

CDBG Application Forms

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DCA Applicant Form 1

**Georgia Department of Community Affairs
CDBG Application Summary**

Application is hereby made for CDBG Funding 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 <hr/> Date Received: <hr/> Application Number:
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Legal Applicant/Recipient	Grant Writer/Contact Person	Grant Administrator (if known)
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1. Name of Applicant:	7. Contact Person:	13. Contact person: (Check if same as 7.) <input type="checkbox"/>
2. Project Block Group ID(s): Applicant DUNS #:	8. Job Title:	14. Job Title:
	9. Agency:	15. Agency:
3a. Project Longitude: 3b. Project Latitude:	10. Address:	16. Address:
4. Project Address:		
5. Email:	11. Email:	17. Email:
6. Telephone Number:	12. Telephone Number:	18. Telephone Number:

19. Brief Title and Description of Program:	Type of Applicant (check one)
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19. Brief Title and Description of Program:	20. City Applicant <input type="checkbox"/> 21. County Applicant <input type="checkbox"/> 22. Joint Applicant <input type="checkbox"/> 23. Regional Applicant <input type="checkbox"/> If this is a submission by joint or regional applicants, please attach a copy of your cooperating agreement. 24. Location Map Check Enclosed: <input type="checkbox"/> 25. Program Duration: _____ Months
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26. Program period from: Month____Date____Year____ to: Month____Date____Year____	27. Total CDBG Funds Requested CDBG: \$_____
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28. Application Type <input checked="" type="checkbox"/> CDBG Program Category (check as appropriate) Multi-Activity <input type="checkbox"/> Single Activity - Housing <input type="checkbox"/> Single Activity - Public Facilities <input type="checkbox"/> Single Activity - Economic Development <input type="checkbox"/>	29. Request for Exception to Every Other Year Rule Exception Type Requested (check as appropriate) GICH Community <input type="checkbox"/> PlanFirst Community <input type="checkbox"/> Revitalization Area Strategy <input type="checkbox"/> WaterFirst Community <input type="checkbox"/>
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30. 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. _____ Signature of Authorized Representative	31. Type Name and Title of Certifying Representative, and Date of Signature: Name: Title: Date:
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**Georgia Department of Community Affairs
CDBG Program
Proposed Accomplishments**

Total Proposed Accomplishments This Grant

Applicant: _____

Units
Persons
L/M Persons

Units
Persons
L/M Persons

Original Amendment, Dated: _____

Activity		Measure		Proposed Accomplishments	
				CDBG	<i>[Reserved]</i>
Acquisition, Disposition	# of Structures # of Parcels				
Clearance	# of Structures # of Parcels				
Public Building Type: _____	# of Facilities # of Persons Served # of Low and Moderate Income				
Water and Sewer Facilities	# of Persons Served # of Low and Moderate Income				
Street and Flood/Drainage Improvements	# of Persons Served # of Low and Moderate Income				
Other Public Facilities: Type: _____	# of Persons Served # of Low and Moderate Income				
Public Services	# of Persons Served # of Low and Moderate Income				
Relocation Assistance	# of Businesses Relocated # of Households Relocated				
Housing Downpayment Assistance	# of Housing Units # of Persons Served				
Housing Rehabilitation and Reconstruction	# of Housing Units # of Persons Served				
Public Housing Rehabilitation	# of Housing Units # of Persons Served				
Housing Development	# of Housing Units # of Persons Served				
Removal of Architectural Barriers	# of Persons Served				
Economic Development	# of Businesses Assisted # of Loans # of Jobs Created # of New Jobs for Low/Mod Persons # of Jobs Retained # of Retained Jobs for Low/Mod Persons Private Investment _____				

Georgia Department of Community Affairs

CDBG Program

Description of Jurisdiction and Target Area Needs

Applicant: _____

Original Amendment, dated: _____

Large empty rectangular box for the description of jurisdiction and target area needs.

Georgia Department of Community Affairs

CDBG Program

Description of Needs to be Addressed

Applicant: _____

Original Amendment, dated: _____

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Georgia Department of Community Affairs

CDBG Program

Description of Activities

Applicant: _____

Original Amendment, dated: _____

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DCA Applicant Form 6

**Georgia Department of Community Affairs
CDBG Program
Low and Moderate Income and Civil Rights Benefit Calculation**

Applicant: _____
 Original Amendment, dated: _____

1	2	3	4	5	6	7	8
CDBG Activity Number	Total Number of Persons the Activity will serve	Total Number of Minorities the Activity will serve	Total Number of Non-Minorities the Activity will serve	Number of Low and Moderate Income Persons the Activity will serve	Percent of Persons Who have Low and Moderate Incomes	Amount of CDBG Funds requested for the Activity	Amount of CDBG Funds to benefit Low and Moderate Income Persons

Describe Methodology. (See Instruction for Required Information. Attach Additional Sheets if needed, and a copy of the Survey Form if one is used.)

