		DO	CA Applicant Form	n 13			Reset For
		Georgia De	epartment Of Comm CDBG-DR Program		fairs		
			Disclosure Repor				
		Part I – A	pplicant/Recipient l	nformat	tion		
1.	I	lame of CDBG-DR Applicant:					
2.	I	ndicate if this is: Initial Report 🗅	Updated Report				
3.	(	Grant Number (if Updated Report):					
4.	I	Project Funding:					
	á	a. CDBG-DR Amount Requested or Received	d:	\$			
	I	Program Income to be used:		\$			
	(	. TOTAL CDBG-DR Assistance:		\$			
		Part I	I – Threshold Deterr	nination	1		
					Yes	No	
1.	I	Does the amount listed above at Part I, 4c exc	eed \$200,000?				
2.	I	lave you received or applied for any other HI hat when added to 4c exceeds \$200,000?					
		e answer to either Part II, 1 or Part II, 2 is ` osure Report (you do not need to sign below				ainder (Par	t III through VI) of the
		answer to <u>both</u> Part II, 1 <u>and</u> Part II, 2 is N you must sign the following Certification and					
С	ER	TIFICATION					
۱h	er	eby certify that this information is true:					
-							
(S	igı	ature of Certifying Official)	(Date)				
(T	ур	ed or Printed Name and Title)					
						Page 1 of 4	DCA Form 13 (2019) v.(

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-DR grant.						
					Name of Agency Providing or to Provide Assistance	Program Name
I hereby certify that this information is true and correct: (Note: Sign only if this is an updated page)						
Signature of Certifying Officia	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			
	 Title)				

Check this box, 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 an CHIP and/or any other funds that may or will be		ce for the project, including CDBG-DR, CDBG,
Source		Use
	Part VI – CERTIFICA	TION
false information or lack of information know	ingly made or omitte tates Code. In additi n, including intentio	eport is true and correct and I am aware that any ed may subject me to civil or criminal penalties ion, I am aware that if I knowingly and materially onal nondisclosure, I am subject to a civil
(Signature of Certifying Official)	(Date)	
(Typed or Printed Name and Title)		