

RESTORE



RESTORE LOUISIANA

Small Business Program

Recovery Loan Application

Thank you for your interest in the Restore Louisiana Small Business Program (RLSB). The RLSB can provide 0% interest loan packages for qualified businesses and non-profits located in areas adversely affected by the 2016 Severe Storms and Flooding Events. The loans will be structured as 60% repayable and 40% forgivable. Partial forgiveness is contingent upon the borrower's full compliance with the terms of the RLSB Program. 60% of the awarded loan will be amortized over five (5) years, following a period of no payments for the first six months. Total awards will range from \$10,000 minimum to \$150,000 maximum, based on a calculation of unmet needs and eligible expenses.

INSTRUCTIONS

Please follow the instructions below carefully.

Only complete applications will be accepted.

1. Review the “**Eligibility Checklist (pg. 2)**” to see if you may qualify.
2. If you feel that you may qualify, fill out this application.
3. Review the “**Required Documentation Checklist (pg. 19)**,” and ensure that all documents are included in your submission.
4. The subrecipients listed below are available to provide assistance 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.restore.la.gov or http://www.doa.la.gov/Pages/ocd-dru/GF_EcoDev_Programs.aspx.

If you have other questions, please contact the subrecipient you intend to submit this application to:

- **South Central Planning and Development Commission**
(www.scpdc.org, 1-800-630-3791)
- **Regional Loan Corporation** (www.rlcsbidco.com, 504-524-6172)
- **TruFund Financial Services** (www.trufund.org, 1-866-329-8939)
- **NewCorp, Inc.** (www.newcorpinc.com, 504-208-1700)
- **North Delta Regional Planning and Development District**
(www.northdelta.org, 318-387-2572)

We look forward to working with you.

Restore Louisiana Small Business Program

ELIGIBILITY CHECKLIST:

To be eligible for the program, an applicant must meet all of the following criteria¹:

- Must be either a for-profit business or a private non-profit organization located in one of the 51 parishes impacted by the 2016 Severe Storms and Flooding Events:
Acadia, Allen, Ascension, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Catahoula, Claiborne, DeSoto, East Carroll, East Baton Rouge, East Feliciana, Evangeline, Franklin, Grant, Iberia, Iberville, Jackson, Jefferson Davis, Lafayette, LaSalle, Lincoln, Livingston, Madison, Morehouse, Natchitoches, Ouachita, Pointe Coupee, Rapides, Red River, Richland, Sabine, St. Helena, St. James, St. Landry, St. Martin, St. Tammany, Tangipahoa, Union, Vermilion, Vernon, Washington, Webster, West Baton Rouge, West Carroll, West Feliciana and Winn.

Religious non-profit organizations will be evaluated for eligibility and ability to service debt based on the secular operations of their organizations. (For example, if you are a religious organization with a secular child care center, the child care center would be considered eligible to apply.)

- Has additional eligible funding needs after accounting for all insurance, federal, state, local and private proceeds received due to the flood that are considered to be a duplication of benefit.
- Was operating at the time of the respective storm or flood event. The applicant business must have been open before April 8, 2016 for the March 2016 floods and before August 31, 2016 for the August 2016 floods.
- Must either a) be currently operating or b) demonstrate the ability to reopen upon receiving assistance from the program.
- Businesses that are closed at the time of application, but who will be able to reopen upon receiving assistance from the program must have a business plan and demonstrate they have the funding necessary to reopen. Closed businesses must commit to re-opening in an eligible parish; they are not required to re-open in the same location in which they were operating at the time of the flood.
- Has a minimum of one (1) full-time equivalent employee and no more than 50 full-time equivalent employees. (FTEs = Full-Time Equivalent = 35 hours per week)
- Had a pre-storm minimum annual gross revenue of \$25,000.
- Was directly impacted by the storms/floods, as a documented physical or financial loss.
 - In order to qualify under physical loss, a business must demonstrate they had a minimum of \$10,000 in third-party verified physical damages or losses.
 - In order to qualify under a financial loss, a business must demonstrate a 20% annual gross revenue decline from 2015 to 2016.

*****IF YOU DO NOT MEET ALL OF THESE ELIGIBILITY REQUIREMENTS, PLEASE CONTACT THE SUBRECIPIENT SERVICING YOUR AREA FOR ASSISTANCE. SEE MAP ON NEXT PAGE *****

¹ OCD-DRU will consider exceptions in cases where an applicant business may not meet all eligibility requirements. OCD-DRU will determine in its sole discretion whether an exceptions award is critical to the community's long-term recovery.



