

Jump Start Grant Application

This application for a *Jump Start Grant* is limited to new retail or restaurant type businesses opening in the Downtown Development Authority district. See the grant description page for a list of eligible items. This grant may not be used by service businesses, for salaries, inventory or personal goods.

Applicant Name: _____

Home Address: _____

Phone: _____

Position in business: Proprietor Partner Director

Business Name: _____

Business Activity: _____

Business Address: _____

Daytime Phone: _____ FAX: _____

Soft opening date: _____ Grand Opening: _____

Applicant Owns Rents the above property (check one)

If renting, provide owner's name and phone number:

Owner's name: _____ Phone: _____

Project Description: Please complete the following as fully as possible (use additional pages as required)

What will the Grant will be used for: _____

Total number of jobs created: _____ Expected timescale of job creation: _____

Has an application for a façade grant submitted? Yes No

CHECK LIST

Please attach the following required documentation

- ___ Completed application form, signed and dated including advisor's comments
- ___ Business Plan
- ___ Resume
- ___ References (personal, professional, credit)
- ___ Quotes or invoices for each item
- ___ Copy of signed lease agreement

All information must be in to the DDA office by 5:00 pm the first Wednesday of the month, Old City Hall P.O. Box 684, 1229 Newcastle Street, Brunswick, GA 31520 912-265-4032 Incomplete applications will not be considered. Applications received after the deadline will be held until the next review session. ALL SIGNATURES REQUIRED.

I declare that the information contained within this application is to the best of my knowledge accurate and complete in all respects and I accept that any grant paid will become immediately repayable in the event of any material inaccuracy or submission of false information. I accept that there is no right of appeal.

I have read and accept the terms and conditions relating to the payment of financial assistance and I acknowledge the circumstances in which the financial assistance may be reclaimed.

Signature of Applicant: _____ Date: _____

Signature of Advisor: _____ Date: _____

Approved: _____ Amount: _____ Authorized Signature: _____

Denied: _____ Reason: _____ Authorized Signature: _____