Reset Form

Georgia Department of Community Affairs

CDBG/EIP Program
Budget Analysis

Applicant: _____

❑ Original ❑ Amendment, dated:_____

1 Name/Number	2 Itemized Unit Costs	3 CDBG Funds (EIP Amount)	*4* *[Reserved]*	5a Other Funds (Amount)	5b Other Funds (Source)	6 Total Cost
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
7a Subtotal		0		0		0
7b Grand Total (if final page)		$_____		$_____		$ 0

8. Additional Narrative for Match and Leverage Funds:

☐(Check here if continued on additional page(s) and attach) Page ___ of ___Pages