

ONEGEORGIA AUTHORITY

EQUITY FUND RURAL WORKFORCE HOUSING INITIATIVE PRE-APPLICATON

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

Name of Pre-applicant:

Primary Point of Contact:

Address:

Email:

Phone Number:

Name of Developer:

Primary Point of Contact:

Address:

Email:

Phone:

Primary Financial Institution:

Primary Point of Contact:

Address:

Email:

Phone:

Application Preparer:

Primary Point of Contact:

Address:

Email:

Phone:

Parcel ID(s) or Address(es) of Property to be Developed:

Physical Street Address:

City:

State:

Zip:

Project Type:

Type of Project Proposed (Infrastructure/Construction Financing/Combination):

Scope of Project:

Number of units, types of units, price point(s), etc.:

Estimated Start Date/Completion Date

Include infrastructure, housing, phases if applicable, etc.:

Project Readiness:

Address property control, zoning, architectural/engineering plans, permits, status of financing, etc.:

Total Project Costs:

Address at a minimum acquisition, infrastructure, housing construction, other:

Total Amount of OneGeorgia Funding Requested:

Amount Requested:

Loan or Grant:

Describe the need for OneGeorgia assistance.

Identify all anticipated benefits from undertaking this project.

Identify all partners participating in the project (identify, provide experience of each partner, role of each partner, etc.)

Complete the below Source/Use Table:

Source	Source Amount	Use	Use Amounts
Total Source Amour	nt:	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:

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