9 TOTAL BENEFIT

$$\frac{\text{Sum of Column 8}}{\text{Sum of Column 7}} \times 100 = \underline{\hspace{2cm}}$$

DCA Applicant Form 7

**Georgia Department of Community Affairs
CDBG Program
Budget Summary**

Applicant: _____

Original Amendment, dated: _____

Part A: Budget Amount

Line #	Budget Code	Activity Description	[N/A] (a)	CDBG			Total (e)
				Housing (b)	Pub Fac (c)	Econ Dev (d)	
01	001-00	Acquisition of Property (all acquisitions)					
02	002-00	Disposition of Property					
03	003-00	Public Facilities and Improvements (other)					
04	003-01	Domestic Violence Shelter					
05	003-02	Group Home					
06	003-03	Learning Center					
07	03A-00	Senior Centers					
08	03B-00	Centers for the Disabled/Handicapped					
09	03C-00	Homeless Facilities (not operating costs)					
10	03D-01	Boys and Girls Club or other At Risk Facility					
11	03D-02	Youth Shelter					
12	03E-00	Neighborhood Facilities					
13	03G-00	Parking Facilities					
14	03M-01	Child Care Center					
15	03M-02	Head Start Center					
16	03P-01	Health Center - Mental					
17	03P-02	Health Center - Physical					
18	03P-03	Health Center - Mental and Physical					
19	03Q-00	Abused and Neglected Children's Facilities					
20	03F-00	Parks, Playgrounds and other Rec. Facilities					
21	03J-03	Fire Protection Facilities and Equipment					
22	003-04	Public Utilities, other than Water & Sewer Fac.					
23	03K-01	Street Improvements					
24	03J-01	Water Facilities					
25	03J-02	Sewer Facilities					
26	03L-00	Pedestrian Walkways					
27	03K-02	Flood and Drainage Facilities					
28	03S-00	Facilities for AIDS Patients (not operating)					
29	004-00	Clearance					
30	005-01	Public Services (General)					
31	05H-00	Employment Training					
32	006-00	Interim Assistance					
33	008-00	Relocation Payments and Assistance					

Part A: Budget Amount Continued

Line #	Budget Code	Activity Description	[N/A] (a)	CDBG			Total (e)
				Housing (b)	Pub Fac (c)	Econ Dev (d)	
34	009-00	Payments for Loss of Rental Income					
35	14C-00	Rehabilitation of Public Residential Structures					
36	14A-01	Rehabilitation of Private Properties					
37	015-00	Code Enforcement					
38	14A-02	Reconstruction of Private Properties					
39	003-05	Site Development					
40	012-00	Housing – Construction					
41	005-02	Homebuyer Education					
42	013-00	Down payment/Closing Cost Assistance					
43	17C-00	ED - Acquisition					
44	17B-00	ED - Public Facilities and Improvements					
45	14E-00	ED - Commercial and Industrial facilities					
46	18A-00	ED - Assistance to Private For-profit Entities					
47	X00-00	Other - General (Attach Description)					
48		SUB TOTAL					
49	020-00	Planning					
50	21A-00	Administration (General)					
52		TOTAL GRANT COSTS (sum of 48 through 51)					

Part B: Total Resources

1	CDBG Grant Amount: Line 52(e) minus Line 52(a)	
2	CHIP Grant Amount: Line 52(a)	
3	Program Income	
4	Other Federal Funds (Identify, e.g. Lead Abatement Funds)	
5	Applicant Funds	
6	State Funds	
7	Private Lender Funds	
8	Other Funds (Identify)	
9	TOTAL PROGRAM COSTS (sum of 1 through 8)	

Georgia Department of Community Affairs
CDBG Program
Budget Analysis

Applicant: _____

Original Amendment, dated: _____

1	2	3	4	5a	5b	6
Name/Number	Itemized Unit Costs	CDBG Funds	<i>[Reserved]</i>	Match & Leverage	Source (Match & Lev)	Total Cost
7a Subtotal		_____		_____		_____
7b Grand Total (if final page)		\$ _____		\$ _____		\$ _____

8. Additional Narrative for Match and Leverage Funds:

**Georgia Department Of Community Affairs
CDBG Program
Environmental Review Information**

General Instructions:

If funded, all CDBG Projects will be subject to a local environmental review process that must be completed prior to the obligation of any funds for the project.

This form identifies environmental compliance issues requiring special attention by the applicant. Detailed instructions concerning the review process is provided at the Recipients' Workshop.

Compliance with the environmental review process (especially floodplain, wetland and historic preservation compliance requirements) should be reflected in the Description of Activities, the Budget Summary and Budget Analysis.

Floodplain and Wetland Compliance:

Applicants must determine if the project is located in or will affect a floodplain or wetland area. Applicants may consult local FEMA floodplain maps, Georgia Department of Natural Resources Floodplain Section (404-656-6382), the US Fish and Wildlife Service (1-800-344-9453), your local RDC or DCA for assistance in identification of floodplains or wetlands.

- | | | |
|---|------------------------------|-----------------------------|
| 1) Is the project located within a designated floodplain? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2) Is the project located within a designated wetland? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3) Is the community participating in the FEMA National Flood Insurance Program? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

4) List activities to be carried out in the floodplain or wetland:

Cultural Resources:

The following information will be used by the Historic Preservation Division (HPD) of the Department of Natural Resources to make a preliminary assessment of any project effects on historical, architectural, and/or archaeological resources that are listed or eligible for listing on the National Register of Historic Places. This review is required for compliance with Section 106 of the National Historic Preservation Act of 1966, as amended.

DCA encourages applicants to complete an early review by HPD to identify compliance issues. Since compliance with Section 106 of the NHPA may affect project schedules and budget, the applicant is advised to address this factor on forms DCA-5, DCA-7 and DCA-8.

The questions on the following two pages should be answered after defining the project's area of potential effects, that is, "the geographic area or areas within which an undertaking may cause changes in the character or use of historic properties, if any such properties exists" [36 CFR 800.16(d)].

Archaeological Information:

1) Does the project include any ground disturbing activities (i.e. ditching, cut and fill, excavations, utility burial, grading, landscaping, etc.)?

YES NO (If NO, continue on to the next section.)

2) Are there any known or suspected archaeological or "Indian" sites in the project area?

YES NO If YES, explain:

3) In the past, the property has been used for (check all that apply):

Farming

Pasture

Mining

Timbering

Road construction

Housing

Landfill

Commercial

Other (explain):

4) Describe the condition of the soil (i.e. inundated, saturated, graded, cultivated, eroded, undisturbed, etc.):

Building and Structure Information:

1) Is the project located within or adjacent to a National Register listed or eligible historic district?

