification</small>  |                                       |
| Driver's License #: <small>For individuals only</small> <input type="text"/> DL State: <input type="text"/>  |                                       |
| <b>SECTION 2 BANK ACCOUNT INFORMATION</b> <small>Required for New and Reactivating suppliers to add/change bank information to receive payments via ACH.</small>   |                                       |
| <input type="checkbox"/> I do not wish to provide banking information and understand all payments made to me will be via check.  |                                       |
| <input type="checkbox"/> ACH is not applicable for the change request  |                                       |
| <input type="checkbox"/> Replace Remittance Address at Loc # <input type="text"/> With Addr ID # <input type="text"/>  |                                       |
| <input type="checkbox"/> Replace Invoicing Address at Loc # <input type="text"/> With Addr ID # <input type="text"/>   |                                       |
| <input type="checkbox"/> Add New Bank Account <input type="checkbox"/> Change Bank Account Enter Loc # <input type="text"/> <small>Agency Liaisons are required to complete items on this line for bank changes</small>  |                                       |
| Name Exactly as Listed on Bank Account: <input type="text"/>   |                                       |
| Bank Name: <input type="text"/>  |                                       |
| ROUTING # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NEW ACCOUNT # <input type="text"/>   |                                       |
| Last Four Digits of Previous Bank Account # <small>For changes only</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |                                       |
| <input type="checkbox"/> Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.  |                                       |
| <input type="checkbox"/> Check here if this account can only be used for a SPECIFIC PURPOSE <input type="text"/>   |                                       |
| SPECIFIC PURPOSE DESCRIPTION   |                                       |
| <b>ACCOUNTS RECEIVABLE NOTIFICATION</b>  |                                       |
| PAYMENT REMIT EMAIL ADDRESS: <input type="text"/>  |                                       |
| PAYMENT REMIT EMAIL ADDRESS: <input type="text"/>  |                                       |
| <small>I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.</small> |                                       |
| <input type="text"/>   | <input type="text"/>                  |
| Printed Name of Company Officer  | Signature of Company Officer          |
|  | <input type="text"/>                  |
|  | Date                                  |
| Revised 4/2025   |                                       |

The following pages include written instructions for the SCR Form.

### Section 1 – Supplier Identification

- **FEI Number** - Enter the organization's Federal Employment Identification (FEI) Number. DO NOT enter a Social Security Number for an individual.
- **Supplier Name** - Enter the name of the organization as listed with the IRS.
- **Doing Business As (dba)** - If the organization would like the check for grant payment made payable to an organization name that is different from what is entered as the Supplier Name, then enter that name on this line.
- **Physical Address** - Enter the complete physical address (street address, city, state, zip, and county). This field is required for all SCR Forms and should be the only address line completed if this is an initial SCR Form submission.
- **Mailing Address** – This field should be left blank, unless this is an address change request and the mailing address is different from the physical address. For instance, if the organization has a P.O. Box, the P.O. Box address can be entered here. Enter the complete mailing address (street address or P.O. Box, city, state, zip, and county). This field should be left blank if this is an initial SCR Form submission.
- **Payment Remit To Address** – This field should be left blank, unless this is an address change request and the payment remit address is different from the Physical Address and the Mailing Address. This field should be left blank if this is an initial SCR Form submission.
- **Contact's Name** – This field is required. Enter the business contact person's first and last name.
- **Contact's Title** – This field is required. Enter the business contact person's title.
- **Contact Email** – This field is required. This should be the best email address for the person signing the Supplier Change Request (SCR) Form. Enter the complete payment remit to address (street address or P.O. Box, city, state, zip, and county).
- **Primary Phone Number** – Enter the supplier's primary phone number. The supplier must indicate whether the Primary Phone is a landline or a cell phone.
- **Contact's Phone Number** - Enter the direct number of the authorized business contact person. The supplier must indicate whether the Contact Phone is a landline or a cell phone.
- **Driver's License Number and State** – This is optional. This should be the driver's license number and state for an individual contracting with the state.

