

DCA Applicant Form 1

**Georgia Department of Community Affairs
CDBG/EIP Application Summary**

Application is hereby made for an Employment Incentive Program (EIP) award under the Housing and Community Development Act of 1974, as amended, and the Georgia CDBG Program Regulation of 1982, as amended.

Leave blank - For DCA use only

Date Received:

Application Number:

Legal Applicant/Recipient	Implementing Agency	Proposed Subrecipient/Business
1. Name of Applicant:	7. Name of Agency:	11. Name of Business:
2. Applicant Address:	8. Contact Person:	12. Contact Person:
Applicant UEI #:	Job Title:	13. Address:
	9. Address:	
3. Telephone Number: Email:	10. Telephone Number:	14. Telephone Number:
4. County:		Census Tract Number:
5. State House District(s):	10. Telephone Number:	Census Block Group Number
6. State Senate District(s):	Email:	

15. Brief Title and Description of Program:	Type of Applicant (check one)
	16. City Applicant <input type="checkbox"/>
	17. County Applicant <input type="checkbox"/>
	18. Joint Applicant <input type="checkbox"/>
	19. Regional Applicant <input type="checkbox"/>
	<small>If this is a submission by joint or regional applicants, please attach a copy of your cooperating agreement.</small>
	20. Location Map Enclosed: <input type="checkbox"/>
	21. Program Duration: _____ Months
22. Program period from: Month ___ Date ___ Year ___ to: Month ___ Date ___ Year ___	23. Total CDBG/EIP Funds Requested CDBG/EIP: \$ _____

24. Application Type <input checked="" type="checkbox"/> CDBG/EIP Program Category (check as appropriate) * Note: This Form, DCA-1EIP, is for use with the Employment Incentive Program* Activity - Economic Development <input checked="" type="checkbox"/>	25. I, the undersigned authorized representative of the applicant, certify that to the best of my knowledge and belief: the data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and I have been authorized to execute the application and accompanying documents and assurances. _____ Signature of authorized representative
---	---

26. Type Name and Title of Certifying Representative, and Date of Signature:

Name: _____

Title: _____

Date: _____