**Lincoln County**

# DEVELOPMENT AUTHORITY

Post Office Box 490

112 North Washington Street Lincolnton, Georgia 30817-0490

lcda@lincolncountyga.org

[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. You may use another Financial Statement and Business Plan form if you like; the SBA forms are provided as a convenience. 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

**Grant Conditions**
1. Permits and Business License must be current prior to receiving funds|
2. Funds must be used for building repair or purchase, maintenance, equipment, or inventory.
3. Funds will be released as reimbursement after purchases have been made and are on site

 We will begin processing your application as soon as we receive the above packet. You will be notified of your award amount and conditions if applicable once your application is processed. All funds awarded must be claimed within 120 days of the award notification.
 The University of Georgia Small Business Development Center can provide aid in developing your plan and provide market research for your proposal. An appointment can be scheduled through the Development Authority for an individual session.
 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

**Business Incubator Project Description**

## Applicant Name: \_ Phone and Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Percent of Owner Investment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Amount to be financed if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of new employees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of new employee payroll \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Projected Gross Revenue\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Value \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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