



RESTORE LOUISIANA

Small Business Loan Program Loan Application



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. 18)**, 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/small-business-program. If you have other questions, please contact the subrecipient you intend to submit this application to:

- South Central Planning and Development Commission (<u>www.scpdc.org</u>, 1-800-630-3791)
- Regional Loan Corporation (www.rlcsbidco.com, 504-524-6172)
- NewCorp, Inc. (www.newcorpinc.com, 504-208-1700)
- North Delta Regional Planning and Development District (<u>www.northdelta.org</u>, 318-387-2572)

We look forward to working with you.



Restore Louisiana Small Business Loan 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 parishes impacted by Hurricane Laura/Delta (2020) or Hurricane Ida/May Flood (2021):

Laura/Delta	Ida/May Flood of 2021
Acadia (70526,70578)	Ascension
Allen	Assumption
Beauregard	Calcasieu
Caddo	East Baton Rouge
Calcasieu	Iberville (70764, 70788)
Cameron	Jefferson
Jefferson Davis	Lafourche
Lafayette	Livingston
Natchitoches	Orleans
Ouachita	Plaquemines
Rapides	St. Bernard
St. Landry (70570)	St. Charles
St. Martin (70517)	St. Helena
Vermilion (70510)	St. James
Vernon (71446)	St. John the Baptist
	St. Mary
	St. Tammany
	Tangipahoa
	Terrebonne
	Washington
	West Baton Rouge (70767)

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.)

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



Has additional eligible funding needs after accounting for all insurance, federal, state, local and private proceeds 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:
August 27, 2020 for Hurricane Laura
October 9, 2020 for Hurricane Delta
 May 17, 2021 for May Flood of 2021
August 29, 2021 for Hurricane Ida
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 eligible disaster events.
Has a minimum of one (1) full-time equivalent employee and no more than 50 full-time equivalent employees. (FTEs = Full-Time Equivalents = 35 hours per week)
Had a pre-storm minimum annual gross revenue of \$25,000.
 Was directly impacted by either Hurricane Laura, Delta, Ida and/or the May Flood of 2021, 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 in the time periods listed below.
 For Hurricanes Laura and Delta, compare tax returns from 2019 and 2020.

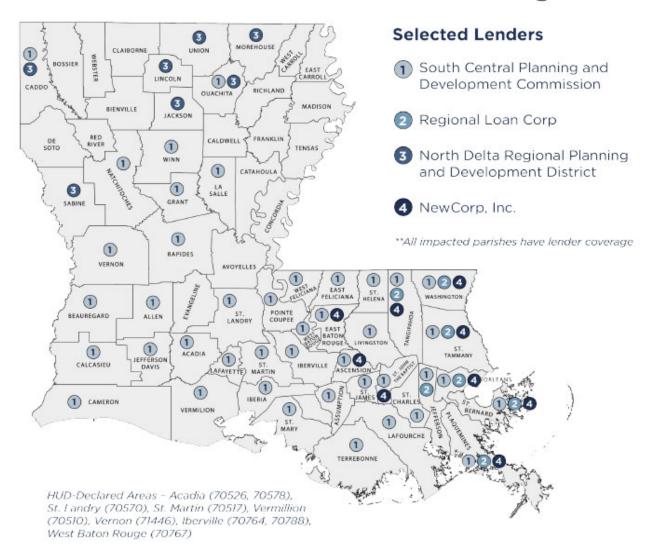
***IF YOU DO NOT MEET ALL OF THESE ELIGIBILITY REQUIREMENTS, PLEASE CONTACT THE SUBRECIPIENT SERVICING YOUR AREA FOR ASSISTANCE. SEE MAP ON NEXT PAGE ***

2. For the May Flood of 2021 and Hurricane Ida, compare the tax returns from 2020 and 2021.



SERVICE AREA MAP

2020-2021 Severe Storms and Flooding Events





GENERAL BUSINESS INFORMATION

1) Appl	icant/Owner Name:		
2) Busi	ness Title (e.g., President, CEO):		
3) Phor	ne: () 4) E-	Mail:	
5) Lega	l Business Name:		
6) "Doi	ng Business As" (if applicable):		
7) Date	Business Established (<i>mm/dd/yyyy</i>):		
8) Busi	ness Website:		
9) Busi	ness Structure: \Box Sole Proprietorship \Box	Partnership Corporat	ion \square LLC \square Non-profit
10) Is y	our business at least 51% (check all that ap	ply): \square Minority-owned?	² □ Woman-owned?
11) Is y	our business in one of the following industr	ies?	
	Grocery Store	☐Residential Se	rvice Provider
	Gas Station	☐Healthcare Pro	ovider
	ocally-owned Restaurant	□Child Care	
□F	Pharmacy	□Other	
□F	Residential Construction		
12) Add	dresses:		
a)	Pre-Event Physical Address (no P.O. Box or	· Mailbox):	
	Street	City/Zip	Parish
b)	Current Physical Address (no P.O. Box or N	Mailbox): Check if same	e as Pre-Event Address 🗆
	Street	City/Zip	Parish
c)	Mailing Address:	Check if same	e as Pre-Event Address □
	Street, P.O. Box, or Mailbox	 City/Zip	Parish