### Section 2 – Bank Account Information

- **I do not wish to provide banking information** – Must be selected if the organization completing the form (supplier) does not elect to receive their payments via ACH, the supplier should select this option to receive a paper check.
- **ACH is not applicable for the change request** – Must be selected if the organization completing the form (supplier) already receives payment via ACH from the State.
- **Add new bank account** – The grantee must select this option if they are requesting to receive payments via ACH or to add bank account information for a Specific Purpose.
- **Change existing bank account** – The grantee must select this option if they are requesting to change their existing ACH bank information, the supplier MUST select this option. Changing bank information may result in a grantee no longer being able to receive payment via ACH.

- **Name exactly as listed on bank account** - Enter the grantee organization name that is listed on the bank account.
- **Bank name** - Enter the name of the bank where grant payments will be deposited via ACH.
- **Routing Number and Bank Account Number** - These should be the routing number and bank account number where the organization's grant payment should be direct deposited. If you prefer for the payment to be sent by check, then you may leave the routing number and bank account number blank and check the box at the top of this section signifying that your organization elects not to share banking information. If you prefer to receive a check for the grant payment, be sure to confirm that the organization address listed on the SCR Form matches the organization address included in the Contract and is the address where your organization prefers to receive payment.
- **Last four digits of previous bank account number** - Enter the last 4 digits of the bank account number previously provided for payments if your organization currently receives direct deposit payments from the State of Georgia and wishes to change the bank account where grant deposits are sent.
- **Check here if General Bank Account can be used by ALL State of Georgia agencies making payments** – Select this option if your organization receives payments from multiple state agencies and all agencies should use this bank account for deposits.
- **Check here if this account can only be used for a SPECIFIC PURPOSE** – Select this option if the bank account entered here may only be used for a specific purpose and then enter that purpose. You may enter, for example, Georgia Council for the Arts grants, or GCA General Operating Support Grant, or another specific purpose for this bank account.
- **Payment Remit Email Address** - This should be the email address(es) for the person(s) who should be notified when grant payments are made. You may enter up to two (2) email addresses to receive notification of grant payments.
- **Printed Name of Company Officer, Signature, and Date** – The name and signature of the company officer should be the person who provided phone and email information on the SCR Form. The signature must be a physical signature (printed, signed, and scanned) or Adobe certified signature (using Adobe Sign & Certify with a time and date stamp). Typed signatures in a cursive font, typed signatures in a non-cursive font, digitally drawn signatures, Adobe signatures without a time and date stamp, or other signature formats may not be accepted per state accounting rules and the form will be returned to be completed again. In addition, even if the Adobe certified signature includes the name of the person providing the signature and the date, the Printed Name of Company Officer and Date fields must be completed. If these fields are left blank, the form will be returned to be completed again.

**SECTION 3 DIVERSITY IDENTIFICATION (Check ALL That Apply)**

**BUSINESS CERTIFICATIONS**

GA Small Business\*     Women Owned  
 GA Resident Business\*\*     Minority Business Certified  
 Not Applicable

**MINORITY BUSINESS ENTERPRISE (51% ownership)**

Hispanic – Latino     African American  
 Native American     Asian American  
 Pacific Islander     Not Applicable  
 Prefer Not to Answer

**VETERANS OWNED SMALL BUSINESS (Check ALL That Apply)**

Nonveteran Owned Small Business     Veteran-owned Small Business     Service Disabled VOSB     Prefer Not to Disclose

\*Based on Georgia law (OCGA 50-5-21)(3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.  
\*\*Georgia resident business is defined as any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

**SECTION 4 – REQUESTED CHANGE(S) – (Check ALL That Apply)**

1099 Eligible Cannot change to non-eligible if supplier is already 1099 eligible

1099 Addr ID # Agency Liaisons are REQUIRED to enter the AddrID # where to mail 1099

1099 – M Enter Code (Required for Form 1099 – M)

1099 – N  (01 is the only code available for the 1099 – NEC)

Add Additional Address (Enter additional address in Section 1)

Change/Correct Existing Address    Enter Addr ID # to change

Add/Change Payment Alt Name to an existing or new address

Payment Alt Name:

Classification Change: (Agency Liaisons are required to check one for Classification Changes.)

Attorney     HCM     Student     Supplier Non-minority  
 Gov Non-State of GA     Non-Supplier     Supplier Minority

FEI/TIN Change

Statewide Contract (DOAS Use Only)

HCM Vendor

Deactivate Supplier Profile (Agency Liaison MUST attach written justification from the supplier with the SCR.)

