

DCA Applicant Form 1

**Georgia Department of Community Affairs
CDBG Application Summary**

Application is hereby made for CDBG Funding under the Housing and Community Development Act of 1974, as amended, and the Georgia CDBG Program Regulation of 1982, as amended.

Leave blank - For DCA use only

Date Received:

Application Number:

| Legal Applicant/Recipient | Grant Writer/Contact Person | Grant Administrator (if known) |
|---|-----------------------------|--|
| 1. Name of Applicant: | 7. Contact Person: | 13. Contact person: (Check if same as 7.) <input type="checkbox"/> |
| 2. Project Block Group ID(s): | 8. Job Title: | 14. Job Title: |
| Applicant DUNS #: | 9. Agency: | 15. Agency: |
| 3a. Project Longitude: 3b. Project Latitude: | 10. Address: | 16. Address: |
| 4. Project Address: | | |
| 5. Email: | 11. Email: | 17. Email: |
| 6. Telephone Number: | 12. Telephone Number: | 18. Telephone Number: |

| 19. Brief Title and Description of Program: | Type of Applicant (check one) |
|---|--|
| | 20. City Applicant <input type="checkbox"/> |
| | 21. County Applicant <input type="checkbox"/> |
| | 22. Joint Applicant <input type="checkbox"/> |
| | 23. Regional Applicant <input type="checkbox"/> |
| | If this is a submission by joint or regional applicants, please attach a copy of your cooperating agreement. |
| | 24. Location Map Enclosed: <input type="checkbox"/> Check |
| | 25. Program Duration: _____ Months |
| 26. Program period from: Month _____ Date _____ Year _____ to: Month _____ Date _____ Year _____ | 27. Total CDBG Funds Requested CDBG: \$ _____ |

| | |
|---|---|
| 28. Application Type <input type="checkbox"/> CDBG Program Category (check as appropriate) Multi-Activity <input type="checkbox"/> Single Activity - Housing <input type="checkbox"/> Single Activity - Public Facilities <input type="checkbox"/> Single Activity - Economic Development <input type="checkbox"/> | 29. I, the undersigned authorized representative of the applicant, certify that to the best of my knowledge and belief: the data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and I have been authorized to execute the application and accompanying documents and assurances. _____ Signature of authorized representative |
|---|---|

30. Type Name and Title of Certifying Representative, and Date of Signature:

Name: _____

Title: _____

Date: _____