DCA 13

Georgia Department Of Community Affairs CDBG-DR Program Disclosure Report

				Part I –	· Applicant/Recip	ient Inf	formatio	n				
1.	. Name of CDBG-MIT Applicant:											
2. Indicate if this is: Initial Report □			Updated Report	•								
3.	3. Grant Number (if Updated Report):											
4.	. Project Funding:											
a. 2018 CDBG-DR Amount Requested o Received:			ested or									
	b. Program Income to be used: \$\$											
	C.	TOTAL 2018 C	CDBG-DR Assist	ance:			Φ					
	Part II – Threshold Determination											
								Yes	No			
1.	Do	es the amount l	isted above at Pa	art I, 4c e	xceed \$200,000?				ū			
2. Have you received or applied for any other HUD assistance that when added to 4c exceeds \$200,000?				HUD assistance				٠				
					s YES, then you ow, signature in th				nainder (F	art III thro	ugh VI) of	f the
					NO, then you are							ort,
CE	RTI	FICATION										
I hereby certify that this information is true:												
(Signature of Certifying Official)				(Date)	-							
(T)	/ped	l or Printed Nam	ne and Title)									

Page 1 of 4 DCA 13 (2019) v.01

		7			
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 Assis	stance Applied For and/or Pro	vided		
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 2018 CDBG-DR 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)					
The state of the s					
Signature of Certifying Offic	ial	Date			
(Typed or Printed Name on	d Title)				
(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						
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 UpdatedReport:				
1) Check this box,				
2) Provide Recipient:				
Name:				
Grant #:				
3) 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 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 – CE	RTIFICATION			
I hereby certify that the information provided in the Discletion false information or lack of information knowingly made				
under Section 1001 of Title 18 of the United States Code.				
violate any required disclosure of information, including monetary penalty not to exceed \$10,000 for each violatio				
(Signature of Certifying Official) (Date)				
(Typed or Printed Name and Title)				