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

Please provide a brief background and history for your business/cor	npany:
S) Which event(s) impacted your business? Laura 2020 \Box Delta May Flood of 2021 \Box	2020 □ Ida 2021□
5) Was the business operating at the time of the event? For relevant dates, please check the eligibility checklist portion of this document.	Yes□ No□
Is the business currently operating?	Yes□ No□
Did your business close due to the event?	Yes□ No□
Have you reopened since the event? Yes \square	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 reopemight be needed for you to reopen. You will also proof of available funding with this application.	o need to submit a business plan and

you



Restore Louisiana Small Business Loan Program

BUSINESS INFORMATION, continued

17) Federal	Tax ID #:	17) State Tax ID #:	
18) Revenu	e (<i>From Federal tax</i>	returns, which must be submitted with this app	lication):
Tax Year	Business Open?	Federal Tax Form # (e.g.,1120, 1065,1040C)	Annual Gross Revenue
2019	Yes □ No □	()	
2020	Yes □ No □		
2021	Yes □ No □		
NurNurIf your busing	mber of Full-Time Ei mber of Full-Time Ei mber of jobs that w ness is a microentei	mployees ² Pre-Event: mployees Currently : ill be created during the first year of this loan: _ rprise (a commercial enterprise that has five or hat is the annual household income of the own	fewer employees, one or more
agreement,	or 2) jobs that will	ription of: 1) direct jobs that will be created dur be retained due to this assistance. If job retenti at this assistance? If so, why? (Attach additional	on will be the outcome, would

 $^{^2}$ Employees = "Full Time Equivalents" = 35 hours per week minimum



BUSINESS INFORMATION, continued

 	.5		
		e of those losses. Indicat surance report, SBA verif	

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:

Eligible Uses:	Check how you will use funds
Up to six months of rent or mortgage	
Up to six months of non-owner employee wages and benefits	
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 touisiana or the Federal government, including but not limited to loans from t		al entity, the State	
Yes□ No□			
If yes, please describe the source of those funds, the amount approved and avawarded if they are different amounts) and the purpose(s) for which the loan business (i.e. business interruption, working capital, capital improvements, eq	or grant v	vas awarded to the	ed and
Į.			
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 i (including business interruption insurance)?	insurance,	or any other insura	ince
Yes□ No□			



BUSINESS INFORMATION, continued

oan is for mortgage assistance (building coverage erage required). Are you willing to obtain flood in loan funds used for these purposes?		
□ No□		
	ge of bankruptcy?	
s the business and/or owners currently in any sta	ge of bankruptcy?	
is the business and/or owners currently in any star \square No \square		ther page if necessary.
s the business and/or owners currently in any sta \Box No \Box		ther page if necessary. Monthly Payment
s the business and/or owners currently in any stag □ No□ Existing Business Debt- please list existing debts o	n your business. Attach ano	
Is the business and/or owners currently in any staged in the business and/or owners currently in any staged in the business Debt-please list existing debts o	n your business. Attach ano	· ·
Is the business and/or owners currently in any stag □ No□ Existing Business Debt- please list existing debts o	n your business. Attach ano	
Is the business and/or owners currently in any stag □ No□ Existing Business Debt- please list existing debts o	n your business. Attach ano	



*** 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 (OCD) will review all applicants for "Duplication of Benefit." The undersigned understands that the Restore Louisiana Small Business Loan Program (RSBL) 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 eligible disaster events 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 RSBL 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 RSBL 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 RSBL for review and approval prior to the release date. 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 OCD.

Revocation.

RSBL 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.



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 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 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 RSBL to confidentially discuss any application information with all subrecipients involved with this Program, as well as the Louisiana Chamber of Commerce Foundation, Inc. that will provide technical assistance services for this program if requested by the subrecipient. The applicant also gives permission to RSBL 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 RSBL 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.

