

**Georgia Department of Community Affairs
Regional Economic Assistance Projects (REAP) Annual Progress Report**

1. Name of Developer: _____
Address: _____
City: _____ State: _____ Zip: _____

2. Contact Person: _____
3. Telephone: (_____) _____
4. Fax: (_____) _____

5. Name of REAP Project: _____
Address: _____
City: _____ State: _____ Zip: _____

6. Date of REAP Certification: _____

7. Of the elements of the project (and adjacent facility(s), if applicable) that met the criteria of section 110-20-1-.04(1)(c) of the REAP Rules, please indicate which are complete and which are still under construction. Please place a "C" by the elements that are complete and an "I" by the elements that are not yet complete. If any criteria were met by an adjacent facility, please place an "A" on the line as well:

____ 18-hole golf course, with clubhouse providing food service (see Rules §110-20-1-.02(14))
____ full-service restaurant with minimum seating for 75 persons (see Rules §110-20-1-.02(7))
____ at least 100 residential units
____ at least 200 rooms for overnight stays
____ conference facilities with capacity for 150 participants
____ commercial boat marina with at least 300 boat slips and facility providing food service (see Rules § 110-20-1-.02(4))
____ located in a county in which a state operated facility or authority provides services or products to the general public (see Rules § 110-20-1-.02(15))

8.
 - a. Changes or additions to project
 - b. Status of private investment
 - c. Job creation (or loss)
 - d. Project's impact on local tax base and infrastructure (water, sewer and transportation)
 - e. Project Schedule (see Rules §110-20-1-.05(9))
 - f. Application Fee (\$750.00)

Please follow progress report instructions provided; refer also to REAP Rules included in this packet.

9. Developer Certification: I, the undersigned authorized representative of the Developer, certify to the best of my knowledge that the information in this application is true and correct. No applicable state or local laws, rules, regulations or ordinances have been or shall be violated in carrying out or maintaining the project and the project is currently in compliance with all such laws, rules, regulations and ordinances. I further certify that I am authorized under laws of this State to carry out the project as described in this report.

10. Authorized Signature: _____ Date: _____

11. Submit original and one (1) copy to:
Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329-2231
Attn: Regional Economic Assistance Projects (REAP)

DCA USE ONLY

Date rec'd: _____