

LOUISIANA BUSINESS RECOVERY GRANT & LOAN PROGRAM

GRANT APPLICATION

Company Information

Name

Address

Parish

Principal¹ owner(s).....

Principal owner(s) SS#

Minority or Woman-owned (specify)?

Phone

Email

Website

Industry

Date established

Federal Tax ID#

Form: Proprietorship Partnership Corporation LLC Nonprofit

If single employee company, what is exact nature of your business?.....

.....

¹ More than 10% ownership



Business History

Number of employees (pre-storm)

Number of employees (currently)

Evidence of employees [PLEASE ATTACH]

Revenue Q2 (April, May, June) 2005

Revenue Q2 (April, May, June) 2006

[indicate other revenue period comparison if more accurate]

Reason for different revenue comparison period

.....

.....

Evidence of revenue [PLEASE ATTACH]

Tangible loss type.....

Tangible loss amount.....

Evidence of tangible loss [PLEASE ATTACH].....

[tangible loss information not required for businesses in Cameron, Orleans, Plaquemines or St. Bernard parishes, or those that experienced flooding]

Need for Assistance

How would you use the grant (up to \$20,000)?

.....

Are you currently open?

If you answered no to above, would this grant allow you to open? Explain

.....

.....

How would this grant otherwise help your business?

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.....

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

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.....

Other

Have you received any other grant or loan from Louisiana or the federal government,
including the SBA?

If yes, what did you use those funds for?

How did you hear about this program?

Attestation

I hereby attest that all of the above information is complete and accurate to the best of my knowledge, and that if awarded a grant I will use the funds for legitimate business operating expenses only. I understand that if awarded a grant I will receive 50% of the amount up-front, and then 50% of the amount after three months upon presentation of evidence of acceptable use of the first disbursement.

Signature_____ Print Name_____

Title_____ Company_____

Date_____

Note: grant funds available pending final federal approval by Housing and Urban Development Department.

Attachments

Please attach at least one item from each of the following categories:

<u>Item</u>	<u>Examples</u> <i>(other means of legitimate proof may be used; unless otherwise indicated, only one of each item required)</i>
<input type="checkbox"/> Proof of business organization or incorporation	<i>For example:</i> <ul style="list-style-type: none"> ▪ Articles of Incorporation/Organization ▪ Business license ▪ Federal tax form (incl. 1040 Schd. C)
<input type="checkbox"/> Proof of address	<i>For example:</i> <ul style="list-style-type: none"> ▪ Utility bill ▪ Lease agreement ▪ Tax returns
<input type="checkbox"/> Proof of number of employees	<i>For example:</i> <ul style="list-style-type: none"> ▪ Payroll statement ▪ State unemployment tax statement ▪ Federal form 941
<input type="checkbox"/> Proof of physical loss (if required - Zone B businesses only)	<i>For example:</i> <ul style="list-style-type: none"> ▪ Estimates for repair ▪ Photos ▪ Insurance claims
<input type="checkbox"/> Three years (if available) of financial records	<i>For example:</i> <ul style="list-style-type: none"> ▪ Federal tax statements/returns ▪ Company financial statements ▪ Bank statements ▪ Sales receipts <i>Note: submit all of the above that are available</i>
<input type="checkbox"/> Information on future plans	<i>For example:</i> <ul style="list-style-type: none"> ▪ Intended use of funds ▪ Financial projections
<input type="checkbox"/> Owner information	<ul style="list-style-type: none"> ▪ Government-issued ID
<input type="checkbox"/> Optional: Information about business	<i>For example:</i> <ul style="list-style-type: none"> ▪ Marketing materials ▪ Press ▪ Photos
<input type="checkbox"/> Optional: Business reference	<i>For example:</i> <ul style="list-style-type: none"> ▪ Letter from supplier ▪ Letter from customer

Office Use Only

Received by

Organization.....

Date

Application complete? YES NO

If no, explain.....

.....

Application qualified for grant? YES NO

If no, explain.....

.....

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:

.....

.....

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:

.....

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