Reactivate Supplier Profile

Supplier Name Change

Other (Provided details in the Comments section below)

Comments

**AGENCY USE ONLY SECTION 5: AGENCY LIAISON CERTIFICATION (REQUIRED)**  
By my signature below, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier's name and Tax ID listed above.

AGENCY LIAISON NAME    AGENCY LIAISON SIGNATURE    DATE    BU/Company ID#

Revised 4/2025

**Section 3** is divided into three subsections – **Business Certifications, Minority Business Enterprise, and Veteran-Owned Small Business.** For each subsection, check the appropriate boxes. If none of the Business Certifications apply, check Not Applicable. If none of the Minority Business Enterprise boxes apply, check the box labeled Not Applicable. If none of the Veteran-Owned Small Business boxes apply, check Nonveteran-owned Small Business. All three of these sections must have at least one box selected. If any of the three sections do not have a box selected, then the form will be returned to be completed again.

**Small business** means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.

**Georgia resident business** means any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

**Women-owned businesses** are companies that are 51% owned by women.

**Minority business certified** companies are certified as a **minority business enterprise** or a **minority subcontractor** by submitting an application for the Disadvantaged Business Enterprise (DBE) Certification to GDOT. Only suppliers who have successfully completed the DBE certification process and registered in Team Georgia Marketplace are listed as a “Certified Minority Business Enterprises”.

A **minority business enterprise** represents companies that are 51% owned by a minority.

A **veteran-owned small business** is a state-level designation for small businesses 51% owned and operated by a United States Veteran. A United States Veteran must own or control 100% of the assets of a sole proprietorship, at least 51% of the equity interests in a partnership, at least 51% of the aggregate of all stock outstanding, at least 51% of the membership interests in a limited liability company, 100% of the control of a sole proprietorship, or at least 51% of the control of a general partnership.

#### **Section 4**

In this section, the only item that grantees may need to complete is the Payment Alternate Name. If your organization wants payments to be made to an organization name other than the Supplier Name entered at the top of page 1, then please check the Change/Add Payment Alt Name to existing address box and enter the Payment Alternate Name.

#### **Section 5**

Please **DO NOT COMPLETE OR SIGN** the **signature section** below **Section 5** at the bottom of **page two (2)**, as this section is for state agency use only.

**Please note:** When you scan and upload the Supplier Change Request (SCR) Form, you must include **both pages** of the form.

## Street Address Verification

For new grant recipients, address verification is required to accompany the SCR Form. Eligible documentation includes a lease or deed, an invoice, a legal document, or a screenshot from the organization's registration with the Secretary of State.

## P.O. Box Verification

For new grant recipients with a P.O. Box completed on a second SCR Form, P.O. Box verification is required to accompany the SCR Form. The only eligible documentation is a copy of the lease for the P.O. Box.

## W-9 Form

All grantees that did not receive a grant in FY25, or returning FY25 grantees with organization name or address changes, must complete a W-9 Form.

You will find a link to the W-9 form within the Contract Package Return Form or you can download the form here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>. You must use the form you find via the link and not a copy of a form that you have submitted in previous years. Complete the form and upload it within the Contract Package Return Form.

The following page includes written instructions for the W9 Form. In addition, GCA Grants Specialist Delilah Johnson recorded a video with line-by-line instructions explaining what to enter on the W9 Form. You can access the video here: [How to Fill out W-9 form Audio slide.mp4](#).

In **section 1**, enter the name of your organization. Make sure that the name you enter exactly matches the organization name entered on the Supplier Change Request (SCR) Form.

In **section 2**, if applicable, enter the alternate (DBA) name of your organization. Make sure the name you enter exactly matches the dba Name entered on the Supplier Change Request (SCR) Form.

In **section 3**, because all GCA grant recipients are either a **non-profit organization** or a **government entity**, check **Other**, and then **enter** either "nonprofit organization" or the type of local government entity – such as public library, public school, public college or university, downtown development authority, main street agency, city government, county government, etc.

Skip **section 4**.

In **sections 5 and 6**, enter the address for your organization. The address entered here should exactly match the address entered on the Supplier Change Request (SCR) Form.

Skip **section 7**.

In the section labeled **Part I**, you should enter the Employer Identification Number, or FEIN, for your organization. Do not enter a Social Security Number.