YES NO DO NOT KNOW

If YES, the name of the district is:

[Note: The National Register of Historic Places is maintained by the U.S. Department of the Interior, and administered in Georgia by HPD.]

2) Are there any other buildings or structures 50 years of age or older presently in the project area?

YES NO

3) Are there any other buildings or structures 50 years of age or older in the immediate vicinity (within 400 feet or visual distance) of the project area?

YES NO

4) Are any of the buildings or structures identified above listed or eligible for listing in the National Register?

YES NO DO NOT KNOW

Photographs, maps and other information requested:

If the answer to 1, 2 and/or 3 under Buildings and Structures Information is YES, the applicant should include photos (35mm) of the resources in their settings, keyed to a map or site plan, as well as additional information (if available) such as an assessment of their historical or architectural importance, estimated date of construction and the source of this information. If this information has already been provided to HPD, please indicate the status of their review and include any correspondence you have received. This may be provided in lieu of the photos and other information

If Assistance is needed:

Many Regional Commissions have preservation planners who may be able to assist in gathering appropriate information. Contact your RC for assistance. For further information, applicants may also contact the Historic Preservation Division prior to submittal of the application to DCA. The HPD phone number is 404-656-2840.

Georgia Historic Preservation Division

Environmental Review Form

At a minimum, the Historic Preservation Division (HPD) requires the following information in order to review projects in accordance with applicable federal or state laws. Please note that the responsibility for preparing documentation, including items listed below, rests with the federal or state agency or its designated applicant. *HPDs ability to complete a timely project review largely depends on the quality and detail of the material submitted. If insufficient information is provided, HPD may need to request additional materials, which will prolong the review process. For complex projects, some applicants may find it advantageous to hire a preservation professional with expertise in history, architectural history and/or archaeology, who would have access to the Georgia Archaeological Site Files and an understanding of HPDs publically available files.*

PLEASE NOTE: THERE IS A 30-DAY REVIEW PERIOD FROM THE DATE HPD RECEIVES THE SUBMITTAL. SHOULD ADDITIONAL INFORMATION BE REQUESTED, PLEASE NOTE THE 30-DAY PERIOD RESTARTS.

I. General Information

A. Project Name: _____

Project Address: _____

City: _____ County: _____

B. Federal Agency Involved: _____

State Agency (if applicable): _____

C. Agency's Involvement:

- | | |
|--|---|
| <input type="checkbox"/> Funding | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> License/Permit | <input type="checkbox"/> Other, please explain: _____ |
| <input type="checkbox"/> Direct/Is performing the action | |

D. Type of Review Requested:

- Section 106 of the National Historic Preservation Act (Federal involvement)
- Section 110 of the National Historic Preservation Act (Federally owned properties)
- Georgia Environmental Policy Act (State involvement)
- State Agency Historic Property Stewardship Program/State Stewardship (State owned properties)
- Technical Assistance (No Federal or State involvement)
- Unknown

E. Contact Information: Applicant Consultant

Name/Title/Company: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Agency Contact Info (either State or Federal, according to review type):

Name/Title/Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

II. Project Information

A. Project Type:

- Road/Highway Construction or Improvements
- Demolition
- Rehabilitation
- Addition to Existing Building/Structure
- New Construction
- Relicensing
- Utilities/Infrastructure
- Unknown
- Other: _____

B. Project Description and Plans This should include a *detailed* scope of work, including *any* actions to be taken in relation to the project, such as all aspects of new construction, replacement/repair, demolition, ground disturbance, and all ancillary work (temporary roads, etc.), as applicable. Attach additional pages if necessary. If a detailed scope of work is not available yet, please explain and include all preliminary information:

C. Land Disturbing Activity This should include a detailed description of all horizontal and vertical ground disturbance, such as haul roads, cut or fill areas, excavations, landscaping activities, ditching, utility burial, grading, water tower construction, etc., as applicable:

D. Has this identical project or a related project been previously submitted to HPD for review? YES ____ NO ____
**If yes, please enclose a copy of HPDs previous response*

E. Is this project also being reviewed under a tax incentive program administered through HPD? YES ____ NO ____

F. Is this review request in order to satisfy an application requirement, such as for a grant? YES ____ NO ____
**If yes, are project plans/scope of work available yet? YES ____ NO ____*
**If yes, please enclose a copy of the project plans/scope of work as outlined in II.B and II.C above*

III. Site Information

A. In the past this property has been used for:

- 1. Farming YES ____ NO ____
- 2. Pasture YES ____ NO ____
- 3. Mining YES ____ NO ____
- 4. Timbering YES ____ NO ____
- 5. Road construction YES ____ NO ____
- 6. Housing YES ____ NO ____
- 7. Landfill YES ____ NO ____
- 8. Commercial YES ____ NO ____
- 9. Industrial YES ____ NO ____
- 10. Other (explain): _____

B. Describe what currently exists on the property today (i.e. buildings, parking lot, house, barn, outbuildings, woods, grass, garden, etc.):

IV. Cultural Resources

Background research for previously identified properties within the project area may be undertaken at HPD, including National Register of Historic Places files, county and city surveys, and identified sites files. Additionally, research at the Georgia Archaeological Site Files (GASF) in Athens may be undertaken by a qualified archaeologist or site file staff. To make a research appointment or find contact information for GASF, please visit our website. **Please note that as part of the review process, HPD may request an archaeological survey.**

A. To your knowledge, has a cultural resources assessment or a historic resources survey been conducted in the project area? YES _____ NO _____ DO NOT KNOW _____ (see: <http://www.georgiashpo.org/register/survey>)

