

**GRANT 2nd 50% OF AWARD
DISBURSEMENT REQUEST FORM**

Company Information

Name

Address

Parish

Mailing Address, *if different*

Mailing Address Parish, *if different*

Principal¹ owner(s).....

Principal owner(s) SS#

Phone

Email

Federal Tax ID#

¹ More than 10% ownership



Use of Funds

Which intermediary sent you your check? (circle one)

ASI Acadiana RDD JEDCO NewCorp
Regional Loan Corp. SEEDCO South Central PD

What was your grant # (upper right corner of Terms and Conditions Letter)?

How much was your total grant award?.....

How did you use the first 50% of the grant award?

<u>Category</u>	<u>Description</u>	<u>Amount</u>
Operating Expenses	_____	\$ _____
Inventory	_____	\$ _____
Equipment	_____	\$ _____
Storm-related debt*	_____	\$ _____
Total		\$ _____

* You may retire current debt that was incurred for storm-related expenses. Please provide evidence of both original use of debt (e.g., to buy new inventory) and the payment you are now making with the grant to reduce that debt (e.g., account statement)

What evidence are you providing for this use of the first 50% of the grant award?
(please attach)

.....
.....
.....

Use of Funds (continued)

How will you use the second 50% of the grant award?

.....

Are you currently open?

If you answered no to above, please explain how and when your business will be able to open with the second 50% of your grant award

.....

.....

.....

.....

Information Required by the Federal Department of Housing and Urban Development (*will not affect grant eligibility or amount*)

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)	

3) In what parish is your business located?.....

4) The above information is accurate as of what date?

Attestation

I hereby attest that all of the above information is complete and accurate to the best of my knowledge, and that I will use the second 50% of funds for legitimate business expenses only. I understand that individuals and/or businesses found to be providing fraudulent information will be prosecuted.

Signature_____ Print Name_____

Title_____ Company_____

Date_____

Please mail this completed form, as well as original copies of your proof of use of the first 50% of funds, to the intermediary indicated in your award letter. If all information is complete, you will receive your second check in approximately 3-4 weeks from receipt. If you have any questions, please email questions@la.gov. If you do not have internet access, please call 1-877-217-1777. Thank you!