

The Jump Start Grant program is a joint project of the Brunswick Downtown Development Authority and the City of Brunswick



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### Brunswick Downtown Development Authority



## Jump Start Reimbursement Grant Application

**Goal:** The endeavors of the Downtown Development Authority (DDA) and the Brunswick Glynn County Development Authority will combine in assisting new retail businesses in the Downtown Development Authority District with start-up costs.

#### General:

1. Grants are only available to business start-ups based in the Brunswick DDA district which have not yet begun trading.
2. Grants can be up to 100% of eligible costs to a maximum grant of \$2,000.
3. Applications must be submitted prior to opening date.
4. Previous business owners must show proof of preceding success.
5. The project must result in new job creation, which can include the proprietors' own jobs.
6. Grants are limited to one per applicant per year
7. All grants are discretionary

#### Eligible Costs:

1. Productive equipment
2. Office equipment, including computers
3. Rent and/or lease deposits
4. Utility deposits

#### Ineligible Costs:

1. Merchandise for resale or raw materials
2. Vehicles
3. Working capital
4. Purchase of an existing business

#### Application Criteria:

1. Applicants will need to provide a business plan demonstrating viability and including details of project expenditure. Assistance with preparation of a business plan is available from an appropriate enterprise agency.
2. Applicants will need to demonstrate that they have sought and received advice and support from the SBDC or SBA.
3. Must provide copy of new business license
4. Must provide copy of signed lease or property ownership

#### Payment:

1. Grants will be paid in arrears on receipt of proof of purchase or payment of deposit and business opening. Other evidence of a transaction, including bank statements, may be required.
2. Grants will be paid in one installment.
3. Grant checks will be made payable to the appli-

cant.

4. Grants must be claimed within 8 weeks of approval.
5. Recipient is required to meet with the SBDC bi-annually during the first year of operation. A report of the meeting must be submitted to the DDA.

#### Repayment conditions:

1. Repayment of the grant may be demanded if an applicant is found to have made a fraudulent application, or if, within a period of three years from the payment of the grant, the recipient:
2. Ceases to trade for a period of three months or more.
3. Moves the business out of the Brunswick DDA District.

#### Process:

1. Complete attached application.
2. Present for approval
3. Receive grant acceptance letter
4. Provide required documentation
5. Receive reimbursement

#### Incomplete Applications:

Applications that do not include all of the Application Criteria will not be reviewed. The applicant will need to submit the missing information before the application will be presented to the board for review and approval.

#### Ineligible businesses:

Agriculture, fishing, amusement arcades, transport, including bus, taxi and drayage, maritime and aviation transport, self employed sales agents, ticket agents, landlords, providing legal or accountancy services, banking, insurance, money lending, debt factoring, hire purchase financing and other financial activities, independent financial advisers, projects which have as their object the promotion of political or religious views, social clubs, pornography, nudity, illegal or immoral activities.

A business will not become eligible for support by means of a change of status, for example from a sole proprietorship or partnership to a limited company.

The Brunswick Downtown Development Authority (DDA) reserves the right to add to, delete or amend any condition at the Board's absolute discretion and any such addition, deletion and / or amendment shall be totally binding upon the applicant.

## 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 SBDC 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 last Wednesday of February, May, August & November. 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. Grants are reviewed at the regular DDA Board meeting in March, June, September & December. 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 SBDC: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Amount: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Denied: \_\_\_\_\_ Reason: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_