

**Local Government Approval**

This form is required for Emergency Shelter applications only.

<b>To:</b>	Georgia Department of Community Affairs
<b>Subject:</b>	2024 Application for Emergency Solutions Grants Program (ESG)
<b>Applicant:</b>	<b>HMIS Agency Name:</b>

Based on a review of the application and/or supporting documents submitted by the above named applicant –

1. The projects named below are within the jurisdiction of this local government; and
2. The projects are approved for funding consideration by DCA.

Project Name	Project Type – Emergency Shelter	HMIS Project Name	Amount Requested
		<b>Total DCA Funds Requested:</b>	

In making this approval, we reserve the right to withdraw it, in whole or in part, at any time.

\_\_\_\_\_

Name of Approving Local Government

By: \_\_\_\_\_

\_\_\_\_\_

Name of Authorized Official      Signature of Authorized Official      Date

*Note that local government approval is required by law for nonprofit ESG applicants seeking emergency shelter funding. Local boards and authorities are encouraged to collaborate and plan with local governments, Continuums of Care and other organizations that serve persons experiencing or at risk of homelessness, but do not have to obtain official local approval. Please return executed approval to Applicant. This format is designed and ESG is administered by the Office of Homeless and Special Needs Housing, GA Department of Community Affairs (DCA), 60 Executive Park South, NE, Atlanta, GA 30329. DCA Contact: LaDrina Jones, (470) 303-9865 email LaDrina.Jones@dca.ga.gov*