In **Part II**, sign and date the form. The signature must be an actual individual's signature or a date-stamped signature using the Adobe Sign & Certify tool. The date must be current. Forms older than 60 days than the date entered on the form will not be processed and you will be asked to complete the W-9 form again.

Once the W-9 form is completed, please save the form and upload it to the W-9 section of the Contract Package Return Form.

|   |   |   |   |  |   |  |  |
|---|---|---|---|--|---|--|--|
| <p><b>Form W-9</b><br/>(Rev. March 2024)<br/>Department of the Treasury<br/>Internal Revenue Service</p>  | <p><b>Request for Taxpayer<br/>Identification Number and Certification</b></p> <p>Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.</p>   | <p><b>Give form to the requester. Do not send to the IRS.</b></p> |   |  |   |  |  |
| <p><b>Before you begin.</b> For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i>, below.</p>   |   |   |   |  |   |  |  |
| <p>Print or type.<br/>See Specific Instructions on page 3.</p>  | <p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p>   |   |   |  |   |  |  |
|   | <p><b>2</b> Business name/disregarded entity name, if different from above.</p>   |   |   |  |   |  |  |
|   | <p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor                    <input type="checkbox"/> C corporation                    <input type="checkbox"/> S corporation                    <input type="checkbox"/> Partnership                    <input type="checkbox"/> Trust/estate<br/> <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____<br/>                 Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.<br/> <input type="checkbox"/> Other (see instructions) _____             </p> |   |   |  |   |  |  |
|   | <p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>   |   |   |  |   |  |  |
|   | <p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/></p>  |   |   |  |   |  |  |
|   | <p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p>  |   |   |  |   |  |  |
|   | <p><b>6</b> City, state, and ZIP code</p>   |   |   |  |   |  |  |
| <p><b>7</b> List account number(s) here (optional)</p>  |   |   |   |  |   |  |  |
| <p><b>Part I Taxpayer Identification Number (TIN)</b></p> <p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p><b>Note:</b> If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>  |   |   |   |  |   |  |  |
| <p><b>Social security number</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"> </td> <td style="width: 3%; text-align: center;">-</td> <td style="width: 33%; height: 20px;"> </td> <td style="width: 3%; text-align: center;">-</td> <td style="width: 29%; height: 20px;"> </td> </tr> </table>  |   |   | - |  | - |  | <p>Requester's name and address (optional)</p> |
|   | -   |   | - |  |   |  |  |
| <p><b>or</b></p> <p><b>Employer identification number</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"> </td> <td style="width: 3%; text-align: center;">-</td> <td style="width: 33%; height: 20px;"> </td> <td style="width: 3%; text-align: center;">-</td> <td style="width: 29%; height: 20px;"> </td> </tr> </table>   |   |   | - |  | - |  |  |
|   | -   |   | - |  |   |  |  |
| <p><b>Part II Certification</b></p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</li> <li>I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</li> <li>I am a U.S. citizen or other U.S. person (defined below); and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p><b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.</p> |   |   |   |  |   |  |  |
| <p><b>Sign Here</b></p>   | <p>Signature of U.S. person</p>   | <p>Date</p>   |   |  |   |  |  |

## ADA Checklist

All grantees that did not receive a grant in FY25, or returning FY25 grantees that moved to a new facility or conducted major renovations to their facility that impacted accessibility of the facility, must complete the ADA Checklist.

You will find a link to this form within the Contract Package Return Form or you can download the form here: <https://www.dropbox.com/s/o7jpyacdfwvx8u/FY22%20ADA%20Checklist%20-%20GCA%20Grants-%20updated.pdf?dl=0>.

You must use the form you find via the link and not a copy of a form that you have submitted in previous years. Complete the form and upload it within the Contract Package Return Form.

## Residency Verification

This year, GCA's Residency Verification instructions have changed.