**If yes, provide the title, author, and date of the report:*

B. Area of Potential Effect (APE)

The APE is the geographic area or areas within which a project may cause changes (or effects). These changes can be direct (physical) or indirect (visual, noise, vibrations) effects. The APE varies with the project type and should factor in topography, vegetation, existing development, physical siting of the project, and existing/planned development. For example:

<i>If your project includes...</i>	<i>Then your APE would be...</i>
Rehabilitation, renovation, and/or demolition of a building or structure, or new construction	the building or property itself and the surrounding properties/setting with a view of the project
Road/Highway construction or improvements, streetscapes, pedestrian or bicycle facilities	the length of the project corridor and the surrounding properties/setting with a view of the project
Above ground utilities, such as siren/radio towers, water towers, pump stations, retention ponds, etc.	the area of ground disturbance and the surrounding properties/setting with a view of the project
Underground utilities	the area of ground disturbance

Based on this information, **identify the APE for your project, similar to above, and describe what exists within it** (ie. is it modern or historic residential or commercial development, undeveloped, etc. within the APE):

C. Is the project located within or adjacent to a National Register of Historic Places (NRHP) listed or eligible historic property or district or a locally designated property or district?

YES _____ NO _____ DO NOT KNOW _____

**If yes, please provide names:*

D. Within the project APE as identified in IV.B, are there any other buildings or structures that are 50 years old or older? YES _____ NO _____ DO NOT KNOW _____

**If yes, provide photographs of each building or structure and key the photos to a site map.*

E. Are any of the buildings or structures identified in IV.D listed or eligible for listing in the NRHP?

YES _____ NO _____ DO NOT KNOW _____

**If yes, please identify the properties (by name or photo #).*

F. Effects Information

1. Does the project involve the rehabilitation, renovation, relocation, demolition or addition to any building or structure that is 50 years old or older? YES ____ NO ____
**If yes, please explain:* _____
2. Will the project take away or change anything within the apparent or existing boundary of any of these historic properties? YES ____ NO ____
**If yes, please explain:* _____
3. Will the project change the view from or of any of these properties? YES ____ NO ____
**If yes, please explain:* _____
4. Will the project introduce any audible or atmospheric elements to the setting of any of these historic properties (such as light, noise, or vibration pollution)? YES ____ NO ____
**If yes, please explain:* _____
5. Will the project result in a change of ownership for any historic properties? YES ____ NO ____
**If yes, please explain:* _____

V. Required Materials (Submittal Checklist)

- Complete Environmental Review Form
 - o Include all contact information as HPD will respond via email to the submitter.
- Map indicating:
 - o Precise location of the project (USGS topographic map preferred: <http://www.digital-topo-maps.com/>¹).
 - o In urban areas, please also include a city map that shows more detail.
 - o Boundaries of the APE as noted in section II above.
- Detailed project plans to supplement section I.F, including (if applicable and available):
 - o Site plans (before and after).
 - o Project plans.
 - o Elevations.
- High-resolution color photographs (2 photos per page) illustrating:
 - o The project area and the entire APE as defined in section IV above.
 - o Any adjacent properties that are within the APE, with clear views of buildings or structures, if applicable.
 - o If the project entails the alteration of existing historic structures, please provide *detail* photographs of existing conditions of sites, buildings, and interior areas/materials to be impacted.
 - o ****Google Streetview images will not be accepted**
- Photo key (map or project plans can be used) indicating:
 - o Location of all photographs by photo number.
 - o Direction of view for all photographs.
- Any available information concerning known or suspected archaeological resources in the APE.

For questions regarding this form, please contact the Environmental Review Program Manager. We are unable to accept project submittals via facsimile or e-mail.

When completed, please send this form along with supporting material to:

Dr. David Crass, Division Director, Historic Preservation Division
Attention: Environmental Review
Jewett Center for Historic Preservation
2610 GA Hwy 155, SW
Stockbridge, GA 30281

¹ Please note, this is not a complete list of websites with topographic map information. This website is not controlled by HPD and HPD bears no responsibility for its content.

When To Consult With Tribes Under Section 106

Section 106 requires consultation with federally-recognized Indian tribes when a project may affect a historic property of religious and cultural significance to the tribe. Historic properties of religious and cultural significance include: archeological sites, burial grounds, sacred landscapes or features, ceremonial areas, traditional cultural places, traditional cultural landscapes, plant and animal communities, and buildings and structures with significant tribal association. The types of activities that may affect historic properties of religious and cultural significance include: ground disturbance (digging), new construction in undeveloped natural areas, introduction of incongruent visual, audible, or atmospheric changes, work on a building with significant tribal association, and transfer, lease or sale of properties of the types listed above.

If a project includes any of the types of activities below, invite tribes to consult:

- significant ground disturbance (digging)**
Examples: new sewer lines, utility lines (above and below ground), foundations, footings, grading, access roads
- new construction in undeveloped natural areas**
Examples: industrial-scale energy facilities, transmission lines, pipelines, or new recreational facilities, in undeveloped natural areas like mountaintops, canyons, islands, forests, native grasslands, etc., and housing, commercial, and industrial facilities in such areas
- incongruent visual changes**
Examples: construction of a focal point that is out of character with the surrounding natural area, impairment of the vista or viewshed from an observation point in the natural landscape, or impairment of the recognized historic scenic qualities of an area
- incongruent audible changes**
Examples: increase in noise levels above an acceptable standard in areas known for their quiet, contemplative experience
- incongruent atmospheric changes**
Examples: introduction of lights that create skyglow in an area with a dark night sky
- work on a building with significant tribal association**
Examples: rehabilitation, demolition or removal of a surviving ancient tribal structure or village, or a building or structure that there is reason to believe was the location of a significant tribal event, home of an important person, or that served as a tribal school or community hall
- transfer, lease or sale of a historic property of religious and cultural significance**
Example: transfer, lease or sale of properties that contain archeological sites, burial grounds, sacred landscapes or features, ceremonial areas, plant and animal communities, or buildings and structures with significant tribal association
- None of the above apply**

Project

Reviewed By

Date

**Georgia Department Of Community Affairs
CDBG Program
Certified Assurances**

This Certified Assurances form must be completed and signed by the Applicant's Certifying Representative. It must be included in the Application submission.