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



28. Information Required by the Federal Department of Housing and Urban Development (HUD)

(will not affect award eligibility or amount)

Business LMI Form - 2022

Effective Date: April 18, 2022

Subrecipient Lender:										
Name of Business: (Client Served or Borrower)										
Physical Address: (of Business)										
Federal Tax ID: (of Business)				Reporti	ng Period:		gin	Er	nd	
Parish (Income Area):	(Parish of Business' Phy	ysical Address)			One Persoi			37,350 HUD Limit 202:		
 For Wages/Compensation, en If a salaried employee works le 	e row ONLY if Position Title and hter either and Hourly Rate <u>OR</u> A ess than 35hrs/wk, use calculate cted in order for One Person Inc	nual Salary - Do ed Hourly Rate	o Not enter to indicate	both. Wages/Complensation in	nstead of Ann	ual Salary.				
Employment Position	ons:			# of New Jobs Created	Hours per	(enter	s/Comper as Hourly Ro Innual Salary	ate <u>OR</u>	FT	E's
Job/Position Title		Check ONE:	→	☐ Expected ☐ Actual	Week	Hourly Rate	or	Annual Salary	LMI	Non- LMI
									-	-
									-	-
									-	-
							or		-	-
									-	-
									-	-
									-	-
		Total Emp	oloyment						-	-
* R	acial and Ethn		umm	ary Data for	r Actual	Jobs Cı	eated ^s	*		
		Non- Hispanic/	Hispanic/ Latino						Non- Hispanic/	Hispanic/ Latino
	White	Latino			Ar	merican India	n/Alaskan Na	itive & White	Latino	
	Black/African American						А	sian & White		
	Asian							ican & White askan Native		
	erican Indian/Alaskan Native			-			& Black/Afric	an American		
Native Ha	waiian/Other Pacific Islander			-			Othe	r multi-racial		
	Total:							Total:		
This ii Signed:	nformation is requ	ired by I	HUD a	nd used for ag	gregate	Date:	ting <u>on</u>	<u>ly</u> .		1



Lookup Table Parish/MSA Income Limit for 2022

			Tot	al # of Perso	ns in Housel	old		
Parish	1	2	3	4	5	6	7	8
Acadia	35,300	40,350	45,400	50,400	54,450	58,500	62,500	66,550
Allen	35,700	40,800	45,900	50,950	55,050	59,150	63,200	67,300
Ascension	49,700	56,800	63,900	70,950	76,650	82,350	88,000	93,700
Assumption	37,350	42,700	48,050	53,350	57,650	61,900	66,200	70,450
Avoyelles	31,750	36,250	40,800	45,300	48,950	52,550	56,200	59,800
Beauregard	40,600	46,400	52,200	58,000	62,650	67,300	71,950	76,600
Bienville	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
Bossier	36,700	41,950	47,200	52,400	56,600	60,800	65,000	69,200
Caddo	36,700	41,950	47,200	52,400	56,600	60,800	65,000	69,200
Calcasieu	40,500	46,300	52,100	57,850	62,500	67,150	71,750	76,400
Caldwell	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
Cameron	40,500	46,300	52,100	57,850	62,500	67,150	71,750	76,400
Catahoula	37,150	42,450	47,750	53,050	57,300	61,550	65,800	70,050
Claiborne	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
Concordia	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
De Soto	36,700	41,950	47,200	52,400	56,600	60,800	65,000	69,200
East Baton Rouge	49,700	56,800	63,900	70,950	76,650	82,350	88,000	93,700
East Carroll	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
East Feliciana	49,700	56,800	63,900	70,950	76,650	82,350	88,000	93,700
Evangeline	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
Franklin	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
Grant	35,750	40,850	45,950	51,050	55,150	59,250	63,350	67,400
Iberia	33,600	38,400	43,200	48,000	51,850	55,700	59,550	63,400
Iberville	35,650	40,750	45,850	50,900	55,000	59,050	63,150	67,200
Jackson	32,050	36,600	41,200	45,750	49,450	53,100	56,750	60,400
Jefferson	35,650	40,750	45,850	50,900	55,000	59,050	63,150	67,200
Jefferson Davis	43,900	50,200	56,450	62,700	67,750	72,750	77,750	82,800
Lafayette	31,850	36,400	40,950	45,450	49,100	52,750	56,400	60,000
Lafourche	42,850	49,000	55,100	61,200	66,100	71,000	75,900	80,800
La Salle	38,850	44,400	49,950	55,500	59,950	64,400	68,850	73,300
Lincoln	34,200	39,050	43,950	48,800	52,750	56,650	60,550	64,450
Livingston	49,700	56,800	63,900	70,950	76,650	82,350	88,000	93,700
Madison	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
Morehouse	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
Natchitoches	30,950	35,350	39,750	44,150	47,700	51,250	54,750	58,300
Orleans	43,900	50,200	56,450	62,700	67,750	72,750	77,750	82,800
Ouachita Plaquemines	32,800 43,900	37,450 50,200	42,150 56,450	46,800	50,550	54,300	58,050	61,800 82,800
Pointe Coupee	49,700	56,800	63,900	62,700 70,950	67,750 76,650	72,750 82,350	77,750 88,000	93,700
Rapides	35,750	40,850	45,950	51,050	55,150	59,250	63,350	67,400
Red River	31,750	36,250	40,800	45,300	48,950	52,550	56,200	59,800
Richland	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
Sabine	32,500	37,150	41,800	46,400	50,150	53,850	57,550	61,250
St. Bernard	43,900	50,200	56,450	62,700	67,750	72,750	77,750	82,800
St. Charles	43,900	50,200	56,450	62,700	67,750	72,750	77,750	82,800
St. Helena	49,700	56,800	63,900	70,950	76,650	82,350	88,000	93,700
St. James	40,750	46,550	52,350	58,150	62,850	67,500	72,150	76,800
St. John the Baptist	43,900	50,200	56,450	62,700	67,750	72,750	77,750	82,800
St. Landry	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
St. Martin	42,850	49,000	55,100	61,200	66,100	71,000	75,900	80,800
St. Mary	31,750	36,250	40,800	45,300	48,950	52,550	56,200	59,800
St. Tammany	43,900	50,200	56,450	62,700	67,750	72,750	77,750	82,800
Tangipahoa	37,900	43,300	48,700	54,100	58,450	62,800	67,100	71,450
Tensas	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
Terrebonne	38,850	44,400	49,950	55,500	59,950	64,400	68,850	73,300
Union	32,800	37,450	42,150	46,800	50,550	54,300	58,050	61,800
Vermilion	39,500	45,150	50,800	56,400	60,950	65,450	69,950	74,450
Vernon	37,000	42,250	47,550	52,800	57,050	61,250	65,500	69,700
Washington	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
Webster	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200
West Baton Rouge	49,700	56,800	63,900	70,950	76,650	82,350	88,000	93,700
West Carroll	31,300	35,800	40,250	44,700	48,300	51,900	55,450	59,050
West Feliciana	49,700	56,800	63,900	70,950	76,650	82,350	88,000	93,700
Winn	30,350	34,650	39,000	43,300	46,800	50,250	53,700	57,200