- If your non-profit organization received a GCA grant in FY25, you were required to submit a Residency Verification. You do not need to submit another Residency Verification this year.
- If your non-profit organization has employees and did not receive a GCA grant in FY25, the organization must register with E-Verify and submit an affidavit (Appendix C in your contract) certifying that the grantee uses the federal work authorization program.
- If your non-profit organization does not have employees and did not receive a GCA grant in FY25, then you must complete and submit a form (Appendix D in your contract) verifying that your organization does not have employees and submit a copy of a driver's license or Passport for the person who signs the contract.
- If your organization is a government entity, a school, a public library, or a public college or university, you do not have to submit any type of residency verification

## Residency Verification for Non-Profit Organizations with Employees

E-Verify registration instructions:

- Go to: <https://www.e-verify.gov/>
- Click on "I am an employer"
- Click on "learn how to enroll" if you are not already registered
- Click on "enroll now" and follow the steps to enroll in E-Verify

Complete the Contractor Affidavit form at [Georgia Department of Audits : Information/Resources](#).

This form asks you to confirm that your organization is registered with and utilizing E-Verify, a web-based system that allows enrolled employers to confirm the eligibility of their employees to work in the United States. By signing the form, grantees are confirming that:

- The organization is using and will continue to use E-Verify for the duration of the grant contract
- The organization will notify GCA if it ceases to use E-Verify
- The organization will only use subcontractors who are approved by E-Verify
- The organization will provide documentation to the state of Georgia regarding the legal status of employees or subcontractors if requested by the state.

For additional information, go to <https://law.justia.com/codes/georgia/2010/title-13/chapter-10/e/13-10-91>.

Affidavit instructions:

- Use Appendix C attached to the contract or click the link to access the affidavit certifying that the grantee uses the federal work authorization program: [https://www.audits2.ga.gov/wp-content/uploads/2021/10/Contractor Affidavit - Updated December 2018 - Final.doc](https://www.audits2.ga.gov/wp-content/uploads/2021/10/Contractor_Affidavit_-_Updated_December_2018_-_Final.doc).
- Download and save the affidavit.
- Read and sign the affidavit and have the document notarized at the time it is signed.
- **“Federal Work Authorization User Identification Number”** is the Employer ID number issued by E-Verify. This is NOT the user login ID and is NOT the organization’s FEIN number.
- **“Name of Contractor”** is the name of your organization.
- **“Name of Public Employer”** is Georgia Council for the Arts.
- **“Name of Project”** should be the name of the grant– FY26 Cultural Facilities Grant.
- Upload the signed and notarized affidavit to the online Contract Package Return Form.

### **Residency Verification for Non-Profit Organizations without Employees**

If your organization is required to submit Residency Verification and your organization has no employees (that is, no one receives a W2 from your organization), the person who signs the contract should submit a copy of his/her driver’s license, Passport, or other authorized document, and complete and submit a form certifying that your organization has no employees. The form can be found in Appendix D attached to the contract or at the following link:

<https://www.dropbox.com/scl/fi/x677nnayl5li7zf7kfeo/Certification-of-No-Employee-FILLABLE-FORM.pdf?rlkey=89ol97l6g7zsf7u5nm9r4bbig&st=3sq59vrj&dl=0>.

### **Corrections and Stipulations Memo (C&S Memo)**

If a grantee’s application has errors, omissions, and/or provides incomplete or confusing information, that grantee will receive a C&S Memo which details the information that must be provided to GCA before the grant contract will be executed. The C&S Memo and the grantee’s response will become part of the binding contract with the state. If the C&S Memo states that no response is needed, then the applicant does not have to return anything to GCA with the contract related to the C&S Memo.

### **Contractor’s Request for Reimbursement (CRR) Form**

In order to receive grant funds, a grantee must submit a Contractor’s Request for Reimbursement (CRR) Form. Grantees may request 90% of the grant during the grant year, and the final 10% will be requested when the Final Report is submitted.

For grantees with organization budgets above \$500,000 and a requirement of a 100% matching income amount for the grant award, any time after expenses are at least double the amount being requested.

For grantees with organization budgets below \$500,000 and a requirement of a 50% matching income amount for the grant award, any time after expenses are at least 50% more than the amount being requested.

CRR Forms submitted for Cultural Facilities Grants must include receipts equal to the total expenses incurred for the contract to date.

You will find a link to the CRR Form within the Contract Package Return Form. The CRR Form also can be found online: <https://gaarts.org/grants/cultural-facilities-grant/>.

Please note the following:

- The address on the CRR Form must match the address that was submitted on the Supplier Change Request (SCR) Form.
- The CRR Form may be submitted along with the contract as long as enough expenses have been accrued to meet the requirements detailed above.
- CRR Forms should be e-mailed to Director of Grants and Research Allen Bell at [abell@gaarts.org](mailto:abell@gaarts.org).
- The CRR Form for the final grant payment should be submitted along with the final report.
- No CRR Form will be processed if requirements from the preceding fiscal year, the Contract Package, or the Final Report are outstanding.

