



## Louisiana Business Recovery Grant and Loan Program

### PHASE II APPLICATION

#### INSTRUCTIONS

Thank you for your interest in Phase II of the Louisiana Business Recovery Grant and Loan Program (BRGL P2). The BRGL P2 can provide grant and 0% interest<sup>1</sup> loan packages for qualified businesses. Packages will be 20% grant and 80% loan; for example, a business may qualify for a \$10,000 grant + \$40,000 loan for a total package of \$50,000. (Maximum grant is \$20,000.)

Please follow the instructions below carefully. Only complete applications will be accepted.

- 1) Review the "**Eligibility Checklist**" to see if you may qualify
- 2) If you feel that you may qualify, fill out this application
- 3) Refer to the "**Application Intake Information**" sheet, and make an application intake appointment with a program intermediary. Applications will only be taken by appointment
- 4) Review the "**Eligibility Documentation Checklist**," and bring all required materials to your appointment
- 5) You will receive assistance at your appointment with filling out the HUD-required forms at the end of this application

All of the above documents and additional program information may be found online at [www.louisianaforward.com](http://www.louisianaforward.com). If you have other questions, please call the BRGL Hotline at 1-877-610-3533, or email [questions@la.gov](mailto:questions@la.gov). We look forward to working with you!

<sup>1</sup> First two years, 4% thereafter



Louisiana Business Recovery Grant and Loan Program

PHASE II APPLICATION

GENERAL INFORMATION

1.Applicant/Owner Name

[Text box for Applicant/Owner Name]

2. Business Title (e.g., President)

[Text box for Business Title]

3. Contact Phone

[Text box for Contact Phone]

4.Email Address

[Text box for Email Address]

5.Legal Company Name

[Text box for Legal Company Name]

6."Doing Business As", if Applicable

[Text box for Doing Business As]

7.Date Established

[Text box for Date Established]

(MM/DD/YYYY)

8.Web Site

[Text box for Web Site]

9.Business Structure:

- Proprietorship       LLC
- Partnership         Nonprofit
- Corporation

10.Is Your Firm: (check all that apply)

- Minority-owned?
- Woman-owned?

11.Industry Sector (check one that best describes your company)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Accommodations                    | <input type="checkbox"/> Food Services / Drinking Places       | <input type="checkbox"/> Real Estate / Rental / Leasing |
| <input type="checkbox"/> Administrative & Support Services | <input type="checkbox"/> Forestry / Logging                    | <input type="checkbox"/> Retail Trade                   |
| <input type="checkbox"/> Arts / Culture                    | <input type="checkbox"/> Health Care                           | <input type="checkbox"/> Support Activities for Mining  |
| <input type="checkbox"/> Construction                      | <input type="checkbox"/> Information                           | <input type="checkbox"/> Transportation & Warehousing   |
| <input type="checkbox"/> Educational Services              | <input type="checkbox"/> Leisure & Hospitality                 | <input type="checkbox"/> Utilities                      |
| <input type="checkbox"/> Farming / Agriculture             | <input type="checkbox"/> Management of Companies / Enterprises | <input type="checkbox"/> Waste Management               |
| <input type="checkbox"/> Financial Services                | <input type="checkbox"/> Oil & Gas Extraction                  | <input type="checkbox"/> Wholesale Trade                |
| <input type="checkbox"/> Fishing                           | <input type="checkbox"/> Professional & Technical Services     | <input type="checkbox"/> Other                          |

12.Pre-Storm Physical Address of Business(not P.O. Box or Mailbox Facility)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ PARISH \_\_\_\_\_

13.Current Physical Address of Business (not P.O. Box or Mailbox Facility)  Check if same as Pre-Storm Address

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ PARISH \_\_\_\_\_

14.Mailing Address  Check if same as Pre-Storm Address

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ PARISH \_\_\_\_\_



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15. Indicate whether you received funding from Phase I of the Grant and Loan Program:

<b>TYPE</b>	<b>APPLIED?</b>	<b>INTERMEDIARY</b>	<b>RESULTS</b>	<b>AMOUNT (if any)</b>
<b>GRANT</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
<b>LOAN</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	

### OWNERS & CORPORATE OFFICERS

16. List all owners and corporate officers regardless of ownership percentage. All owners with  $\geq 20\%$  interest are required to provide an insolido (for full amount of loan) personal guarantee. Ownership percentages must total 100%. (If more space is needed to list owners/officers, please list on a separate sheet and attach.)

