**Lincoln County**

# DEVELOPMENT AUTHORITY

Post Office Box 490

112 North Washington Street Lincolnton, Georgia 30817-0490

**John Stone**

*Director*

[lcda@lincolncountyga.com](mailto:lcda@lincolncountyga.com)

[www.lincolncountyga.org](http://www.lincolncountyga.org/)

**Business Incubator Grant Application**

*Dear Applicant;*

Thank you for your interest in a Business Incubator Grant from the Lincoln County Development Authority.

Please find attached a Project Description Form, a U.S. Small Business Administration Form 413 Personal Financial Statement, along with a SBA Business Plan form template. Links to both forms online are included. Please complete all three forms and return them to our office with complete copies of your federal tax returns.

**Application Checklist:**

# Project Description Form

SBA Personal Financial Statement Form  
<https://www.sba.gov/sites/default/files/forms/SBA_Form_413_7a-504-SBG.pdf>

SBA Business Plan Template <http://imedia.sba.gov/vd/media1/training/2/sbabp/bptemplate.pdf>

Last 2 Year's IRS Returns

We will begin processing your application as soon as we receive the above packet. The deadline for applications is Friday, December 28, 2018. Awards will be announced on Wednesday, January 16, 2019.   
  
Please complete the standard Financial Statement and Business Plan forms to the best of your ability. We have scheduled a new business incubator forum here in Lincolnton with the University of Georgia Small Business Development Center for Monday, December 3, at 10am to provide training and assistance in completing both forms. Please RSVP if you will be attending.   
  
Although this is a grant program with no repayment required, the Development Authority Credit Committee will examine the financial standing of each applicant and their business plan to ensure that approved projects have a solid outlook for long-term success.

Sincerely,

Guil Mattison  
Chairman, Lincoln County Development Authority

**Lincoln County Development Business Incubator Project Description**

## Applicant Name: \_ Total Estimated Project Cost \_ Grant Amount Request:

Your Cash Investment\_\_\_\_\_\_\_ \_

Additional Amount you are financing if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT DECSCRIPTION**  
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**Applicant Signature Date**