ASSURANCES

The Applicant hereby certifies and assures that:

1. (a) It possesses legal authority to apply for the grant, and to execute the proposed program.

(b) Its governing body has duly adopted or passed as an official act, a resolution, motion, or similar action, authorizing the filing of an application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application, and to provide such additional information as may be required. Evidence of this action by its governing body must be included in this application.

2. It has provided citizens an adequate opportunity to participate in the development of the application by:

(a) holding at least one public hearing in the locality before submission of the application. The previous CDBG program's activities were discussed, and public input into the development of the subject application was obtained at the public hearing; information was provided on the estimated amount of funds proposed to be used for activities benefiting low and moderate income persons, and plans to minimize displacement as a result of activities and plans to assist displaced persons were discussed;

(b) maintaining files that contain documentary evidence that the hearing was held. The evidence includes a copy of the actual notice of public hearing.

(c) the citizen participation process meets the requirements of the Georgia DCA Citizen Participation Plan as outlined in the DCA, CDBG regulations.

3. Its chief executive officer, or other officer of applicant approved by DCA:

(a) Consents to assume the status of a responsible Federal official under the National Environmental Policy Act of 1969 (NEPA), and other provisions of Federal law, as specified in 24 CFR Part 58 and 40 CFR Part 1500-1508, which further the purposes of NEPA insofar as the provisions of such Federal law apply to this Part:

(b) Is authorized and consents on behalf of the applicant and himself to accept the jurisdiction of the Federal courts for the purpose of enforcement of his responsibilities as such an official.

4. (a) The Community Development Program has been developed so as to give maximum feasible priority to activities which will benefit low and moderate income families, or aid in the prevention or elimination of slums or blight

OR

(b) The Community Development Program has been designed to meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community where other financial resources are not available to meet such needs.

5. The applicant further certifies and assures that:

(a) If the proposed application is funded, it will comply with all applicable laws and regulations as prescribed in Program Regulations for the Georgia CDBG program, effective March 24, 1982, as amended.

(b) It understands that certain laws may be applicable, though not specifically listed in the Georgia CDBG Program Regulations, by virtue of being applicable under their own terms, such as the Hatch Act (U.S.C. Section 1501, et. seg.) which limits the political activities of the employees funded through receipt of Federal assistance.

(c) If the proposed application is funded, it assures and will comply with Section 504 of the Rehabilitation Act of 1973 and the HUD implementing regulations (24 CFR Part 8), Title I of the Housing and Community Development Act of 1974, as amended, Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, the Fair Housing Act (42 USC 3601-20), Executive Orders 11246 and 11063, and Section 3 of the Housing and Urban Development Act of 1968 and will administer and conduct its program in conformance with them. Also, that it will affirmatively further fair housing.

(d) The applicant has prepared a plan to minimize displacement as a result of activities assisted with CDBG funds and to assist persons actually displaced as a result of such activities.

(e) It will not attempt to recover any capital costs of public improvement assisted in whole or part with CDBG funds by assessing any amount against properties owned or occupied by persons of low/mod income including any fee charged or assessment made as a condition of obtaining access to such public improvements, unless

i. CDBG funds are used to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than CDBG; or

ii. For purposes of assessing any amount against properties owned and occupied by persons of low/mod income who are not persons of very low income, unless the Recipient certifies that it lacks sufficient CDBG funds to comply with the requirements of paragraph i.

(f) At least 70% of each CDBG activity cost will benefit low/mod income persons. Low/mod income persons are defined as persons whose family income does not exceed 80% of the median family income for the County or metropolitan area in which they reside, adjusted for family size, as established by HUD.

(g) It will provide reasonable benefits to those persons involuntarily displaced as a result of CDBG assistance to acquire or rehabilitate property.

6. Except for approved eligible administrative or personnel costs, *no person who is an elected or appointed official, employee, agent, consultant, officer or any person serving in a similar capacity with any participating public agency or sub-recipient, who exercise or have exercised any functions or responsibilities with respect to the CDBG activities proposed herein, or who are in a position to participate in a decision making process or gain inside information regarding CDBG proposed activities or related activities, may obtain a personal or financial interest or benefit from the project, or have any interest in any contract, sub contract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.* (The Applicant is instructed to follow State law and review Federal requirements contained in Appendix F, and to consult with its local attorney and/or DCA, as appropriate to guard against prohibited conflicts of interest.)

For any situation that is or may appear to be a conflict of interest under the assurance, a complete description and explanation must be attached.

7. To the best of his or her knowledge and behalf:

a. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal loan or grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instruction.

c. The undersigned shall require that the language of this certification is included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements, and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction by Section 1352, Title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a penalty of not less than \$10,000 and not more than \$100,000 for each failure.

8. It will comply with the requirements of Section 104(d) of the Housing and Community Development Act of 1974, as amended, and HUD implementing regulations (24 CFR Part 570.496a), including the following Residential Antidisplacement and Relocation Assistance Plan. If an award of funds is made, the Recipient will make public its plan providing for one-for-one replacement units and relocation assistance, and the steps it will take to minimize displacement of persons as a result of assisted activities.

