



SECTION A - GENERAL INFORMATION

Applicant Category (select one):

- ☐ Category 1: Government & Public Entities (Fayette County, Peachtree City, Tyrone, Fayetteville, Brooks, Woolsey, FCBOE, Airport Authority) – Up to \$300,000
- ☐ Category 2: Educational Institutions & Foundations (public technical colleges, public colleges/universities with a Fayette campus, Fayette Education Foundation) – Up to \$200,000
- ☐ Category 3: Nonprofit Organizations (working in partnership with an approved governmental entity from Category 1) – Up to \$100,000

Note: If eligibility is unclear, contact FCDA for evaluation. Eligibility does not guarantee funding. All applications are evaluated competitively. Applications submitted by August 7th will be considered in our first funding round for FY27. If additional capacity remains after the first round, we will open a second application window.

Primary Applicant and/or Secondary Applicant Information

Applicant Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Title: _____

Contact Phone: _____ Fax: _____ E-mail: _____

Project Summary

Total Project Cost: \$ _____

FCDA Grant/Loan Funds Requested: \$ _____

Location of Project: _____

Project Type (select ALL that apply)

Infrastructure

- ☐ Water
- ☐ Sewer
- ☐ Transportation

Tourism Product Development

- ☐ Destination Marketing
- ☐ Community Focused Facility

Workforce Development

- ☐ Talent Pipeline
- ☐ Leadership Development
- ☐ Educational/Career & Workforce Readiness

Other (specify project)

☐ _____

Job Creation

- ☐ Business Location or Expansion



SECTION B - PROJECT SPECIFIC INFORMATION

Please provide a description of the project for which you are seeking funds, making sure to be as specific as possible and to address each of the following items. Please include a map with location specifics noted. **Please include an attachment with responses to questions 1-5 below:**

1. Provide a brief description of the proposed project and proposed use of funds:
2. Briefly describe how the project relates to your comprehensive plan, future land use plan, master plan and/or other relevant planning strategies.
3. Describe the specific problems/need(s) that this project will address.
4. Describe the proposed activities to be undertaken that will meet these needs.
5. **“But For” Test.** Per the FCDA Partners for Success Grant Program Guidelines, the proposed project must not have occurred but for funding from this program. Please explain: (1) Why the project cannot proceed without FCDA participation, and (2) How FCDA funding is critical to project timing, scope, or feasibility.
6. **Impact Measures.** Describe project’s potential short- and long-term impact using the following measures.
 - Total Capital Investment associated with project _____
 - Total # of Jobs Created _____ Retained _____ by this project.
7. **Project Participants.** (List the public and private organizations and individuals to be involved in the project and include a short description of their role (i.e. project manager, private lender, funding contributor or fund raiser, developer, etc.)
 - Entity Name: _____ Role: _____
 - Entity Name: _____ Role: _____
 - Entity Name: _____ Role: _____
 - Entity Name: _____ Role: _____
8. **Project Activity Schedule:** What is the proposed project schedule? If actual dates are available, please include them in the appropriate column.



Action:	Date:

SECTION C- SOURCE AND USE OF FUNDS

1. **Project Budget:** Attach the estimated budget for your proposed project.
2. **Funding Source:** List all funding sources that are proposed to be utilized to complete this project. List each source and funding amount. If a commitment has been secured from any of these funding sources, list the commitment date and attach a copy of the commitment letter.

FCDA Funding Request:		\$
Other Funding Source(s)	Date Available:	Amount
		\$
		\$
		\$
		\$
		\$
Total Project Funding:		\$

Please attach bids, estimates, or invoices related to the grant.

Matching Funds (1:1 Match Required)

This is a 1:1 matching grant program. FCDA funding may cover up to 50% of total project costs with the applicant providing a minimum 50% match. Identify the source(s) of the applicant's required match below (select all that apply and indicate amounts):

- ☐ Internal cash funds — Amount: \$ _____
- ☐ External cash contributions — Amount: \$ _____
- ☐ Private donations — Amount: \$ _____
- ☐ In-kind contributions (materials, labor, professional services), as approved by FCDA — Estimated Value: \$ _____

Total Match Provided: \$ (must equal or exceed FCDA Funding Request)



Section D – Prior Grant Recipients

- ☐ This is our first FCDA grant application
- ☐ We applied previously but were not granted funding
- ☐ We are a previous FCDA grant recipient

For all previous FCDA grant recipients, please attach your final grant project report from the previous grant you were awarded by the FCDA.

Section E – Certification

I certify that the information contained in this application is true and correct to the best of my knowledge. I further understand that the FCDA has the right to request additional information as needed.

By signing below, the applicant further certifies and acknowledges that:

9. The applicant is in compliance with all applicable State of Georgia audit requirements.
10. The applicant does not have any other open FCDA Partners for Success grant at this time, and any previously awarded FCDA grants have been completed in compliance with the grant agreement.
11. If awarded, the applicant agrees to publicly recognize the FCDA as a funding partner each time the project is publicly referenced. This includes on-site signage (where applicable), press releases, media coverage, public announcements, social media and digital communications, and verbal acknowledgment at public events related to the project.
12. If awarded, the applicant agrees to allow FCDA to use project information, photos, and metrics for marketing and reporting purposes; provide progress updates and a final report; host FCDA for an on-site visit if applicable; and execute a grant agreement outlining all terms and conditions.

PRIMARY APPLICANT

_____ Signature of Authorized Representative

_____ Print Name

_____ Telephone _____ Date _____

SPONSOR / CO-APPLICANT (if applicable)

_____ Signature of Sponsor / Co-Applicant Rep

_____ Print Name

_____ Telephone _____ Date _____



FAYETTE COUNTY
DEVELOPMENT AUTHORITY

CHIEF ELECTED OFFICIAL

I affirm that the _____ is aware of this application and that the proposed project appears to be consistent with our development plans and/or strategies.

Officer Signature of Chief Elected Official / Authorizing

Print name

Telephone Date _____

Disclaimer

The Fayette County Development Authority reserves the right to accept or reject any applications and to waive any formalities. Awards will be made based upon the best interests of economic development in Fayette County as determined in the sole discretion of the Fayette County Development Authority.

By submitting this application, the applicant further acknowledges that: (1) no applicable state laws, rules, regulations, or local ordinances will be violated in carrying out the project and expending grant proceeds; (2) accounting records of the grant funds will be maintained in a manner consistent with generally accepted government accounting standards; (3) it is the applicant's responsibility to determine and meet all laws applicable to the specific project (e.g., Georgia's Environmental Policy Act); (4) grant funds will be disbursed by the FCDA in accordance with the grant agreement; (5) if the project will be delayed longer than the estimated grant timeline, the applicant must request an extension in writing, which the FCDA reserves the right to deny; (6) the FCDA may conduct reviews and audits, including on-site reviews, and may take action in cases of noncompliance; and (7) the FCDA reserves the right to modify program guidelines, request additional information, modify award amounts, impose conditions on funding, or terminate the program at any time after all awarded grants are paid out.