

# DCA Applicant Form 6

**Georgia Department of Community Affairs  
CDBG/EIP Program  
Low and Moderate Income and Civil Rights Benefit Calculation**

Applicant: \_\_\_\_\_  
 Original       Amendment, dated: \_\_\_\_\_

1	2	3	4	5	6	7	8
CDBG/EIP Activity Number	Total Number of Persons the Activity will serve	Total Number of Minorities the Activity will serve	Total Number of Non-Minorities the Activity will serve	Number of Low and Moderate Income Persons the Activity will serve	Percent of Persons Who have Low and Moderate Incomes	Amount of CDBG/EIP Funds requested for the Activity	Amount of CDBG/EIP Funds to benefit Low and Moderate Income Persons

Describe Methodology. (See Instruction for Required Information. Attach Additional Sheets if needed, and a copy of the Survey Form if one is used.)

**9 TOTAL BENEFIT**

$$\frac{\text{Sum of Column 8}}{\text{Sum of Column 7}} \times 100 = \underline{\hspace{2cm}}$$