

Local Government Approval

This form is required for Emergency Shelter applications only.

To:	Georgia Department of Community Affairs		
Subject:	2020 Application for Emergency Solutions Grants Program		
Applicant:	(ESG) Dalton-Whitfield County CDC	HMIS Agency DWCDC	Name:

Based on a review of the application and/or supporting documents submitted by the above named applicant – 1. The projects named below are within the jurisdiction of this local government; and 2. The projects are approved for funding consideration by DCA.
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Project Name	Project Type – Application I - Emergency Shelter	HMIS Project Name	Amount Requested
Street Outreach	ESG App. V		40,000
Rapid Rehousing	ESG App. IV		45,000
Prevention	ESG App. III		30,000
Motel Vouchers	ESG App. VI		25,000
Total DCA Funds Requested:			140,000

In making this approval, we reserve the right to withdraw it, in whole or in part, at any time.		
_____ Name of Approving Local Government		
By: _____		
_____ Name of Authorized Official	_____ Signature of Authorized Official	_____ Date

Note that local government approval is required by law for nonprofit ESG applicants seeking emergency shelter funding. Local boards and authorities are encouraged to collaborate and plan with local governments, Continuums of Care and other organizations that serve persons experiencing or at risk of homelessness, but do not have to obtain official local approval. Please return executed approval to Applicant. This format is designed and ESG is administered by the Office of Homeless and Special Needs Housing, GA Department of Community Affairs (DCA), 60 Executive Park South, NE, Atlanta, GA 30329. DCA Contact: John Shereikis, email: john.shereikis@dca.ga.gov.

Certification of Consistency with the Local HUD Consolidated Plan

Note - Duplicate this form for multiple submissions if requesting ESG funds for projects within multiple Consolidated Plan Jurisdictions

HUD Local Consolidated Plan Jurisdiction (Choose Only One):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Cobb County
(including Marietta) | <input type="checkbox"/> Gainesville | <input type="checkbox"/> Savannah |
| <input type="checkbox"/> Athens-Clarke | <input type="checkbox"/> Columbus-Muscogee | <input type="checkbox"/> Gwinnett County | <input type="checkbox"/> Valdosta |
| <input type="checkbox"/> Atlanta | <input checked="" type="checkbox"/> Dalton | <input type="checkbox"/> Henry County | <input type="checkbox"/> Warner Robins |
| <input type="checkbox"/> Augusta-Richmond | <input type="checkbox"/> DeKalb County | <input type="checkbox"/> Hinesville | <input type="checkbox"/> Not Applicable for
Balance of State
Form Not Required |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Fulton County
(including Roswell) | <input type="checkbox"/> Johns Creek | |
| <input type="checkbox"/> Cherokee County | | <input type="checkbox"/> Macon | |
| <input type="checkbox"/> Clayton County | | <input type="checkbox"/> Rome | |
| | | <input type="checkbox"/> Sandy Springs | |

Certification to the Georgia Department of Community Affairs:

I certify that the proposed project(s) in the 2020 Emergency Solutions Grants Program Application submitted to the Georgia Department of Community Affairs, as indicated below, is are consistent with this jurisdiction's current, approved Consolidated Plan.

Applicant Legal Name: Dalton-Whitfield Community Development Corp.

Project Name(s): Street Outreach, Rapid Rehousing, Prevention & Hotel Vouchers

Project Type: to identify & provide housing to homeless & unstably housed.

Location(s) of the Project(s): City of Dalton

In accordance with the HEARTH Act of 2009, Consolidated Plan jurisdictions must work to ensure the confidentiality of records pertaining to any individual served by a victim service provider who receives housing or services under any project assisted. The address or location of any family violence facility assisted under this program will, except with written authorization of the person or persons responsible for the operation of such facility and program, not be made public. The term 'victim service provider' means a community-based organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Such term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

Name of the Federal Program to which the applicant is applying: ☒ Emergency Solutions Grants ☐ HOPWA

Name of Certifying Jurisdiction: The City of Dalton

Typed Name and Title of Certifying Official of the Jurisdiction:

Signature: _____

Date: _____

Please return executed Certification to Applicant. This format designed and administered by the Office of Homeless and Special Needs Housing, GA Department of Community Affairs (DCA), 60 Executive Park South, NE, Atlanta, GA 30329. DCA Contact: John Shereikis, email john.shereikis@dca.ga.gov

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|---|---|--|--|
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Applicant Legal Name: Action Ministries, Inc.

Project Name(s): Action Ministries N GA TH DCA AMI (ESG RRH-501)

Project Type: Rapid Re-housing

Location(s) of the Project(s): Dalton-Whitfield

In accordance with the HEARTH Act of 2009, Consolidated Plan jurisdictions must work to ensure the confidentiality of records pertaining to any individual served by a victim service provider who receives housing or services under any project assisted. The address or location of any family violence facility assisted under this program will, except with written authorization of the person or persons responsible for the operation of such facility and program, not be made public. The term 'victim service provider' means a community-based organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Such term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

Name of the Federal Program to which the applicant is applying: ☒ Emergency Solutions Grants ☐ HOPWA

Name of Certifying Jurisdiction: City of Dalton

Typed Name and Title of Certifying Official of the Jurisdiction:

Signature: _____

Date: _____

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Certification of Consistency with the Local HUD Consolidated Plan

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Applicant Legal Name: North Georgia Health District

Project Name(s): HOPWA Program

Project Type: HOPWA

Location(s) of the Project(s): Dalton Health District 1-2

In accordance with the HEARTH Act of 2009, Consolidated Plan jurisdictions must work to ensure the confidentiality of records pertaining to any individual served by a victim service provider who receives housing or services under any project assisted. The address or location of any family violence facility assisted under this program will, except with written authorization of the person or persons responsible for the operation of such facility and program, not be made public. The term 'victim service provider' means a community-based organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Such term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

Name of the Federal Program to which the applicant is applying: ☐ Emergency Solutions Grants ☒ HOPWA

Name of Certifying Jurisdiction: City of Dalton

Typed Name and Title of Certifying Official of the Jurisdiction:

Signature: _____

Date: _____

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