DCA Applicant Form 13

Georgia Department Of Community Affairs CDBG/EIP Program Disclosure Report

Part I – Applicant/Recipient Information							
1	Name of CDBG/EIP Applicant or Recipient:						
	Name of OBBO/Ell Applicant of Recipient.	, , , .		, , , , , , , , , , , , , , , , , , , 			
2.	Indicate if this is: Initial Report Updated Report Updated Report Updated Report Updated Report Updated Report Updated Report Updated Report Updated Report Updated Report Updated Report Updated Report Updated Report Updated Report Updated Report Updated Report Updated	נ					
3.	Grant Number (if Updated Report):						
4.	Project Funding:						
	a. CDBG/EIP Amount Requested or Received:	\$_					
	b. Program Income to be used:	\$_					
	c. TOTAL CDBG/EIP Assistance:	\$_			· · · · · · · · · · · · · · · · · · ·		
	Part II – Threshold Dete	erminatio	on				
			Yes	No			
1.	Does the amount listed above at Part I, 4c exceed \$200,000?						
2.	Have you received or applied for any other HUD assistance						
	that when added to 4c exceeds \$200,000?						
	the answer to either Part II, 1 or Part II, 2 is YES, then you must sclosure Report (you do not need to sign below, signature in this ca			nainder (Pa	art III throu	ıgh VI) of	the
	the answer to <u>both</u> Part II, 1 <u>and</u> Part II, 2 is NO, then you are r JT you must sign the following Certification and include the						port,
CE	ERTIFICATION						
Ιh	ereby certify that this information is true:						
(Si	gnature of Certifying Official) (Date)						
— (Ty	yped or Printed Name and Title)						

If this is an Updated Report: 1) Check this box, 2) Provide CDBG/EIP Recipie	ent:				
Name:					
Grant #:					
3) Certifying Official must sig	n below.				
PART	Γ III – Other Government Assis	stance Applied For and/or Pro	vided		
	Provide the information below for any other federal, state or local governmental assistance on-hand or applied for, that will be used in conjunction with the CDBG/EIP grant.				
Name of Agency Providing or to Provide Assistance	Program Name	Type of Assistance	Amount Requested or Provided		
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i nereby certify that this info	imation is true and correct: (Not	e: Sign only if this is an updated	i page)		
Signature of Certifying Official Date					
(Typed or Printed Name and Title)					

If this is an Updated Report: 1) Check this box, 2) Provide CDBG/EIP Recipie Name: Grant #: 3) Certifying Official must sign	n below.		
	PART IV – Int	erested Parties	
List of all persons or entities with a reportable financial interest in the project (See instructions)	Social Security # or Employer ID #	Type of Participation in the Project	Financial Interest (Amount and Percent of Total Project Cost)

I hereby certify that this information is true and correct: (Note: Sign only if this is an updated page)			
Signature of Certifying Official	 Date		
(Typed or Printed Name and Title)			

If this is an Updated Report:			
1) Check this box,			
2) Provide CDBG/EIP Recipient:			
Name:			
Grant #:			
3) Certifying Official must sign below.			
Part V – Expected S	ources and Uses of All Funds		
This Part requires that you identify the sources and uses of all assistance for the project, including CDBG, that have been or may be used for the Project.			
Source	Use		
Part VI – CE	RTIFICATION		
I hereby certify that the information provided in the Disclosure Report is true and correct and I am aware that any false information or lack of information knowingly made or omitted may subject me to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, I am aware that if I knowingly and materially violate any required disclosure of information, including intentional nondisclosure, I am subject to a civil monetary penalty not to exceed \$10,000 for each violation.			
(Signature of Certifying Official) (Date)			
(Typed or Printed Name and Title)			