## REQUIREMENT TO OBTAIN A SAM UEI

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The federal government, including the National Endowment for the Arts (NEA), has transitioned from using DUNS numbers as their unique entity identifier (UEI) to using a new identifier, known as a **SAM UEI**. Because GCA is funded in part by the NEA, we are also required to transition to using the SAM UEI. **Going forward, a SAM UEI is required to process all GCA grant applications, contracts, payments, and final reports.**

**GCA CANNOT ISSUE ANY FY26 GRANT PAYMENTS OR FINALIZE FY26 GRANT CONTRACTS UNTIL YOUR ORGANIZATION HAS ENTERED A VALID SAM UEI IN GCA'S ONLINE GRANT SYSTEM.** We urge you to go ahead and sign up for a SAM UEI to prevent any delay in grant payments.

**If you attempt to register for a SAM UEI and are required to file an incident report, please let GCA know by forwarding the email confirmation of your incident report to your grants manager. In the case that there is a delay in obtaining your SAM UEI, this documentation will be required to move forward with processing FY26 grant payments.**

All GCA grant recipients are required to register for a SAM UEI through <http://SAM.gov> and enter that number in the appropriate section for the organization's account in GCA's online grant system at <http://gaarts.org/apply>.

- For grantees and applicants that already receive funding directly from the federal government, your organization already has a SAM UEI. Log in to <http://SAM.gov>, copy the organization's SAM UEI, and enter that number into the SAM UEI field for the organization's registration within GCA's online grant system.
- For grantees and applicants that do not already have a SAM UEI, go to <http://SAM.gov> and register your organization.

There may be a delay in the process to obtain your SAM UEI if your organization is not already in the SAM.gov system, so **please do not put off beginning the process to obtain a SAM UEI.** Please note, as you create a SAM.gov registration, GCA requests that you select the option to make your record public so that we can view your record and confirm that your SAM UEI is correct.

Registering in SAM.gov and obtaining a SAM UEI is free. You should never have to pay to obtain a SAM UEI. If an entity proposes charging your organization to obtain a SAM UEI, it is likely to be a scam and you should cease communicating with that entity.

**Once you obtain a SAM UEI for your organization, enter that number into the SAM UEI field for the organization's registration in GCA's online grant system** at <http://gaarts.org/apply>. Once you log in, go to the Applicant Dashboard. To the far right, you will see a pencil icon within the Organization information section. Click on the pencil icon and scroll down to the UEI/SAM Number field to enter your SAM UEI. After entering the SAM UEI, click on the Save button at the bottom of the page.

If you need assistance, you can refer to [How Organizations Can Obtain a SAM-UEI Number](#), which includes more specific details and instructions.

**If your organization needs technical assistance with obtaining a SAM UEI or resolving an incident report**, contact the [Federal Service Desk](#) (FSD.gov) by phone (866-606-8220) or online through "Live Chat" or "Create an Incident". Hours of operation are Monday-Friday, 8 a.m. to 8 p.m. ET. Please note that there may be a wait time for phone and Live Chat assistance.

If you have questions, please reach out to Allen Bell, Director of Grants and Research, at [abell@gaarts.org](mailto:abell@gaarts.org) or 404-962-4839.

Thank you in advance for obtaining a SAM UEI and entering the identifier into your organization's record in GCA's online grant system. This will help GCA continue to provide grant funding to your organization and to support arts programs throughout the state.

## DURING THE YEAR

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This section addresses things that you should keep in mind during the grant year.

### **Change of Information**

Keeping your online account information up-to-date is important to ensure that you are receiving notifications from GCA regarding your grant and that your grant payments are sent to the correct location.

Grantees must complete a Change of Information Form if there are any changes to an organization's:

- Phone number
- Address
- Contact person
- Authorized officials

Grantees should complete the Change of Information Form within GCA's online grant system at <http://gaarts.org/apply>. After logging in, click on the Apply tab at the top of the page and scroll down to the Change of Information Form and click on the Apply button.

Please allow up to four weeks for GCA to make the changes in your account. We will notify you if we have questions and when the changes have been made.

