## DCA Applicant Form 13

## Georgia Department Of Community Affairs CDBG Innovative Grant Program Disclosure Report

	Part I – Applicant/Recip	ient Informati	on		
1.	Name of CDBG Applicant or Recipient:				
2.	Indicate if this is:	<u> </u>			
3.	Grant Number (if Updated Report):	<del>-</del>			
4.	Project Funding:				
	a. CDBG Amount Requested or Received:	\$			
	b. Program Income to be used:	\$			
	c. TOTAL CDBG Assistance:	\$			
	Part II – Threshold D	etermination			
			Yes	No	
1.	Does the amount listed above at Part I, 4c exceed \$200,000?				
2.	Have you received or applied for any other HUD assistance that when added to 4c exceeds \$200,000?		٥		
	he answer to either Part II, 1 or Part II, 2 is YES, then you closure Report (you do not need to sign below, signature in this			nainder (Par	rt III through VI) of the
If the answer to <u>both</u> Part II, 1 <u>and</u> Part II, 2 is NO, then you are not required to complete the remainder of this Report, BUT you must sign the following Certification and include the Report in your Application for CDBG and/or CHIP assistance.					
CE	RTIFICATION				
I hereby certify that this information is true:					
(Si	gnature of Certifying Official) (Date)				
(Ty	rped or Printed Name and Title)				

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If this is an Updated Report:  1) Check this box, 2) Provide CDBG Recipient:				
Name:	· · · · · · · · · · · · · · · · · · ·			
Grant #:3) Certifying Official must sign l	below.			
PART I	II – Other Government Assi	stance Applied For and/or P	rovided	
Provide the information below fo be used in conjunction with the C		ocal governmental assistance	on-hand or applied for, that will	
Name of Agency Providing or to Provide Assistance	Program Name	Type of Assistance	Amount Requested or Provided	
I hereby certify that this inform	nation is true and correct: (No	te: Sign only if this is an updat	ed page)	
Signature of Certifying Official Date				
(Typed or Printed Name and Title)				

If this is an Updated Report:				
,	Check this box, Provide CDBG Recipient:			
	Name:			
	Grant #:	_		
3)	Certifying Official must sign below.			

PART IV – Interested Parties				
List of all persons or entities with a reportable financial interest in the project (See instructions)	Social Security # or Employer ID #	Type of Participation	Financial Interest (Amount and Percent of Total Project Cost)	
I hereby certify that this information is true and correct: (Note: Sign only if this is an updated page)				
Signature of Certifying Official		Date		
(Typed or Printed Name and T	itle)		DCA Form 42 (2020) v 04	

If this is an Updated Report:				
<ol> <li>Check this box,</li> <li>Provide CDBG Recipient:</li> </ol>				
,				
Name:				
Grant #:				
Certifying Official must sign below.				
Part V – Expected S	ources and Uses of All Funds			
This Part requires that you identify the sources and uses of a				
other funds that may or will be used for the Project.				
Source	Use			
Part VI – CI	RTIFICATION			
I hereby certify that the information provided in the Disclosure Report is true and correct and I am aware that any false information or lack of information knowingly made or omitted may subject me to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, I am aware that if I knowingly and materially violate any required disclosure of information, including intentional nondisclosure, I am subject to a civil monetary penalty not to exceed \$10,000 for each violation.				
(Signature of Certifying Official) (Date)	<del></del>			
(Date)				
(Typed or Printed Name and Title)				