

Village of Lincoln
DOWNTOWN DEVELOPMENT AUTHORITY
Alcona County, Michigan



GRANT APPLICATION

BUSINESS NAME: _____
ADDRESS: _____

PHONE #: _____

PRINCIPAL (S): _____

AMOUNT REQUESTED: _____
(MORE THAN \$3,000.00 MUST BE ACCOMPANIED BY A BUSINESS PLAN. GRANT IS NOT TO EXCEED THE AMOUNT INVESTED BY OWNER OR 20% OF PROJECT. WHICHEVER IS LESS.)

HOW MANY PEOPLE WILL BE EMPLOYED? _____

TOTAL ESTIMATED PROJECT COST: _____

PURPOSE OF GRANT:
GIVE US AN IDEA OF WHAT YOU PLAN TO DO WITH THE FUNDS. WHEN DO THEY NEED TO BE DISBURSED AND HOW WILL IT BENEFIT YOUR BUSINESS?



(SUBMIT ON SEPARATE PAGE IF NECESSARY)

LENDING INSTITUTION PARTICIPATION: _____

OWNER AND/OR INVESTOR PARTICIPATION: _____

*GRANTS ARE LIMITED TO THE DDA DISTRICT AND ALL IMPROVMENTS PAID FOR WITH DDA GRANT MONEY MUST REMAIN IN THE DISTRICT.

APPLICANT(S) SIGNATURE: _____

DATE: _____