



LOUISIANA DEPARTMENT OF WILDLIFE & FISHERIES
ROBERT BARHAM, SECRETARY

2010 Louisiana Wholesale Dealer Grant Recovery Program

Grant Application – Wholesale Dealer Program

Please remember to include copies of all documentation required to document losses, tax forms and to sign and submit this application in blue ink as an original to:

Mail:

Louisiana Agricultural Finance Authority
P.O. Box 3334
Baton Rouge, LA 70821-3334

Delivery:

Louisiana Department of Agriculture & Forestry
5825 Florida Blvd.
Baton Rouge, LA 70806
Phone: (225) 922-1277

Toll Free Statewide: 866-295-0081

COMPANY DATA

Name:		Firm Name:		Phone:	
Mailing Address:			Cell Phone:		Fax:
City:		State:	Zip Code:		E-Mail:
Type of Service Provided:				Parish:	
2008 Wholesale Dealer License Number:		2010 Wholesale Dealer License Number:		Number of Employees:	
				Fulltime: _____ Part time: _____	
Indirect Jobs: Provide the names of six businesses which interact directly with your business operations. These businesses can include but are not limited to suppliers, equipment maintenance/repair firms, fishermen (limit 1), drivers, or other firms that you sell your product to etc.					
1)			4)		
2)			5)		
3)			6)		
Type of Organization:					
<input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation or LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Individual Proprietorship					

FOR LAFA OFFICE USE ONLY
Applicants please leave this section blank

Received by : _____	Entered by: _____
Received Date: _____	Entered Date: _____
Location Received: _____	Checked by: _____
LAFA Record Locator Number: _____	Checked Date: _____



OWNERS & CORPORATE OFFICERS

List all owners and corporate officers regardless of ownership percentage below. 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 to list owner/officers, please list on a separate sheet and attach.)

NAME	TITLE	SOCIAL SECURITY NUMBER	% OWNERSHIP
TOTAL			100%

BUSINESS INFORMATION

Did you suffer a loss of income in 2008 directly due to reduced demand for fishery products or services as a result of the 2008 hurricanes between January 1, 2008 and December 30, 2008 more than or equal to \$15,000? Yes No

Did you suffer a loss of income in 2009 directly due to reduced demand for fishery products or services as a result of the 2008 hurricanes between January 1, 2009 and December 30, 2009 more than or equal to \$15,000? Yes No

Have you already received, or will receive, assistance from any Federal program for these fisheries related losses from NOAA, SBA, others agencies? Yes No

If yes, please provide the name of the program and amount received or expected:

Have you filed your 2006, 2007, 2008 and 2009 Federal Income Tax Returns? Yes No

Was your gross revenue more than or equal to \$30,000 in 2007? Yes No

Federal Tax ID Number

Louisiana Tax ID Number

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

Tax year?	In Current Business?	Federal Tax Form Number (e.g., 1040, Schedule C)	Annual Gross Revenue Amount
2006	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2007	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2008	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2009	<input type="checkbox"/> Yes <input type="checkbox"/> No		



Did your operation experience a tangible loss or economic loss due to the 2008 Hurricanes? Yes No

If yes, describe the nature of that loss. Use additional sheets if necessary.

If yes, what was the total dollar amount of your loss? \$ _____

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

If so, when did you reopen? / /
(MM/DD/YYYY)

Indicate how you would use the award by listing the amounts to be spent by category:

CATEGORY	FUNDS
Refinancing Storm Related Business Debt	
Operating Expenses -	
Equipment or Machinery Repair -	
Land based Equipment – Office, Computer, Technology items used within the facility to monitor or track product or maintain temperatures	
Other (explain)	
TOTAL	

Use additional sheets if necessary.

Amount Applied for in this Application	\$
\$100,000 Maximum	

List all insurance payments you have received or will receive due to Hurricanes Gustav and Ike, specifying amount, source and reason.



Appendix 1

B. State of Understanding, Signed attestation of truth on grant application

In order for an application to be complete, applicants are required to sign/ initial the attestation declaring they have read and understand the following statements. **Please read and initial next to each line in BLUE ink, this is required:**

_____ **LDWF- NOAA Statement of Benefits.** The State will review all grant recipients for “Duplication of Benefits.” As part of this application process the State is working closely to coordinate the use of both the LDWF administered Gustav and Ike Reimbursement Program (NA09NMF4520024) funds and these CDBG funds. Some applicants will receive funds from both programs for damages caused by Hurricanes Gustav and Ike. The LDWF and LDAF strive to assist the applicant to avoid a duplication of benefits issue or a request of CDBG grant funds to replace items previously reimbursed by the Gustav and Ike Reimbursement Program. If it is determined that you or your business received reimbursement from the Gustav and Ike Reimbursement Program for the same purposes as the CDBG grant funds, you will be required to repay some or all of your CDBG grant funds. This repayment will be made to 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 applicant to minimize duplication of benefit issue and mitigate against initiating recapture process.

_____ **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 LDWF communications for coordination. The LDWF will then coordinate calls with fellow communications staff so that all parties can assist and are aware of the announcement. The LDWF has final review and approval prior to the release date. The United States Department of Housing and Urban Development (HUD), 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.

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

_____ **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.



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) LDAF 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. LDAF 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 (DOA), 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 the requested information in a timely manner to the grant officer processing the request.

The undersigned gives permission to LDAF/LDWF to use its name in LDAF/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 LDAF/LDWF to exchange and obtain information relevant to the applicants' commercial fishery license status and to review the applicants' status regarding any NOAA funds from LDWF Gustav-Ike reimbursement program that the applicant may have been paid or is eligible to receive. The undersigned also acknowledges that all information relative to the grant request, including these related documentation checks, becomes the property of LDAF/LDWF and will not be returned to the applicant.

The undersigned authorizes LDAF/LDWF to obtain personal credit reports and business credit reports, and also acknowledges that all information relative to the grant request, including the application and related documentation, becomes the property of LDAF/LDWF and will not be returned to the applicant.



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

Complete the following if the entity is a Corporation; Joint Venture; Partnership or any other venture with multiple owners.

OWNER NAME: _____

SIGNED: _____

TITLE: _____

DATE: _____

OWNER NAME: _____

SIGNED: _____

TITLE: _____

DATE: _____

OWNER NAME: _____

SIGNED: _____

TITLE: _____

DATE: _____

Use more sheets if necessary

_____ Firm or Business Name	SWORN to and subscribed before me this the ____ day of _____, 2010
_____ Owner Name Typed or Printed	SEAL
_____ Owner Signature	My commission expires _____
_____ Date	Notary Public Signature _____