

**Georgia Department Of Community Affairs
CDBG-MIT Program
Disclosure Report**

Part I – Applicant/Recipient Information

1. Name of CDBG-MIT Applicant: _____

2. Indicate if this is: Initial Report Updated Report

3. Grant Number (if Updated Report): _____

4. Project Funding:

a. CDBG-MIT Amount Requested or Received: \$ _____

b. Program Income to be used: \$ _____

c. TOTAL CDBG-MIT Assistance: \$ _____

Part II – Threshold Determination

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does the amount listed above at Part I, 4c exceed \$200,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you received or applied for any other HUD assistance that when added to 4c exceeds \$200,000? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to either Part II, 1 or Part II, 2 is YES, then you must complete the remainder (Part III through VI) of the Disclosure Report (you do not need to sign below, signature in this case is in Part VI).

If the answer to both Part II, 1 and 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-MIT assistance.

CERTIFICATION

I hereby certify that this information is true:

(Signature of Certifying Official)

(Date)

(Typed or Printed Name and Title)

If this is an Updated Report:

- 1) Check this box,
2) Provide Recipient:

Name: _____

Grant #: _____

- 3) Certifying Official must sign below.

PART III – Other Government Assistance Applied For and/or Provided

Provide the information below for any other federal, state or local governmental assistance on-hand or applied for, that will be used in conjunction with the CDBG-MIT grant.

Name of Agency Providing or to Provide Assistance	Program Name	Type of Assistance	Amount Requested or Provided

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 Title)

If this is an Updated Report:

- 1) Check this box,
2) Provide 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 Title)

If this is an Updated Report:

- 1) Check this box,
2) Provide Recipient:

Name: _____

Grant #: _____

- 3) Certifying Official must sign below.

Part V – Expected Sources and Uses of All Funds

This Part requires that you identify the sources and uses of all assistance for the project, including CDBG-MIT, CDBG, CHIP and/or any other funds that may or will be used for the Project.

Source	Use

Part VI – CERTIFICATION

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)

(Typed or Printed Name and Title)