<b>NAME</b>	<b>TITLE</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>% OWNERSHIP</b>
<b>TOTAL</b>			<b>100%</b>



# Louisiana Business Recovery Grant and Loan Program

## BUSINESS INFORMATION

17. Federal Tax ID Number

18. State Tax ID Number

19. Annual Gross Revenue (From Federal tax returns, which must be submitted with this application)

Tax Year	Business Open?	Federal Tax Form Number (e.g., 1120)	Annual Gross Revenue Amount
2004	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2005	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2006	<input type="checkbox"/> Yes <input type="checkbox"/> No		

20. Employees

Number of Employees Pre-Storm <sup>2</sup>	Number of Employees Currently	Estimated Number of <u>New Employees</u> within the next two years as a result of this award

21. Did the business experience a tangible (physical) loss as a result of Hurricane Katrina and/or Rita?

Yes  No

22. If yes, describe the tangible loss (equipment, inventory, property, etc.):

23. If yes, what was the dollar amount of the tangible loss?

24. Did the business close as a result of Hurricane Katrina and/or Rita?

Yes  No

25. If yes, what date did the business reopen?

(MM/DD/YYYY)

26. GRANT/LOAN Packages are available from \$20,000 to \$100,000<sup>3</sup> (20%grant/80%loan). Indicate how you would use the award by listing the amounts to be spent, by category:

CATEGORY	FUNDS
Equipment (repair or replace)	
Inventory	
Operating Expenses (rent, insurance, utilities, etc.)	
Refinancing of Storm-Related Business Debt	

27. Other than Phase I of the Business Recovery Grant and Loan Program, have you received any other business grant or loan from Louisiana or the Federal government, including the SBA?

Yes  No

28. If yes, please describe the source of those funds, and what you used them for:

<sup>2</sup> Employees = "Full Time Equivalents" = 35 hours per week minimum

<sup>3</sup> In exceptional circumstances loan amounts may be increased up to \$230,000



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29. List all insurance payments you have received due to the storms, specifying amount and reason:

30. Is there any other information you would like to provide about your need for assistance?

31. How did you hear about this program?

**THE REMAINDER OF THE APPLICATION MUST BE COMPLETED BY HAND**



## Louisiana Business Recovery Grant and Loan Program

### 30. STATEMENT OF UNDERSTANDING (Please read and initial each paragraph if you agree)

\_\_\_\_\_ **SBA Duplication of Benefits.** The Small Business Administration will review all award recipients for "Duplication of Benefit." If it is found that you received an SBA loan for your business for the purpose of repairing or replacing physical damage (i.e., equipment or inventory) due to Katrina and/or Rita, and that you are now receiving an award for the same purpose, you may be required to use some or all of your award to repay your SBA loan. This repayment will be made up-front by the Louisiana Department of Economic Development ("LED") and you will then receive the net proceeds, along with information about your Duplication of Benefit.

\_\_\_\_\_ **Louisiana Department of Revenue.** The undersigned understands that the Business Recovery Grant and Loan Program ("BRGL") and its intermediaries have the authority to confirm with the Louisiana Department of Revenue that the award recipient is in good standing with Louisiana Department of Revenue. Award recipient must be in good standing in order to receive award funds. If the Louisiana Department of Revenue cannot verify that the award recipient is in good standing they will notify LED, and a letter will be issued to the award recipient informing them that they should contact the Department of Revenue to discuss their account.