GENERAL BUSINESS INFORMATION

1) Applicant/Owner Name: _____

2) Business Title (e.g., President, CEO): _____

3) Phone: (_____) _____ 4) E-Mail: _____

5) Legal Business Name: _____

6) "Doing Business As" (if applicable): _____

7) Date Business Established (mm/dd/yyyy): _____

8) Business Website: _____

9) Business Structure: Sole Proprietorship Partnership Corporation LLC Non-profit

10) Is your business at least 51% (check all that apply): Minority-owned? Woman-owned?

11) Is your business in one of the following industries?

- Grocery Store
- Gas Station
- Restaurant
- Pharmacy
- Residential Construction
- Residential Service Provider
- Healthcare Provider
- Child Care
- Other _____

12) Addresses:

a) **Pre-Flood** Physical Address (no P.O. Box or Mailbox):

Street	City/Zip	Parish
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b) **Current** Physical Address (no P.O. Box or Mailbox): *Check if same as **Pre-Flood** Address*

Street	City/Zip	Parish
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c) **Mailing** Address (no P.O. Box or Mailbox): *Check if same as **Pre-Flood** Address*

Street	City/Zip	Parish
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GENERAL INFORMATION, continued

13) Other Business Owners/Corporate Officers:

List all owners and corporate officers regardless of ownership percentage. All owners with \geq 20% interest are required to provide an *in solido* (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.

Name	Title	Social Security Number or Tax ID	% Ownership
		Total:	100%

BUSINESS INFORMATION

14) Please provide a brief background and history for your business/company:

15) Which flood event impacted your business? March 2016 August 2016 both

16) Was the business operating at the time of the flood event? Yes No

Must have been open before April 8 for March floods and before August 31 for August floods.

Is the business currently operating? Yes No

Did your business close due to the flood event? Yes No

Have you reopened since the flood? Yes No

If yes, what date did you reopen? ____/____/____

If no, will this assistance allow you to re-open? Yes No

If yes, please summarize your timeline for reopening and what other sources of funding might be needed for you to reopen. You will also need to submit a business plan and proof of available funding with this application.

BUSINESS INFORMATION, continued

17) Federal Tax ID #: _____ 17) State Tax ID #: _____

18) Revenue (From Federal tax returns, which must be submitted with this application):

Tax Year	Business Open?	Federal Tax Form # (e.g.,1120, 1065,1040C)	Annual Gross Revenue
2014	Yes <input type="checkbox"/> No <input type="checkbox"/>		
2015	Yes <input type="checkbox"/> No <input type="checkbox"/>		
2016	Yes <input type="checkbox"/> No <input type="checkbox"/>		

19) Employees:

- Number of Full-Time Employees¹ **Pre-Flood:** _____
- Number of Full-Time Employees **Currently:** _____
- Number of **jobs** that will be created during the **first year** of this loan: _____

If your business is a microenterprise (a commercial enterprise that has five or fewer employees, one or more of whom owns the enterprise), what is the annual household income of the owner(s)?

Please provide a detailed description of: 1) direct jobs that will be created during the first year of the loan agreement, or 2) jobs that will be retained due to this assistance. If job retention will be the outcome, would you be unable to retain jobs without this assistance? If so, why? (Attach additional page if needed)

¹ Employees = "Full Time Equivalents" = 35 hours per week minimum

BUSINESS INFORMATION, continued

20) Did the business experience a financial and/or tangible (physical) loss due to the March and/or August flood events? Yes No

If yes, please describe the losses and the verifiable dollar value of those losses. Indicate the source of the third-party verification used to determine physical loss (i.e. insurance report, SBA verified loss report, etc.):

21) Loan packages will be awarded from **\$10,000 to \$150,000** (40% forgivable/60% repayable). Indicate how you would use the award. Funds may be used for multiple eligible uses:

<u>Eligible Uses:</u>	<u>Check how you will use funds</u>
Up to six months of rent or mortgage	
Up to six months of non-owner employee wages	
Up to six months of utilities	
Up to six months of inventory	
Purchase or repair of moveable equipment necessary for recovery	

BUSINESS INFORMATION, continued

22) Have you received or been approved for any other business grant or loan from a local entity, the State Louisiana or the Federal government, including but not limited to loans from the SBA?

