



2010 Louisiana Department of Wildlife & Fisheries Recovery Program

Louisiana Department of Wildlife & Fisheries  
Robert J. Barham, Secretary

[www.wlf.louisiana.gov/disasterrecovery](http://www.wlf.louisiana.gov/disasterrecovery)

**2010 Louisiana Commercial Fisherman Grant & Loan Program**

**Fisherman Grant & Loan Application**

**Mail:**

Louisiana Agricultural Finance Authority  
P.O. Box 3334  
Baton Rouge, LA 70821-3334  
225-922-1277  
866-295-0081

\*\*\*Complete in Blue Ink Only\*\*\*

<b>COMPANY INFORMATION</b>			
<b>Name:</b>		<b>Phone:</b>	<b>Cell:</b>
<b>Mailing Address:</b>			<b>Fax:</b>
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>Email:</b>
<b>Parish:</b>		<b>Parish where you resided in 2008:</b>	
Vessel name & primary location (City, Parish) where you fish dock or launch from:			
Primary business location (Name, City, Parish) where you sell your catch:			
2008 Commercial Fish License: #		2009 Commercial Fish License: #	2010 Commercial Fish License: #
2006 Trip Ticket Landings: (approximate each yr. if necessary) \$	2007 Trip Ticket Landings: \$	2008 Trip Ticket Landings: \$	2009 Trip Ticket Landings: \$
Type of Organization: <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation or LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Individual Proprietorship			
<b>FOR LAFA OFFICE USE ONLY</b>			
<b>Applicants please leave this section blank</b>			
<b>Received by:</b> _____		<b>Entered by:</b> _____	
<b>Received date:</b> _____		<b>Entered date:</b> _____	
<b>Location Received:</b> _____		<b>Checked by:</b> _____	
<b>LAFA Record Locator Number:</b> _____		<b>Checked date:</b> _____	



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**Owners & Corporate Officers**

List below all owners and corporate officers regardless of ownership percentage (%). All owners with greater or equal to 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 please list on a separate sheet and attach.)

Name	Title	Social Security Number	% Ownership
<b>Total</b>			<b>100%</b>

**BUSINESS INFORMATION**

Did you suffer a fisheries related loss(es) in Louisiana in the fall of 2008 of more than or equal to \$5,000 due to either Hurricane Gustav or Ike (economic or tangible loss)?  Yes  No

*\*Photocopies of receipts and/or invoices must be submitted with the application that include your name and address that can prove this loss amount. This includes receipts and invoices for storm related costs from September 1, 2008 through June 30, 2009 for persons who were preparing to enter the fishery in the fall of 2008 or 2009 and lost their fishing operations and could not enter the fishery after the storms, show receipts that meet this threshold level.*

Federal Tax ID Number

Louisiana Tax ID Number

**Annual Gross Income (On Federal tax returns, which must accompany this application)**

Tax Year	In Current Business?	Federal Tax Form Number (e.g., 1040, Schedule C)	Gross Receipts and Sales (Gross Income) (Minimum of \$15,000)	Percent of Income coming from Commercial Fishing
<b>2006</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>			%
<b>2007</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>			%
<b>2008</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>			%



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Did your operation experience –physical (tangible) fisheries related loss(es) due to Hurricanes Gustav and/or Ike?  
 Yes  No

**If yes**, what was the total amount of physical fisheries related dollar losses? \$\_\_\_\_\_

**If yes**, describe the nature of that loss. **Items to include but are not limited to**; are loss nets, traps, gear, and equipment, damage to vessels, docks, loss of frozen product as a result of power failures; loss of oyster stock as a result of storm debris on beds. Detail these losses and use additional sheets if necessary.

Do you have receipts, documentation or physical evidence of these losses? (attach copies)  Yes  No

**Impacts of Gustav & Ike on 2008 Fishing Season**

Did your fishing operation close due to damages from the 2008 storms?  Yes  No

**If yes**, how many days was your operation closed? \_\_\_\_\_

**If yes**, when did you reopen? (MM/DD/YYYY) \_\_\_\_\_

Did Hurricanes Gustav or Ike result in a disruption or loss of fishing days during the fall 2008 season?

