****

# EQUITY FUND PRE-APPLICATIONOnce complete, save and submit to OGA@dca.ga.gov.

# Name of Pre-applicant:

|  |  |
| --- | --- |
| Pre-applicant Name: |  |

# If Joint Pre-applicant, List Other Pre-applicants:

|  |  |
| --- | --- |
| Joint Applicant #1: |  |
| Joint Applicant #2: |  |
| Joint Applicant #3: |  |
| Joint Applicant #4: |  |
| Joint Applicant #5: |  |

# Address of Primary Pre-applicant:

|  |  |
| --- | --- |
| Physical Street Address: |  |
| City: |  |
| State: |  |
| Zip: |  |

# County Where Project Will Take Place:

|  |  |
| --- | --- |
| County: |  |

# Contact Info of Applicant Preparer:

|  |  |
| --- | --- |
| Last: |  |
| First: |  |
| Title: |  |
| Phone: |  |
| Email: |  |

# Contact Info of Sub-recipient/Business Contact:

|  |  |
| --- | --- |
| Last: |  |
| First: |  |
| Title: |  |
| Phone: |  |
| Email: |  |

# Project Type:

Type of Project:

|  |  |
| --- | --- |
| Start Date: |  |
| Completion Date: |  |

# Total Project Cost:

|  |  |
| --- | --- |
| Project Cost: |  |

# Total Amount of OneGeorgia Funding Requested:

|  |  |
| --- | --- |
| Amount Requested: |  |
| Loan or Grant |  |

# Describe the scope of the project including each activity, overall strategy, readiness issues and the need for financial assistance.

|  |
| --- |
|  |

# Identify where the proposed OneGeorgia investment will take place, intended beneficiaries and how it will positively impact the economic conditions in your area.

|  |
| --- |
|  |

# Identify all entities (public and private) involved in carrying out the project and describe specific roles of each participating entity.

|  |
| --- |
|  |

# Discuss the status of project financing as outlined below.

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Source | Source Amount | Use | Use Amounts |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Source Amount:** |  | **Total Use Amount:** |  |

I certify by my typed signature above that I am authorized to file this application on behalf of the Local Governments/Pre-applicant and that the information submitted herein has been reviewed and verified by me and the person listed below and is true and correct in all respects.

The typed versions of the names are being accepted as the original signatures pursuant to the Georgia Electronic Records and Signature Act. (O.C.G.A. Section 10-21-1, et. Seq.)

# Local Governing Body Official (i.e., Chairman, Mayor) Authorized to Review Pre-Application:

|  |  |
| --- | --- |
| Last: |  |
| First: |  |
| Title: |  |

**Once complete, save and submit to** OGA@dca.ga.gov**.**