Yes No

If yes, please describe the source of those funds, the amount approved and awarded (include both approved and awarded if they are different amounts) and the purpose(s) for which the loan or grant was awarded to the business (i.e. business interruption, working capital, capital improvements, equipment, inventory, etc.):

If you were approved by the SBA, did you execute the SBA loan? Yes No

If not, did you decline the loan from SBA? Yes No

If you declined the loan from SBA, please describe why:

23) Have you received funds from private philanthropy, NFIP or private flood insurance, or any other insurance (including business interruption insurance)?

Yes No

***** THE FOLLOWING PAGES MUST BE COMPLETED BY HAND *****

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

 Information Verification

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 Office of Community Development Disaster Recovery Unit (“OCD-DRU”) will review all applicants for “Duplication of Benefit.” The undersigned understands that the Restore Louisiana Small Business Program (“RLSB”) and its subrecipients have the authority to confirm application and award status with the SBA. If it is found that you received an SBA loan, flood insurance, private insurance, philanthropy or other state or federal benefits or financial assistance for your business for the purpose of working capital expenses (i.e., wages and benefits, inventory, etc.) or equipment due to the March or August floods and that you are now applying to receive an award for the same purpose, your award amount will be based on the unmet need remaining.

The undersigned also authorizes RLSB and its subrecipients to obtain **federal and state tax returns, 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 RLSB and will not be returned to the applicant.

 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.

 Federal Debarment.

The undersigned understands that his or her business cannot be on the federal debarment list. (www.sam.gov)

 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 RLSB for review and approval prior to the release date. The Office of Community Development Disaster Recovery Unit (“OCD-DRU”) 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 OCD-DRU.

 Revocation.

RLSB 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 Guideline

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) OCD-DRU and its subrecipients 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) OCD-DRU and/or its subrecipients 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 Office of Community Development Disaster Recovery Unit, Legislative Auditor of the State of Louisiana, 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) Awardees 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 and Sharing:

The undersigned gives permission to RLSB to confidentially discuss any application information with all subrecipients involved with this Program, as well as the Louisiana Small Business Development Centers that will provide technical assistance services for this program if requested by the subrecipient. The applicant also gives permission to RLSB and its subrecipients to use its name in its Annual Report and in its marketing materials. No financial details will be released, except possibly the award amount, as this is considered public information.

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 RLSB program will be followed. Individuals and/or businesses found to be willfully providing fraudulent information may be prosecuted.

27. 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. Please attach additional pages if necessary.