### **GCA Logo and Crediting Requirements**

#### **Printed Credit**

GCA requires all grantees to recognize GCA in all materials, publications, and programs that are supported by state funds and in which other funders are credited. This includes programs, newsletters, brochures, fliers, ads, calendars, posters, press releases, films, videotapes, websites and all electronic transmissions.

The GCA logo must be reproduced in the same size and proportion as that of other sponsors. It must be reproduced as it is provided, without alteration.

If there is no printed material associated with a program, oral credit must be given. The statement below must be provided before the event or performance, and during any radio broadcast or audiotape for the hearing impaired.

*"This program is supported in part by Georgia Council for the Arts through the appropriations of the Georgia General Assembly. Georgia Council for the Arts also receives support from its partner agency – the National Endowment for the Arts."*

## GCA Logo Links

- [GCA Full Color Logo - Transparent Background](#)
- [GCA Full Color Logo - White Background](#)
- [GCA All Black Logo](#)
- [GCA All White Logo](#)

## NEA Credit

GCA receives significant funding from the National Endowment for the Arts. Grantees should recognize the NEA on their materials in addition to, but not instead of, the GCA logo. Visit the [NEA website](#) for access to the logo.

## Letters to the Governor and State Legislators

GCA wants the Governor and our state legislators to be aware of the work of our grantees, as well as the impact of your GCA grant. All FY26 GCA grantees are required to write a letter to the Governor and both of their state legislators (one State Senator and one State House Representative) which includes the following information:

- the number of people served by the organization
- the ways that the organization serves its community
- the ways that the GCA grant will better enable the organization to serve its community
- an invitation to the funded program(s) (if applicable)

Letters to the Governor should be addressed to:

Governor Brian P. Kemp  
206 Washington Street  
Suite 203, State Capitol  
Atlanta, GA 30334

If you need contact information for your state legislators, go here:

[https://openstates.org/find\\_your\\_legislator/](https://openstates.org/find_your_legislator/). On this page, enter the physical address for the organization receiving the grant, including street address, city, state, and zip code, and then click Search by Address. The results will include your State Representative (lower chamber) and your State Senator (upper chamber). Click on the elected official's name to access their mailing address and email address.

Grantees will be required to submit copies of the letters to the Governor and State Legislators with their Final Reports.

## Unused Funds

Grantees may be unable to use some or all of the grant funds awarded due to a variety of reasons, such as inability to meet the required income match or the arts programming has been cancelled. Regardless of the reason, **GCA must be notified by March 1, 2026, about funds that will not be utilized.** With enough advance notice, GCA may reallocate the funds for other arts programming.

If GCA is not informed about unused funds well in advance of the end of the fiscal year on June 30, 2026, then our agency must return the funds to the state and may not reallocate the funds to another arts organization.

## **Project Changes**

If the project and/or goals that were outlined in your original application change significantly during the grant year, contact your grant manager to discuss the changes. GCA understands that sometimes the scope of a project changes. While this is not always problematic, sometimes the changes take the project too far away from what was approved by the panel in the application.

**Discussing changes with GCA early in the process will allow time to make any adjustments needed** to avoid penalties for not fulfilling the project as outlined in the application.

## **Grant Change Form**

Organizations that need to make changes to their funded projects should complete the FY26 Grant Change Form within GCA's online grant system. A change form must be assigned by GCA staff. If you need to change your funded project, please contact the appropriate grant manager.

While GCA will allow changes to the program, the revised program must still serve the same audience and purpose as the original program, and must meet the same financial requirements as the original grant, such as matching income and minimum expenses.

GCA will consider the following requests for changes:

- **Change of Date:** Grantees may change the date of their project as long as it is completed by June 30, 2026.
- **Change of Vendor or Contractor:** GCA will consider requests to change the vendor or contractor; however, the project must continue to fulfill the original project described in the application.
- **Cancellation:** If the funded project cannot take place, and the option is not available to postpone the project or work with a new vendor or contractor to complete the work, the grantee can cancel the project. Grantees that cancel a project will not be able to receive any funds from the grant as the funds will be reallocated to other projects.

Once the change form is submitted, GCA will be in touch to notify the organization whether or not the change is approved.