Yes  No If yes, for how many days was your operation impacted? \_\_\_\_\_

Did you record trip ticket landings during the fall 2008 season?  Yes  No

Did you record trip ticket landings during the fall 2007 season?  Yes  No

Do your trip ticket landings show a decline in the fall of 2008 as a result of storm related impact when compared to previous years?  Yes  No

Did the prices you received for your product decline in the fall 2008 fishing season?  Yes  No

**If yes**, on average how much per pound or unit? (by species change in price)? \_\_\_\_\_

**Impacts of Gustav & Ike on 2009 Fishing Season**

What percentage of your 2009 income will come from commercial fishing? \_\_\_\_\_% (estimate is acceptable)

Did Hurricanes Gustav or Ike result in a disruption or loss of fishing days during the 2009 season?  Yes  No

**If yes**, for how many days was your operation impacted? \_\_\_\_\_

Did you record trip ticket landings during the 2009 season?  Yes  No

Did your fishing operations incur additional costs as a result of the storms?  Yes  No



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Did your trip ticket landings show a decline in 2009 as a result of storm related impact when compared to previous years? Yes No

Did the prices you received for your product decline in the fall 2009 fishing season? Yes No

Did you lose or damage gear and/or equipment as a result of storm related debris fields? Yes No

Were your fishing practices changed? Yes No

How did your access to fishing grounds change after the storms?

Traditional areas/routes were inaccessible or had reduced draft increasing transit time? Yes No

Docks, ramps damaged so that fuel usage and transit routes were made longer or more expensive? Yes No

**If yes**, how much have these additional costs added to your operating costs \$\_\_\_\_\_



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**LOAN Packages are available up to \$100,000 pending the availability of funds. Indicate how you would like the award amount distributed by category as percent of the total. The categories should add to 100%**

Category	Funds
Debt Reduction – (hurricane related ex: bank loans, credit cards, etc)	\$
Operating Expenses (fuel, ice, etc.)	\$
Gear Related Costs	\$
Vessel Repair Costs	\$
Land Based Costs – (non-construction and non-repair)	\$
Other: (Explain)	\$
<i>Use additional sheets if necessary</i>	
<b>TOTAL</b>	\$
Amount Applied for in this Application (100,000 Maximum)	\$

***\*Photocopies of credit card statement when charge occurred, receipts and/or invoices that include your name and address, must be submitted with this application.***

Have you received, or will you receive assistance from the LDWF – NOAA Federal Fishery Recovery Programs for fisheries losses as a result of Hurricane Gustav and/or Ike?  Yes  No

**If yes,** please provide the amount you have received or expect to receive: \_\_\_\_\_

Have you received, or will you receive assistance from other Federal Programs for fisheries losses as a result of Hurricane Gustav and/or Ike? (For example: SBA loan funds?)  Yes  No

**If yes,** please provide the amount you have received or expect to receive: \_\_\_\_\_



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List all business related insurance payments you have received or will receive due to the storms, specifying amount and reason below. This is needed for storm related evidence. (Must provide documentation of all insurance claims)

Is there any further information you would like to provide about your need for assistance? – **Describe hardships below:**



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Appendix 1

**STATEMENTS OF UNDERSTANDING**

**(All Owners must read and initial each paragraph by hand if you agree)**

**LDWF- NOAA Statement of Benefits.** The state will review all award recipients for “Duplication of Benefit.” As part of this application process the State is working closely to coordinate the use of both the NOAA allocated funds that some fisherman were given by LDWF in 2009 and these CDBG funds. By working with both the fisherman, the State and South Central Planning, the entity implementing this program, on the front end, we are striving to help the fisherman avoid a duplication of benefit issue or request loans for items that are currently eligible to that fisher via this NOAA grant program. We are doing this so that both financial resources can be fully maximized and the fisher may receive the best possible allocation of their resources. If you received an allocation of funds from the NOAA LDWF Gustav and Ike program for your business for an eligible expense in that program and it is covered in this application, **you will be required to use your NOAA allocation initially. If this allocation does not cover the full request you will be able to use this program funds to address the remaining request/amount. If you have created a duplication of benefit, you were paid for the same item twice, you will use some, or your entire award, to repay this loan program.** This repayment will be made up-front by the LDAF and you will then receive the net proceeds, along with information about your Duplication of Benefit. The State will make every attempt to work with the fisherman and south central to minimize duplication of benefit and mitigate against initiating the recapture processes.