APPLICANT BUSINESS NAME: _____

Owner Name: _____
Signature: _____
Title: _____
Date: _____

Owner Name: _____
Signature: _____
Title: _____
Date: _____

Owner Name: _____
Signature: _____
Title: _____
Date: _____

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Date: _____

Owner Name: _____
Signature: _____
Title: _____
Date: _____

Owner Name: _____
Signature: _____
Title: _____
Date: _____

Owner Name: _____
Signature: _____
Title: _____
Date: _____

Lookup Table Parish Income Limits for 2017

Parish	Total # of Persons in Household															
	LMI-Low								LMI-Mod							
	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
Acadia	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,550	30,350	34,150	37,900	40,950	44,000	47,000	50,050
Allen	17,800	20,350	22,900	25,400	27,450	29,500	31,500	33,550	27,800	31,800	35,750	39,700	42,900	46,100	49,250	52,450
Ascension	23,800	27,200	30,600	33,950	36,700	39,400	42,100	44,850	36,350	41,550	46,750	51,900	56,100	60,250	64,400	68,550
Assumption	19,850	22,650	25,500	28,300	30,600	32,850	35,100	37,400	32,000	36,600	41,150	45,700	49,400	53,050	56,700	60,350
Avoyelles	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
Beauregard	21,850	25,000	28,100	31,200	33,700	36,200	38,700	41,200	34,100	39,000	43,850	48,700	52,600	56,500	60,400	64,300
Bienville	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
Bossier	19,850	22,650	25,500	28,300	30,600	32,850	35,100	37,400	33,350	38,100	42,850	47,600	51,450	55,250	59,050	62,850
Caddo	19,850	22,650	25,500	28,300	30,600	32,850	35,100	37,400	33,350	38,100	42,850	47,600	51,450	55,250	59,050	62,850
Calcasieu	20,500	23,400	26,350	29,250	31,600	33,950	36,300	38,650	31,550	36,050	40,550	45,050	48,700	52,300	55,900	59,500
Caldwell	16,950	19,350	21,750	24,150	26,100	28,050	29,950	31,900	27,250	31,150	35,050	38,900	42,050	45,150	48,250	51,350
Cameron	20,500	23,400	26,350	29,250	31,600	33,950	36,300	38,650	31,550	36,050	40,550	45,050	48,700	52,300	55,900	59,500
Catahoula	17,200	19,650	22,100	24,550	26,550	28,500	30,450	32,450	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
Claiborne	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
Concordia	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
De Soto	19,850	22,650	25,500	28,300	30,600	32,850	35,100	37,400	33,350	38,100	42,850	47,600	51,450	55,250	59,050	62,850
East Baton Rouge	23,800	27,200	30,600	33,950	36,700	39,400	42,100	44,850	36,350	41,550	46,750	51,900	56,100	60,250	64,400	68,550
East Carroll	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
East Feliciana	23,800	27,200	30,600	33,950	36,700	39,400	42,100	44,850	36,350	41,550	46,750	51,900	56,100	60,250	64,400	68,550
Evangeline	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
Franklin	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
Grant	19,050	21,750	24,450	27,150	29,350	31,500	33,700	35,850	29,350	33,550	37,750	41,900	45,300	48,650	52,000	55,350
Iberia	18,500	21,150	23,800	26,400	28,550	30,650	32,750	34,850	27,650	31,600	35,550	39,500	42,700	45,850	49,000	52,150
Iberville	19,500	22,250	25,050	27,800	30,050	32,250	34,500	36,700	31,150	35,600	40,050	44,500	48,100	51,650	55,200	58,750
Jackson	16,650	19,000	21,400	23,750	25,650	27,550	29,450	31,350	26,400	30,200	33,950	37,700	40,750	43,750	46,750	49,800
Jefferson	22,200	25,350	28,500	31,650	34,200	36,750	39,250	41,800	33,600	38,400	43,200	48,000	51,850	55,700	59,550	63,400
Jefferson Davis	18,350	21,000	23,600	26,200	28,300	30,400	32,500	34,600	29,950	34,200	38,500	42,750	46,200	49,600	53,050	56,450
La Salle	19,950	22,800	25,650	28,450	30,750	33,050	35,300	37,600	32,000	36,600	41,150	45,700	49,400	53,050	56,700	60,350
Lafayette	22,950	26,200	29,500	32,750	35,400	38,000	40,650	43,250	37,200	42,500	47,800	53,100	57,350	61,600	65,850	70,100
Lafourche	20,550	23,450	26,400	29,300	31,650	34,000	36,350	38,700	34,500	39,400	44,350	49,250	53,200	57,150	61,100	65,050
Lincoln	18,950	21,650	24,350	27,050	29,250	31,400	33,550	35,750	29,500	33,700	37,900	42,100	45,500	48,850	52,250	55,600
Livingston	23,800	27,200	30,600	33,950	36,700	39,400	42,100	44,850	36,350	41,550	46,750	51,900	56,100	60,250	64,400	68,550
Madison	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
Morehouse	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
Natchitoches	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	27,550	31,500	35,450	39,350	42,500	45,650	48,800	51,950
Orleans	22,200	25,350	28,500	31,650	34,200	36,750	39,250	41,800	33,600	38,400	43,200	48,000	51,850	55,700	59,550	63,400
Ouachita	18,450	21,050	23,700	26,300	28,450	30,550	32,650	34,750	29,150	33,300	37,450	41,600	44,950	48,300	51,600	54,950
Plaquemines	22,200	25,350	28,500	31,650	34,200	36,750	39,250	41,800	33,600	38,400	43,200	48,000	51,850	55,700	59,550	63,400