\_\_\_\_\_ **Income Tax Reporting.** The undersigned understands that an IRS 1099G will be issued to award recipients. Award recipient understands that all or a portion of the grant funds may be treated as taxable income for U.S. or state income tax purposes.

\_\_\_\_\_ **Public Announcements.** If the award recipient wishes to issue a public announcement concerning this award, the text of the proposed announcement must be submitted to the BRGL for review and approval prior to the release date. The Louisiana Department of Economic Development ("LED") Louisiana Recovery Authority ("LRA") and the Office of Community Development ("OCD") must be mentioned in any public announcements. Approval shall not be unreasonably withheld.

\_\_\_\_\_ **No Right of Assignment or Delegation.** The award recipient may not assign or otherwise transfer its rights or delegate any of its obligations under this letter unless expressly approved by LED and OCD.

\_\_\_\_\_ **Revocation.** BRGL reserves the right to revoke this award if the funds are not used for the stated purpose. The award recipient understands and agrees that revocation of this award will require the return of all funds disbursed. The business will be obligated to repay some or all funds received under this program in the event that (a) its application including any information provided therewith or thereafter contains any material misrepresentations; or (b) the award was made in error and the applicant is not entitled to some or all assistance under the Program Guidelines.



## Louisiana Business Recovery Grant and Loan Program

### **Monitoring and Records**

- a. This award may be used only for the purposes stated herein. Documents providing evidence of the use of the funds from this award shall be retained by award recipient for five years from the date of disbursement of the initial installment of the award.
- b. BRGL and its intermediaries reserve the right to monitor usage of award funds. Such monitoring will include review that the entire amount of the award was used only for the expenses as specified above in accordance with your proposal.
- c. LED and/or its intermediaries may, during regular business hours and on reasonable notice to award recipient inspect, audit, or copy records pertaining to this award. It is further agreed that the Louisiana Department of Economic Development, Legislative Auditor of the State of Louisiana, the Office of Community Development, Division of Administration, and/or the U.S. Department of Housing and Urban Development auditors or auditors contracted by them shall have the option of auditing all records and accounts of award recipient that relate to this grant at any time during normal business hours, as often as deemed reasonably necessary, to audit, examine, and make excerpts or transcripts of all relevant data.
- d. Awardee's failure to cooperate in such review will result in forfeiture of the award. Amount and awardee will be responsible for repaying the full amount of funds disbursed.

**Information Access Authorization:** For determination of eligibility, the applicant should submit information requested in the Application Checklist.

In the event that additional information not included with the initial application checklist is required to obtain an approval for the application, the undersigned agrees to provide that information in a timely manner to the loan officer processing the request.

The undersigned gives permission to BRGL to confidentially discuss any application information with all intermediaries involved with this Program. The applicant also gives permission to BRGL and its intermediaries to use its name in its Annual Report and in its marketing materials. No financial details will be released, except possibly for award amount, as this is considered public information.

The undersigned authorizes BRGL and its intermediaries to obtain personal credit reports and business credit reports, and also acknowledges that all information relative to the loan request, including the application and related documentation, becomes the property of BRGL and will not be returned to the applicant.

**Affirmation of Information Provided in Application.** By the applicant's signature below, the applicant represents and warrants that he/she has read this application and Statement of Understanding and attests that all information and documentation furnished in connection with the application is true, accurate and complete to the best of his/her knowledge and that any regulations relative to the BRGL program will be followed. Individuals and/or businesses found to be willfully providing fraudulent information may be prosecuted.



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### 31. SIGNATURES

All owners with at least 20% ownership must sign the application, or the applicant must provide a Board of Resolution Authority to sign for the applicant company.