**SBA Statement 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 same purpose covered by this application, and that you are now receiving an award for the same purpose, you will be required to use some or your entire award to repay your SBA loan. This repayment will be made up-front by the LDAF and you will then receive the net proceeds, along with information about your Duplication of Benefit.

**Income Tax Reporting:** The undersigned understands that an IRS 1099G will be issued to grant 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 LDAF/LDWF for review and approval prior to the release date. The Louisiana Department of Wildlife & Fisheries, Louisiana Department of Agriculture and Forestry, the Louisiana Recovery Authority and the Office of Community Development must be mentioned in any public announcements.

**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 LDAF/LDWF and OCD.

**Revocation:** LDAF/LDWF 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 recipient 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.

**Insurance Disclosure:** All business related insurance information and/or claims should be submitted with this application.





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**Monitoring & 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 after the close out of the program.
- b) LAFA reserves 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. LAFA will direct LDWF to undertake the random inspections using forms and training to be provided by OCD.
- c) LDWF 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 LDWF, Legislative Auditor of the State of Louisiana, the Office of Community Development (OCD), Disaster Recovery Unit (DRU), Louisiana Recovery Authority (LRA), Division of Administration, and/or the U.S. Department of Housing and Urban Development (HUD) 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 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 awardees will be responsible for repaying the full amount of funds disbursed.

**Information Access Authorization:** For determination of eligibility, the applicant shall 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 of 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 LAFA/LDWF to use its name in LAFA/LDWF's mandated reports to the OCD, LRA and/or HUD. No financial details will be released, except possibly the award amount, as this is considered public record.

The undersigned authorizes LAFA/LDWF to exchange and obtain information relevant to the applicant's commercial fishery license status, to review the applicant's status regarding any NOAA supplemental funds that the applicant may have been paid or is eligible to receive, and or to verify that the applicants reported usage of the trip ticket system is in the State system. The undersigned also acknowledges that all information relative to the loan request, including these related documentation checks, becomes the property of LAFA/LDWF and will not be returned to the applicant.

The undersigned authorizes LAFA/LDWF 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 LAFA/LDWF and will not be returned to the applicant.





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

**IF the entity is a Corporation; Joint Venture; Partnership or any other venture with multiple owners, ALL must complete the following:**

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

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

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

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

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

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

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

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

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

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

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

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

*Use Additional Sheets If Necessary*

_____ Business Name	SWORN to and subscribed before me on this _____ day of _____, 2010
_____ Fisherman (Owner) Name Typed or Printed	SEAL
_____ Fisherman (Owner) Signature	My commission expires _____
_____ Date	Notary Public Signature _____



**Louisiana Department of Wildlife & Fisheries**  
**Office of Management and Finance**  
**Licensing**  
**P.O. Box 14796**  
**Baton Rouge, LA 70898-9000**

**Certified Vessel License Owner's Form**

Under the authority of 56:303E. (1), this form may be used to qualify a Louisiana licensed vessel owner as "certified". The fisherman's licensed tax preparer must complete the form certifying that based upon his most recent federal income tax return that the fisherman earns at least fifty percent of his income from commercial fishing activities, and have it notarized.

**Please Print**

<b>THIS SECTION TO BE COMPLETED BY COMMERCIAL FISHERMAN</b>			
1. Vessel Owner Name SSN or Tax ID		2. Vessel License Number / Vessel Registration ID Number	
3. Mailing Address, City, State, Zip		4. Telephone	
I hereby certify that the information provided herein is true and correct.		5. Vessel Owner's Signature	
		6. Date	

<b>THIS SECTION TO BE COMPLETED BY LICENSED TAX PREPARER</b>			
7. Tax Preparer's Name		8. Tax Preparer's License Number	
9. Company's Name		10. Telephone	
11. Mailing Address, City, State, Zip		12. Tax Year	13. Earned Income
		14. Fishing Income	
I certify that based upon this vessel owner's most recent federal income tax return the fisherman earns at least fifty percent of his income from commercial fishing activities.		15. Tax Preparer's Signature	
		16. Date	

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Notary Public