Pointe Coupee	23,800	27,200	30,600	33,950	36,700	39,400	42,100	44,850	36,350	41,550	46,750	51,900	56,100	60,250	64,400	68,550
Rapides	19,050	21,750	24,450	27,150	29,350	31,500	33,700	35,850	29,350	33,550	37,750	41,900	45,300	48,650	52,000	55,350
Red River	17,200	19,650	22,100	24,550	26,550	28,500	30,450	32,450	26,450	30,200	34,000	37,750	40,800	43,800	46,850	49,850
Richland	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
Sabine	17,500	20,000	22,500	24,950	26,950	28,950	30,950	32,950	26,950	30,800	34,650	38,500	41,600	44,700	47,750	50,850
St. Bernard	22,200	25,350	28,500	31,650	34,200	36,750	39,250	41,800	33,600	38,400	43,200	48,000	51,850	55,700	59,550	63,400
St. Charles	22,200	25,350	28,500	31,650	34,200	36,750	39,250	41,800	33,600	38,400	43,200	48,000	51,850	55,700	59,550	63,400
St. Helena	23,800	27,200	30,600	33,950	36,700	39,400	42,100	44,850	36,350	41,550	46,750	51,900	56,100	60,250	64,400	68,550
St. James	22,450	25,650	28,850	32,050	34,650	37,200	39,750	42,350	36,600	41,800	47,050	52,250	56,450	60,650	64,800	69,000
St. John the Baptist	22,200	25,350	28,500	31,650	34,200	36,750	39,250	41,800	33,600	38,400	43,200	48,000	51,850	55,700	59,550	63,400
St. Landry	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
St. Martin	22,950	26,200	29,500	32,750	35,400	38,000	40,650	43,250	37,200	42,500	47,800	53,100	57,350	61,600	65,850	70,100
St. Mary	18,000	20,550	23,100	25,650	27,750	29,800	31,850	33,900	28,000	32,000	36,000	40,000	43,200	46,400	49,600	52,800
St. Tammany	22,200	25,350	28,500	31,650	34,200	36,750	39,250	41,800	33,600	38,400	43,200	48,000	51,850	55,700	59,550	63,400
Tangipahoa	19,250	22,000	24,750	27,500	29,700	31,900	34,100	36,300	28,800	32,900	37,000	41,100	44,400	47,700	51,000	54,300
Tensas	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
Terrebonne	20,550	23,450	26,400	29,300	31,650	34,000	36,350	38,700	34,500	39,400	44,350	49,250	53,200	57,150	61,100	65,050
Union	18,450	21,050	23,700	26,300	28,450	30,550	32,650	34,750	29,150	33,300	37,450	41,600	44,950	48,300	51,600	54,950
Vermilion	20,700	23,650	26,600	29,550	31,950	34,300	36,650	39,050	31,450	35,950	40,450	44,900	48,500	52,100	55,700	59,300
Vernon	18,800	21,500	24,200	26,850	29,000	31,150	33,300	35,450	29,750	34,000	38,250	42,500	45,900	49,300	52,700	56,100
Washington	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
Webster	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
West Baton Rouge	23,800	27,200	30,600	33,950	36,700	39,400	42,100	44,850	36,350	41,550	46,750	51,900	56,100	60,250	64,400	68,550
West Carroll	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
West Feliciana	23,800	27,200	30,600	33,950	36,700	39,400	42,100	44,850	36,350	41,550	46,750	51,900	56,100	60,250	64,400	68,550
Winn	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500

29. Authorization to Release Insurance Information

Business Name: _____

Federal Tax ID # _____

I (Name) _____ hereby authorize (Ins. Company) _____

to release any insurance data in my file(s) that provides details on insurance coverage or claim for the 2016 March or August floods in Louisiana to the Office of Community Development Disaster Recovery Unit. This data will be used to assist in eligibility verification for the Restore Louisiana Small Business Program.

Signature

Date

Signature

Date

30. Required Documentation Checklist

Businesses wishing to participate in the Restore Louisiana Small Business Program must provide the following documentation in order to be considered for the program:

Completed application

A completed application including but not limited to:

- Company background and history
- Ownership information
- Personal and/or business competences and capabilities necessary to achieve project success and completion
- Description of the types of eligible expenses the award will be used on
- Detailed description of direct jobs that will be created or retained during the first year of the loan agreement

Business Development Plan

Businesses may be required at the Subrecipient's discretion to provide a business development plan and pro-forma. All businesses which have not reopened at the time of application and who wish to use Program funds to assist with reopening the business must provide a business development plan and pro-forma.

Business Tax Returns

Signed federal business tax returns for the business including all schedules for the most three (3) recent years. If the business is a sole proprietorship, a single member limited liability entity, a partnership, or a limited liability company taxed as a partnership, the business owners must submit the three most recent years of signed personal tax returns.

Business Owner Tax Returns

Signed federal personal tax returns for all principal owners (greater than 20% ownership) for most recent three (3) years.

Financial Statements

Interim financial statements for the most recent two (2) quarterly periods and the interim financial statements for the same two quarterly periods from the year prior to the flood event, if requested.

Business Structure

Businesses must demonstrate how they are structured and/or owned. Acceptable documentation should state the structure (LLC, partnership, corporation, etc.) and list the owners, if applicable.

Proof of Ownership (all owners with > 20% share)

Businesses must demonstrate ownership for all individuals with 20% or greater ownership share in the business. This can be demonstrated with business tax return (with appropriate schedules), Personal Tax return (with appropriate schedules), or stock certificates with proof of total number of shares, as appropriate based on the business ownership structure.