Residential Antidisplacement and Relocation Assistance Plan:

a) The local government recipient of CDBG funds will replace all occupied and vacant occupiable low and moderate income dwelling units demolished or converted to use other than as low and moderate income housing in connection with an activity assisted with funds provided under the Housing and Community Development Act of 1974, as amended, as described at 24 CFR Part 570.496a(c).

b) All replacement housing will be provided within three years after the commencement of the demolition or conversion. Before entering into a contract committing the Recipient local government to provide funds for an activity that will directly result in such demolition or conversion, the Recipient local government will make public and submit to the Department of Community Affairs the following information in writing:

i) A description of the proposed assisted activity;

ii) The location on a map and the number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as low/moderate income dwellings units as a direct result of the assisted activity;

iii) A time schedule for the commencement and completion of the demolition or conversion;

iv) The location on a map and the number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units;

v) The source of funding and a time schedule for the provision of replacement dwelling units;

vi) The basis for concluding that each replacement dwelling unit will remain a low/moderate income dwelling unit for at least 10 years from the date of initial occupancy.

vii) Information demonstrating that any proposed replacement of dwelling units with smaller dwelling units (e.g., a 2-bedroom unit with two 1-bedroom units) is consistent with the housing needs of lower income households in the jurisdiction.

c) The Recipient local government is responsible for tracking the replacement of housing and ensuring that it is provided within the required period.

d) The Recipient local government is responsible for ensuring requirements are met for notification and provision of relocation assistance, as described in 24 CFR Part 570.496a(c)(2), to any lower income person displaced by the demolition of any dwelling unit or the conversion of a low and moderate income dwelling unit to another use in connection with an assisted activity.

e) Consistent with goals and objectives of activities assisted under the Act, Recipient will take the additional steps, if any, listed on an attachment to these Assurances, to minimize the displacement of persons from their homes.

9. If a grant is awarded, the applicant will adopt and enforce a policy of prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in nonviolent civil rights demonstrations; and enforcing applicable State and local laws against physically barring entrance to or exit from a facility or location which is the subject of such nonviolent civil rights demonstrations within its jurisdiction.

10. If a grant of HOME Investment Partnership Act (42 U.S.C. 12701 et seq.) funds is awarded, the applicant further agrees to become a State Recipient (SR) for purposes of the CHIP program and to assume all responsibilities of HUD regulations at 24 CFR Part 92 (as now in effect and as may be amended from time to time) except those responsibilities which DCA determines will not be transferred to the State Recipient for reasons deemed to be practical, feasible, or legally sound.

CERTIFICATION:

The undersigned certifies on behalf of the Applicant that he/she has been authorized to sign this certification, the information presented in this application is correct, and that the applicant will comply with the assurances listed above.

Submitted on behalf of the Applicant by:

By _____
(Signature of chief elected official) (Date)

(Typed or printed name and title of chief elected official)

Attest:

By _____
(Signature of clerk or other authorized official) (Date)

(Typed or printed name and title)

(seal)

DCA Applicant Form 11

Georgia Department Of Community Affairs
CDBG 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 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 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)

**Georgia Department Of Community Affairs
CDBG Program
Maps**

Applicants must submit map(s) that are clearly legible and will enable DCA staff to find the proposed activity site(s) without local assistance during a site visit.

All map(s) must include a scale, north arrow and legend. More than one scale of map may be used to show detail, but all scale(s) must be indicated on the respective maps. A larger community-wide map should indicate the boundary of the area represented by more detailed maps. More than one type of requested information can be included on a map if it is clearly legible. A **legend** must be included to indicate what different colors or patterns represent. **In addition, applicants should provide complete source information for all data provided on their submitted maps.**

Maps must, at a minimum, include the following information:

- ◆ Project activity location(s). For housing and multi-activity projects this includes all existing conditions described on Form DCA-4 and the proposed improvements identified on Form DCA-5 (i.e., house-by-house analysis of renter / owner, occupied / vacant, standard / deteriorated / dilapidated, acquisition / relocation / demolition, conventionally-built / manufactured homes, lot sizes, etc.). **All project activity maps should include existing land use information, i.e., lot lines, housing, commercial, and industrial units, and if possible, whether units are owner or renter occupied.**
- ◆ For public facility activities show the locations of facilities proposed, together with the location(s) of facilities to be replaced. For centers, show existing and proposed locations;
- ◆ Project activity service area(s);
- ◆ For the applicant's jurisdiction, the location of areas of concentration of low- and moderate-income persons, using DCA's online mapping tool at <http://georgia-dca.maps.arcgis.com/home/>.
- ◆ For the applicant's jurisdiction, the location of areas of concentrations of minorities, using DCA's online mapping tool at <http://georgia-dca.maps.arcgis.com/home/>; and
- ◆ For the applicant's jurisdiction, the location of areas of concentration of housing deficiencies, using DCA's online mapping tool at <http://georgia-dca.maps.arcgis.com/home/>.
- ◆ **NOTE THAT STATE LAW REQUIRES THAT ALL PROJECTS FUNDED BE CONSISTENT WITH THE COMMUNITY'S ADOPTED SERVICE DELIVERY STRATEGY (O.C.G.A. §36-70-20). A MAP OF THE PROJECT AREA, OR FACILITY, IN RELATION TO THE APPROVED SERVICE AREA FOR THAT ACTIVITY MUST BE INCLUDED WITH THE APPLICATION. KEEP IN MIND THAT IF THE PROJECT IS NOT COVERED BY THE ADOPTED STRATEGY AT THE TIME OF APPLICATION, IT WILL NOT BE ELIGIBLE FOR FUNDING. NOTE THAT CERTAIN TYPES OF APPLICATIONS ARE NOT ROUTINELY INCLUDED IN SERVICE DELIVERY STRATEGIES. THESE MAY INCLUDE SENIOR CENTERS, BOYS AND GIRLS CLUBS AND OTHER TYPES OF SERVICES TO LIMITED CLIENTELE.**

Note: In cases when low- and moderate-income persons, substandard housing units and/or minority people are dispersed throughout the community, indicate this on the map's legend; and 1) display the location of the proposed activity(s) and its service area; 2) indicate the numbers and percent of L/M income families, minorities and substandard housing located within the jurisdiction making application; and 3) provide the same data for the CDBG service area(s).

