

DCA Applicant Form 11

**Georgia Department Of Community Affairs
CDBG/EIP Program
Cooperating Agreement – Sample Format**

(For joint or regional applicants only)

This Agreement, entered into between (name of jurisdiction) and (name of jurisdiction), does hereby provide for said jurisdiction to jointly apply for a Georgia Small Cities CDBG/EIP grant from the Department of Community Affairs.

The (name of jurisdiction) and (name of jurisdiction) do mutually agree that (name of jurisdiction) is hereby authorized to act as the lead agency, and thereby responsible for compliance with applicable State and Federal requirements of the Georgia Small Cities CDBG/EIP program.

Adopted by the (name of jurisdiction)
on (date):

(Signature of chief elected official)

By:

(Type name and title of chief elected official)

Attest:

(Signature of clerk or other authorized official)

By:

(Type name and title)

(Seal)

Adopted by the (name of joint applicant)
On (date):

(Signature of chief elected official)

By:

(Type name and title of chief elected official)

Attest:

(Signature of clerk or other authorized official)

By:

(Type name and title)

(Seal)