Owner Identification

All business owners with an ownership share at or over 20% are required to provide a copy of their valid US or state government-issued photo identification such as a passport, driver's license, non-driver ID card, or military ID.

Business Operating Address

Proof must be provided of where the business was located at the time of the 2016 flooding. If the business has reopened and relocated, proof of the new operating location must be provided as well. Acceptable proof of operating address includes utility bills, lease agreements, business tax returns, or business licenses.

Proof Business Began Operations Prior to 2016 Flooding

The business must demonstrate that it was operational prior to and at the time of the applicable flood event. Acceptable documentation includes the “date of incorporation” on corporate tax returns, any federal business tax return prior to 2016, or a business/occupational license issued prior to the disaster. Articles of Organization or Incorporation and the Louisiana Secretary of State website is not sufficient proof of operations prior to the flood but may be provided as supporting documentation.

Gross Revenue Prior to 2016 Flooding

Businesses must provide proof of gross revenue from 2015 or 2016. Gross revenue from businesses that opened during 2015 or pre-storm/flood in 2016 will be annualized to determine their pro-rated gross revenue. Acceptable proof of gross revenue includes: Federal tax form 1120 (corporations); Federal tax form 1040 Schedule C (sole proprietorships); Schedule F (farmers); Federal tax form 1065 (partnerships); Federal tax form 990 (tax-exempt organizations).

Number of Employees

Businesses must demonstrate the number of individuals they employ. Acceptable documentation includes Federal Form 941 (Employer's Quarterly Federal Tax Return), Louisiana unemployment tax form, payroll forms (e.g., paychecks), and signed internal payroll registers. In addition, businesses must complete LMI Certification forms as required by the program.

Business Insurance & Other Assistance

If the business had hazard insurance covering business property and/or operations, documentation of the policy and claims must be provided. Documentation must include the insurance provider's contact information, policy coverage information and ID, and claims information including amounts received and approved. In addition to insurance, the business must provide information on any other potential duplicative assistance received.

Proof of Qualifying Loss

Businesses must have incurred either financial or physical damage in order to qualify for assistance. Financial loss must be demonstrated with complete, signed 2015 and 2016 tax returns. Physical damage must be demonstrated with insurance loss reports/claims, SBA Verified Loss reports, receipts for replacement equipment/materials/merchandise, or casualty loss reported on 2016 tax returns. Photographs of damage may be used only as supporting evidence.

Proof of Operational Status at Time of Application

Businesses must provide documentation that they are currently open. Acceptable documentation includes any business tax return from 2016 reflecting revenue earned, post-flood sales receipts, or post-flood sales tax returns. This requirement can also be satisfied by a site visit by the subrecipient.

If the business is closed at the time of application and plans to reopen with assistance from the Program, additional documentation is required. The business must provide a business plan and a

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pro-forma. Any funds identified in the pro-forma required to reopen the business must be substantiated with proof of availability (e.g., loan approval letter, bank funds verification). The business will be leasing space to reopen, a copy of the lease must be provided.

Loan Request Documentation

The business must provide supporting documentation for the items requested in the loan application. The documentation requirements for working capital requests are as follows:

- Rent/Mortgage: executed Lease/Mortgage or proof of payment
- Employee Wages: certified payroll registers or employee reporting forms
- Electricity, Water and Gas Utilities: utility Service Provider Bills
- Monthly inventory Bills

If the business is requesting assistance for purchasing movable goods, the business must provide documentation, invoices and/or receipts with adequate description to determine the nature of the equipment and the installation requirements associated with making the equipment usable. If the requested equipment is replacement for equipment damaged or destroyed by the floods, then the applicant business must provide verification of loss or damage (which may include pictures). If the requested equipment is necessary for the business to reopen and/or remain viable in the post-storm economy, the applicant business must provide justification for the new piece of equipment.

LMI Forms

Businesses must submit the applicable LMI forms as part of their application. The business LMI form is included in the application document, but the household LMI is not. The lending agency will provide the household LMI form (specific to the applicant's parish of domicile) and assist in its completion.

***** For Office Use Only ***
Certification of Receipt**

Application Submitted by: _____

Business/Company Name: _____

Application Received by: _____

Organization: _____

Signature: _____

Date: _____

Application Complete?

Yes

No

If no, what items or edits are missing from the application?

Date and time applicant was made aware of this information: _____