**APPLICANT BUSINESS NAME:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_





## Louisiana Business Recovery Grant and Loan Program

### 32. Information Required by the Federal Department of Housing and Urban Development (HUD) (will not affect award eligibility or amount)

This page to be completed only if you are a **self-employed individual** (regardless of entity type). If you employ one or more persons, leave this page blank and complete the next page.

#### **1) Individual Beneficiary Data:**

Last Name, First Name, MI \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

#### **2) HUD Family Income Data for Calculating LMI:**

Parish of Residence: \_\_\_\_\_

Total Number of Persons in Your Household: \_\_\_\_\_

Total Current Annual Family Income: \_\_\_\_\_

**(Determine the appropriate income by calculating the current family income and projecting it forward for twelve months. Do not include any prospective assistance.)**

#### **3) Racial and Ethnicity Category of Individual Beneficiary**

<b>Single Category:</b>
White
Black / African-American
Asian
Pacific Islander
American Indian
<b>Multi-Category:</b>
Asian and White
American Indian and White
Black / African-American and White
American Indian and Black
Other Multi-racial
Hispanic (may also be one of above)
Female Head of Household (may also be one of above)

Note: 18 U.S.C. Sec 1001 provides that "whoever knowingly and willfully makes any materially false, fictitious or fraudulent statement or representation; ....shall be fined under this title or imprisoned not more that five years or both." This information is subject to verification.

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Louisiana Business Recovery Grant and Loan Program

### Information Required by the Federal Department of Housing and Urban Development (HUD) (will not affect award eligibility or amount)

**This page should be completed only if you employ one or more persons. If you are self-employed (no employees), complete the previous page and leave this page blank.**

1) For each of the relevant job categories below, please indicate your current number of employees and their average annual salary. Include the owner(s) as employee(s).

Category	Number of Employees	Average Annual Salary
Executive, administrative and managerial		\$
Professional specialty and technical		\$
Sales		\$
Administrative support		\$
Precision production, craft and repair		\$
Machine operators, assemblers and inspectors		\$
Transportation and material moving		\$
Handlers, equipment cleaners, helpers and laborers		\$
Protective service		\$
Food service		\$
Health service		\$
Cleaning and building service		\$
Personal service		\$
Agriculture, forestry, fishery workers		\$

2) For each of the demographic categories below, please indicate the number of your current employees that are best described by each:

Category	Number of Employees
White	
Black / African-American	
Asian	
Pacific Islander	
American Indian	
Multi-Category: Asian and White	
Multi-Category: American Indian and White	
Multi-Category: Black / African-American and White	
Multi-Category: American Indian and Black	
Multi-Category: Other	
Hispanic (may also be one of above)	
Female Head of Household (may also be one of above)	

Note: 18 U.S.C. Sec 1001 provides that "whoever knowingly and willfully makes any materially false, fictitious or fraudulent statement or representation; ....shall be fined under this title or imprisoned not more that five years or both." This information is subject to verification.

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Louisiana Business Recovery Grant and Loan Program**

**FOR OFFICE USE ONLY**  
**GRANT APPLICATION RECEIPT (INTERMEDIARY COPY)**

Submitted by \_\_\_\_\_

Company \_\_\_\_\_

Signature \_\_\_\_\_

Received by \_\_\_\_\_

Organization \_\_\_\_\_

Signature \_\_\_\_\_

Intake location \_\_\_\_\_

Date \_\_\_\_\_

Application complete?      YES                              NO

If no, please do the following and resubmit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Louisiana Business Recovery Grant and Loan Program**

**FOR OFFICE USE ONLY**  
**GRANT APPLICATION RECEIPT (APPLICANT COPY)**

Submitted by \_\_\_\_\_

Company \_\_\_\_\_

Signature \_\_\_\_\_

Received by \_\_\_\_\_

Organization \_\_\_\_\_

Signature \_\_\_\_\_

Intake location \_\_\_\_\_

Date \_\_\_\_\_

Application complete?      YES                              NO

If no, please do the following and resubmit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_