Any required information excluded from required maps may lead to a reduction in the strategy score.

In order for review panels to assess feasibility, strategy and compliance with floodplain and wetland requirements, applicants are encouraged to submit with their applications USGS topographic maps from the 7.5 minute, 1:24,000-scale quadrangle series.

If this is an Updated Report:

- 1) Check this box,
2) Provide CDBG Recipient:

Name: _____

Grant #: _____

- 3) Certifying Official must sign below.

PART III – Other Government Assistance Applied For and/or Provided

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 grant.

Name of Agency Providing or to Provide Assistance	Program Name	Type of Assistance	Amount Requested or Provided

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 Recipient:

Name: _____

Grant #: _____

3) Certifying Official must sign below.

PART IV – Interested 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	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 Recipient:

Name: _____

Grant #: _____

- 3) Certifying Official must sign below.

Part V – Expected Sources and Uses of All Funds

This Part requires that you identify the sources and uses of all assistance for the project, including CDBG, CHIP and any other funds that may or will be used for the Project.

Source	Use

Part VI – CERTIFICATION

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)

Civil Rights Compliance Certification

Grant Recipient	Grant Number	Date		
		Yes	No	N/A
1. Has your government had any employment vacancies in the past three (3) months?		<input type="checkbox"/>	<input type="checkbox"/>	
2. If so, did you follow the equal employment opportunity guidelines in advertising the vacancies?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have written employment and personnel policies available for review?		<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have employment records available?		<input type="checkbox"/>	<input type="checkbox"/>	
5. Is your employment data detailed enough to determine composition by?		<input type="checkbox"/>	<input type="checkbox"/>	
a. Sex		<input type="checkbox"/>	<input type="checkbox"/>	
b. Race		<input type="checkbox"/>	<input type="checkbox"/>	
c. Disability Status		<input type="checkbox"/>	<input type="checkbox"/>	
d. National Origin		<input type="checkbox"/>	<input type="checkbox"/>	
6. Is your position and salary information detailed enough to assess hiring, training, promotion, and compensation practices?		<input type="checkbox"/>	<input type="checkbox"/>	
7. Do your employment data support efforts to provide for equal employment opportunities?		<input type="checkbox"/>	<input type="checkbox"/>	
8. Have any civil rights complaints been filed against your government (within the past five years)?		<input type="checkbox"/>	<input type="checkbox"/>	
a. If so, has the complaint been satisfied?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If you answered yes to #8, provide the following information in the space provided. Add additional pages if necessary.		<ul style="list-style-type: none"> Describe the complaint(s) and include the date of the complaint; State if the complaint(s) has any relation to a CDBG project and if so, which CDBG project; Describe the steps your government has taken to satisfy the complaint, and; Provide complaint's current status (e.g., withdrawn, currently under Federal/State/Local review, mediation, etc.) 		
9. As needed, please provide additional clarification for any of the above questions.				
The undersigned hereby certifies that the information contained in this Civil Rights Compliance Certification is correct to the best of his or her knowledge.				
Chief Elected Official Signature		Title		Date
Preparer Signature		Title		Date

SAM Search Results
List of records matching your search for :

Functional Area: Entity Management
Record Status: Active
Entity Name: tattnall county

Location 1 - State: GEORGIA

Business Type: County

ENTITY	Tattnall, County of	Status:Active
DUNS: 079377651	+4:	CAGE Code: 6VTB5 DoDAAC:
Expiration Date: Mar 20, 2018	Has Active Exclusion?: No	Debt Subject to Offset?: No
Address: 108 BRAZELL ST	City: REIDSVILLE	State/Province: GEORGIA
ZIP Code: 30453		Country: UNITED STATES

To obtain evidence of SAM registration, www.sam.gov/SAM/. Search for the entity by its DUNS number. Once the entity is found, select SAVE PDF to print the document and provide a copy in the application.

LANGUAGE ACCESS PLAN REQUIREMENT -- PUBLIC NOTICES

As noted in the Community Development Block Grant (CDBG) Applicants' Manual section titled *Citizen Participation Requirements* (see page ___ of the Manual), all applicants for and recipients of CDBG funds must provide for and encourage public participation in the planning, implementation and assessment of their CDBG program. As such, one requirement is that the CDBG applicant must hold at least one public hearing in the locality prior to submission of an application to DCA (see Applicants' Manual for additional public hearing requirements).

Applicants must determine their responsibility to meet requirements of Title VI of the Civil Rights Act of 1964. Specifically, applicants must take timely and reasonable steps to provide Limited English Proficient (LEP) persons with meaningful access to programs and activities funded by the federal governments and awarded by the Georgia Department of Community Affairs (DCA).

To determine the level of assistance the applicant should provide to LEP persons (see chart, below), the applicant must determine the number and percentage of LEP persons within their locality. To determine the number and percentage of LEP persons within the applicant's locality, use the most recent data release of the American Community Survey Table S1601 (Language Spoken at Home) published in December of each year. ***Please source all data provided to DCA.*** The American Community Survey Table S1601 will provide the applicant's population and number of LEP persons (under the column heading "*Speak English less than very well*"). Should a threshold be met, the applicant should determine if one or more languages would independently meet threshold requirements (this may be accomplished by first reviewing American Community Survey Table S1601, Column 1 titled "Subject," and then beginning with the row titled "Speak a Language Other than English"). As a general rule, the Spanish language will determine threshold requirements.

