

DCA Applicant Form 1

Georgia Department of Community Affairs Georgia CDBG Program Redevelopment Fund Application Summary

Application is hereby made for a Redevelopment Fund Program (RDF) 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:		14. Telephone Number:
Email:		
4. County:	10. Telephone Number:	Census Tract Number:
5. State House District(s):	Email:	Census Block Group Number
6. State Senate District(s):		
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"/>
		If this is a submission by joint or regional applicants, please attach a copy of your cooperating agreement.
		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/RDF Funds Requested CDBG/RDF: \$_____
24. Application Type <input checked="" type="checkbox"/> CDBG Program Category (check as appropriate) * Note: This Form, DCA-1RD, is for use with the Redevelopment Fund Program*	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.	
Activity - Economic Development <input checked="" type="checkbox"/>	Signature of authorized representative _____	
26. Type Name and Title of Certifying Representative, and Date of Signature: Name: Title: Date:		