Georgia Department of Community Affairs Regional Economic Assistance Projects (REAP) Application

1.	Name of Applicant/Developer:			
	Address:City:	State:	Zip:	
2	Contact Person:			
3.	Contact Person:	4. Fax: ()	_
	Name of Project:			_
	Address:	State:	Zip:	_
6.	Affected Local Government (attach resolution)	:		
7.	What elements of the project (and adjacent facility(s), if applicable) will meet the criteria of section 110-20-104(1)(c) of the REAP Rules? (check all that apply)			
8.	 a. Project Description (see Rules §110-20-105(2)) b. List of Adjacent Facility(s) and Reciprocal Use Agreement(s) (if applicable) c. Project Map (3 copies) (see Rules §110-20-105(4)) d. Economic and Development Impact Study (see Rules §110-20-105(5)) e. Project Schedule (see Rules §110-20-105(9)) f. List of Facilities (see Rules §110-20-105(10)) g. Application Fee - \$5,000.00 (see Rules §110-20-106) 			
	ease follow application instructions provided; refer also to REAP Rules included in the application ackage.			
9.	Applicant/Developer Certification: I, the undersigned authorized representative of the applicant, certify to the best of my knowledge that the information in this application is true and correct, and that this application has been duly authorized for submission by the local government listed in Item 6 above. No applicable state or local laws, rules, regulations or ordinances shall be violated in carrying out 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 projects and activities contained in this application.			
10.	. Authorized Signature:		Date:	
11.	Submit original and two (2) copies to: Georgia Department of Community Affairs 60 Executive Park South, NE Atlanta, Georgia 30329-2231 Attn: Regional Economic Assistance Projects ((DEAD)	DCA USE ONLY Date rec'd:	December 2023