

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. Applicant Address:	8. Job Title:	14. Job Title:
Applicant DUNS #:	9. Agency:	15. Agency:
3a. Project Census Tract(s): 3b. Block Group(s):	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
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30. Type Name and Title of Certifying Representative, and Date of Signature:

Name: _____

Title: _____

Date: _____