GRIFFIN DDA
DOWNTOWN DEVELOPMENT AUTHORITY

DOWNTOWN CATALYST FLEX GRANT PROGRAM

PRE-APPLICATION INTAKE AND CONSULTATION FORM

Administered by the City of Griffin Downtown Development Authority (DDA)

SECTION 1: APPLICANT AND PROPERTY OVERVIEW

Potential Applicant Name:

_____

Company / Development Entity:

_____

Primary Phone Number: _____

Primary Email:_____

Target Property Physical Address:

_____

Spalding County Tax Parcel ID:

_____

Current Property Status *(Check one)*:

- [ ] Actively Occupied / Operating
- [ ] Partially Vacant / Underutilized
- [ ] Long-Term Vacant / Blighted *(Property has been unoccupied for 48+ consecutive months)*

SECTION 2: PRELIMINARY PROJECT SCOPE AND USE

Proposed Project Type *(Check all that apply)*:

- [ ] Commercial / Retail
- [ ] Industrial
- [ ] Upper-Story Market-Rate Residential
- [ ] High-Density Mixed-Use

Brief Description of Planned Structural Improvements:

_____

_____

_____

SECTION 3: INITIAL FINANCIAL ESTIMATES

Note: The Flex Grant is a highly competitive, discretionary gap-financing tool reserved exclusively for major capital projects exceeding $500,000. Awards are strictly limited to a maximum of 10% of the verified project cost.

Estimated Total Capital Investment: $_____

Anticipated Financing Gap Amount: $_____

Projected Flex Grant Funding Request: $_____

SECTION 4: INITIAL ACKNOWLEDGMENTS

Please initial next to each item to confirm your understanding of basic eligibility parameters:

_____ **Minimum Threshold Requirement:** I certify that this project represents a total capital investment that meets or exceeds the mandatory $500,000 program baseline.

_____ **Performance-Based Reimbursement:** I acknowledge that grant funds are never advanced upfront, and disbursement occurs only as a single reimbursement check following 100% completion and building department sign-off.

_____ **Live Board Presentation Requirement:** I understand that if this project passes initial staff vetting, I or an authorized corporate officer will be required to deliver a live, 10-minute presentation to the DDA Board of Directors.

Potential Applicant
Signature: _____ **Date:** _____

SECTION 5: DDA STAFF CONSULTATION AND VETTING *(STAFF USE ONLY)*

Date of Consultation Meeting: _____

DDA Reviewer Name: _____

Initial Due Diligence Checklist:

- [ ] Property is verified inside both the DDA boundary map and the TAD1 overlay.
- [ ] Proposed use is compliant with current City of Griffin downtown zoning overlays.
- [ ] Project meets the baseline $500,000 capital investment threshold.
- [ ] Funding request is compliant with the strict 10% maximum award cap.

Staff Administrative Determination:

- [ ] **APPROVED FOR FULL APPLICATION STAGE:** Applicant is formally invited to submit a complete application packet and visual exhibits for placement on the next available DDA Board meeting agenda.
- [ ] **DENIED / INELIGIBLE:** Project does not meet program criteria. *(Attach staff determination letter)*

Economic Development Director

Signature: _____ **Date:** _____