Signature

Restore Louisiana Small Business Loan Program

29. Authorization to Release Insurance Information

Business Name:	
Federal Tax ID #	
l_(Name)	hereby authorize <u>(Ins. Company)</u>
to release any insurance data in i	my file(s) that provides details on insurance coverage or claim for
Laura/Delta and/or Ida/May Floc	ds of 2021 in Louisiana to the Louisiana Office of Community
Development or their duly autho	rized representatives or agents. This data will be used to assist in
eligibility verification for the Rest	ore Louisiana Small Business Loan Program.
Signature	Date

Date



30. Required Documentation Checklist

Businesses wishing to participate in the Restore Louisiana Small Business Loan 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
- Proof of ownership structure
- 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
- Interim financial statements
 - Financial statements are required if full tax returns are not available during application underwriting. The subrecipient must collect the tax returns once they become available to complete their file.
- Insurance documents

☐ 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

Subrecipients may submit to OCD on an exceptions basis approval for businesses that experienced a revenue decline in the time periods listed below:

- For Hurricanes Laura and Delta, the determination period is 3 months prior to the eligible disaster to 3 months after.
- For the May Flood of 2021 and Hurricane Ida, the determination period is 1 year prior to the eligible disaster.

Financial statements are required if full tax returns are not available during application underwriting. The subrecipient must collect the tax returns once they become available to complete their file.



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.
\square 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 qualifying event. 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 Qualifying Event
The business must demonstrate that it was operational prior to and at the time of the applicable event. Acceptable documentation includes the "date of incorporation" on corporate tax returns, any federal business tax return 2019 or earlier for Laura/Delta or 2020 or earlier for Ida/May Flood 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 Qualifying Event
Businesses must provide proof of gross revenue from 2019 through 2021. Gross revenue from businesses that opened during 2019 for Laura/Delta or 2020 for Ida/May Flood 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
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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 2019, 2020, and 2021 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 2020 - 2021 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 2020 or 2021 reflecting revenue earned, post-disaster sales receipts, or post-disaster 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 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.

☐ <u>Loan Request Documentation</u>

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 disaster event(s), 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:	
ignature:	
Pate:	
application Complete?	
□ Yes	
□ No	
f no, what items or edits are missing from the application?	
Date and time applicant was made aware of this information:	