

Georgia Department of Community Affairs

**CDBG-DR Program
Budget Analysis**

Applicant: _____

Original Amendment, dated: _____

1 Name/Number	2 Itemized Unit Costs	3 CDBG-DR Funds	4 Leverage	5 Source (Leverage)	6 Total Cost
7a Subtotal					
7b Grand Total (if final page)					

8. Additional Narrative for Match and Leverage Funds:

(Check here if continued on additional page(s) and attach) Page ___ of ___ Pages