## **FINAL REPORT**

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**This section addresses your Final Report and other things you should keep in mind at the end of the year.**

Final Reports are required of all GCA grantees. All final reports are due 30 days after the completion of the project. For grantees with project completion dates of June 30, 2026, the final report is due no later than July 31, 2026, which is 30 days after the end of the funding period.

Final report instructions will be available on GCA's website on the page for each grant type: <https://gaarts.org/grants/cultural-facilities-grant/>.

If the Final Report is not submitted by the deadline, grant panels in the following year will be notified that the grantee did not fulfill the terms of the grant contract.

### **Goals**

In the Final Report, grantees will report on the progress they made accomplishing the goals that were outlined in the application.

### **Match Requirements**

For grantees with organization budgets above \$500,000 and a requirement of a 100% matching income amount for the grant award, total project expenses must be at least double total grant award.

For grantees with organization budgets below \$500,000 and a requirement of a 50% matching income amount for the grant award, total project expenses must be at least 50% more than the total grant award.

The matching funds must be received by the grantee by June 30, 2026.

Failure to raise the cash match results in cancellation of the unmatched portion of the award.

In-kind contributions of goods, services, or space are not allowed to be included as part of the match.

### **Total Expenses**

GCA will not reimburse an organization more than 50% of total expenses for FY26 Cultural Facilities Grant recipients with organization budgets above \$500,000. For instance, if an organization is awarded a Cultural Facilities Grant of \$10,000, but the final report shows that the organization only had a total of \$18,000 in expenses, the organization will only receive \$9,000 of the total grant amount.

GCA will not reimburse an organization more than two-thirds (2/3) of total expenses for FY26 Cultural Facilities Grant recipients with an organization budget of less than \$500,000. For instance, if an organization is awarded a Cultural Facilities Grant of \$5,000, but the final report shows that the organization only had a total of \$6,000 in expenses, the organization will only receive \$4,000 of the total grant amount.

### **Ineligible Expenses**

The complete list of ineligible expenses is included below. This list is comprised of previous and new ineligible expenses. All grant recipients agree that no portion of grant funds will be utilized for

the following expenses:

- Capital Expenditures/Equipment, which are permanent fixtures or equipment with a useful life of over one year that cost more than \$10,000 or the capital level cost established. This included:
  - Buildings or real estate/land purchases
  - Construction, renovations or improvements involving structural changes
  - Roads, driveways, parking lots or projects/repairs
  - Permanent or generally immobile equipment
- Fundraising event expenses, as well as general fundraising expenses
- Programming outside of Georgia
- Programs that are not arts-based
- Tuition for college/university study
- Scholarships, gifts, prizes, or awards. This includes cash prizes, gift certificates/gift cards, or any other cash equivalents with monetary value
- Endowment funds or cash reserves
- Debt and interest associated with capital expenditures
- Depreciation
- Bad debt, fines and penalties or deficit reduction
- Alcohol, concessions, food, or drinks
- Entertainment expenses, such as receptions, refreshments, staff or cast parties, staff awards, flowers, etc.
- Late registration fees for conferences
- Fees paid to lobbyists, lobbying activities
- Goods for resale, including concessions, promotional merchandise, clothing, or other items purchased for sale
- Improvements to arts facilities that also serve as private residences
- Severance pay, legal settlements
- Travel and accommodation expenses that are over the rate allowed by the state of Georgia (see <http://gsa.gov/portal/category/100120> for a breakdown of travel rates)
- Any air travel not on a U.S. flag air carrier or a foreign air carrier under an air transport agreement with the United States when these services are available
- Prohibited telecommunications and video surveillance services and equipment produced by Huawei Technologies Company or ZTE Corporation or any subsidiary or affiliate of such entities
- Audit costs that are not directly allocable to a federally required Single Audit
- Contributions or donations to other entities
- Rental costs for home office workspace owned by individuals or entities affiliated with your organization
- Vehicle purchase costs
- Visa costs paid to the US Government
- Any expenses labeled as miscellaneous, other, additional expenses, discretionary expenses, slush fund, etc.

## QUESTIONS

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Please contact **Director of Grants and Research Allen Bell** ([abell@gaarts.org](mailto:abell@gaarts.org) or 404-962-4839) if you have any questions about your FY26 Cultural Facilities Grant. We know that there are a lot of steps involved with the grant process and we are happy to answer any questions that you have.