Size of Language Group	Recommended Provision of Written Language Assistance
1,000 or more in the eligible population	Translated vital documents
More than 5% of the eligible population or beneficiaries and more than 50 in number	Translated vital documents
More than 5% of the eligible population or beneficiaries and 50 or less in number	Translated written notice of right to receive free oral interpretation of documents.
5% or less of the eligible population or beneficiaries and less than 1,000 in number	No written translation is required.

To ensure the applicant has addressed the LEP requirements relating to the applicant's CDBG public hearing (conducted prior to application submission), the applicant must (1) Complete the following applicable SECTIONS, (2) submit a copy of the American Community Survey Table S1601 for its locality, (3) submit a copy of the Applicant's Public Hearing notice(s) and the applicable tear sheet, and (4) sign the form.

SECTION 1

The Applicant determined the LEP threshold WAS NOT met. Check here:

Checking this box above means that the applicant has determined that the LEP threshold was not met and that a pre-award public hearing notice was required in English only.

The applicant made this determination after review of American Community Survey Table S1601, and this table indicates that the applicant's jurisdiction contains **fewer** LEP persons than the following standard: a population of more than 5% LEP persons in a single language or 1,000 or more LEP persons in a single language.

Please include a copy of the following in order to verify this determination:

1. American Community Survey Table S1601 used to make the determination that the LEP threshold WAS NOT met.
2. The Applicant **must include** the tear sheet for the Public Hearing notification in English.

If the application jurisdiction did not meet the LEP threshold as noted above. Skip to Section 2. If the LEP threshold was met, please continue below:

The Applicant determined the LEP threshold WAS met. Check here:

Checking this box above means that the applicant has determined that the LEP threshold was met or exceeded and that a pre-award public hearing notice was required in English and Spanish.

The applicant made this determination after review of American Community Survey Table S1601, and this table indicates that the applicant's jurisdiction contains **equal to or more than** the number of LEP persons indicated by the following standard: a population of more than 5% LEP persons in a single language or 1,000 or more LEP persons in a single language.

Please include a copy of the following in order to verify this determination:

1. American Community Survey Table S1601 used to make the determination that the LEP threshold WAS met.
2. The Applicant **must include** the tear sheets for the Public Hearing notifications in English and Spanish.

Complete Section 2 and the Acknowledgement.

SECTION 2

The _____ (Applicant City or County Government) hereby acknowledges and attests that a public hearing was held on _____ (Date) to encourage public participation in the planning, implementation and assessment of their proposed CDBG program.

The Applicant **must include** the applicable tear sheet(s) for the Public Hearing notification in the applicable languages. (See Section 1 for details.)

ACKNOWLEDGEMENT:

The undersigned certifies on behalf of the Applicant that he/she has been authorized to sign this acknowledgement, and that the Applicant has complied with the requirement noted above:

Submitted on behalf of the Applicant by:

(Signature of chief elected official) (Date)

(Typed or printed name and title of chief elected official)

Attest:

(Signature of clerk or other authorized official) (Date)

(Typed or printed name and title)
(seal)

ACKNOWLEDGEMENT OF SUBRECIPIENT LANGUAGE ACCESS PLAN REQUIREMENT

The _____ hereby acknowledges and assures that:
(Applicant City or County Government)

- 1) Pursuant to the requirements of Title VI, it will take timely and reasonable steps to provide Limited English Proficient (LEP) persons with Meaningful Access to programs and activities funded by the federal government and awarded by DCA. Access to these programs and services will not be impeded as a result of an individual’s inability to speak, read, write or understand English.
- 2) It will conduct an assessment to determine the need for language assistance within its service area. This will be accomplished by conducting a Four-Factor Analysis, which is described in a template provided by DCA and in the Federal Register / Vol. 72, No. 13 / Monday, January 22, 2007 / Notices. After completion of the Four-Factor Analysis, the Applicant will understand the languages spoken by LEP persons in its service area, and can determine how to provide needed language assistance.
- 3) It will prepare a Language Access Plan (LAP) that will include:
 - a. The name of the individual responsible for coordination of LEP compliance;
 - b. A training plan on LEP requirements for all staff involved in programs and activities funded by the federal government and awarded by DCA;
 - c. The languages identified from the Four-Factor Analysis;
 - d. A schedule for translating and disseminating vital documents; and
 - e. A policy for updating the Four-Factor Analysis and the LAP.
- 4) It will maintain records regarding its efforts to comply with Title VI LEP obligations.
- 5) It will resolve any findings related to its LEP obligations by taking corrective action and understands that repeated violations may require other appropriate enforcement mechanisms up to and including referral to HUD or repayment of awarded funds.
- 6) It must prepare and provide to DCA within sixty (60) days of notification of award an LAP meeting the requirements of this LAP Acknowledgement.
- 7) It will provide evidence of compliance as required by DCA with its locally adopted LAP.
- 8) It will review and update its LEP Four-Factor Analysis at least every five years.

ACKNOWLEDGEMENT:

The undersigned certifies on behalf of the Applicant that he/she has been authorized to sign this acknowledgement, and that the Applicant will comply with the acknowledgement listed above:

Submitted on behalf of the Applicant by:

By _____
(Signature of chief elected official) (Date)

(Typed or printed name and title of chief elected official)

Attest:

By _____
(Signature of clerk or other authorized official) (Date)

(Typed or printed name and title)
(seal)