



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
MIKE STRAIN DVM, COMMISSIONER

2008 Louisiana Agri-Business Recovery Loan Program

Loan Application - Agri-Business

Please type directly into this form, save to your hard drive, print a copy, sign and submit an original to:

Mail:

Louisiana Agriculture 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:
Address:	Cell Phone:	Fax:
City:	State:	Zip Code:
E-Mail:		
Type of Service Provided:		
Parish:	DUNS:	NAICS:
Louisiana House District:	Louisiana Senate District:	U.S. Congressional District:

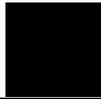
If you don't know in which district your farm or residence is located, it can be found at :
<http://www.legis.state.la.us/>

Type of Organization:

General Partnership Corporation or LLC Joint Venture 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 agricultural producer demand for products or services as a result of the 2008 declared disasters between January 1, 2008 and December 30, 2008 more than or equal to \$10,000? Yes No

Was your gross revenue more than or equal to \$25,000 in 2007? Yes No

Have you already received, or will receive, assistance from any Federal program for the same crop loss, aquaculture loss, or agribusiness loss? Yes No

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

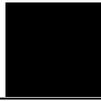
Have you filed your 2006, 2007 and 2008 Federal Income Tax Returns? Yes No

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		



Did your operation experience a casualty loss or economic loss due to the storms on 2008? 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 for the 2008 storms? Yes No

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

LOAN Packages are available from \$10,000 to \$250,000 pending the availability of funds. Indicate how you would use the award by listing the amounts to be spent by category:

CATEGORY	FUNDS
Inventory acquisition	
Seed, fertilizers and chemicals	
Equipment or machinery repair	
Refinancing storm related business debt	
Other (explain)	
TOTAL	

Use additional sheets if necessary.

Amount Applied for in this Application \$250,000 Maximum	\$
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List all insurance payments you have received or will receive due to the storms, specifying amount and reason.

Is there any further information you would like to provide about your need for assistance?

How did you hear about this program?



Appendix 2

STATEMENTS OF UNDERSTANDING (Please read and initial each paragraph *by hand* if you agree)

_____ **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 may 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.

_____ **Louisiana Department of Revenue.** The undersigned understands that the Farm Recovery and Grant Program (“FRGP”) has the authority to confirm with the Louisiana Department of Revenue that the award recipient is in good standing with the Louisiana Department of Revenue. Award recipient must be in good standing with the Louisiana Department of Revenue in order to receive funds. If the Louisiana Department of Revenue cannot verify that the award recipient is in good standing, they will notify LDAF and a letter will be issued to the award recipient informing them that they should contact the Louisiana Department of Revenue to discuss their account.

_____ **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 the Authority for review and approval prior to the release date. The Louisiana Department of Agriculture & 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 and OCD.

_____ **Revocation:** The Authority 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) The Authority 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.
- c) LDAF 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 LDAF, Legislative Auditor of the State of Louisiana, the Office of Community Development (OCD), 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 the Authority to use its name in the Authority'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 the Authority 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 the Authority 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 FGLP program will be followed. Individuals and/or businesses found to be willfully providing fraudulent information may be prosecuted.

_____ Firm or Business Name	SWORN to and subscribed before me this the ____ day of _____, 2009
_____ Owner Name Typed or Printed	SEAL
_____ Owner Signature	My commission expires _____
_____ Date	Notary Public Signature _____

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: _____



OWNER NAME: _____

SIGNED: _____

TITLE: _____

DATE: _____

OWNER NAME: _____

SIGNED: _____

TITLE: _____

DATE: _____

Use more sheets if necessary



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

This page should be completed only if you employ one or more persons including yourself. All agribusiness applicants must have at least two employees in order to be eligible for the Agribusiness Recovery Loan Program.

1) For each of the relevant job categories below, please indicate your current number of employees and their average annual salary. Include the owner(s) as employee(s).

Category	Number of Employees	Average Annual Salary
Executive, administrative and managerial		\$
Professional specialty and technical		\$
Sales		\$
Administrative support		\$
Precision production, craft and repair		\$
Machine operators		\$
Transportation drivers, and material moving		\$
Handlers, equipment cleaners, helpers and laborers		\$
Pilots		\$
Equipment operators		\$
		\$
		\$
		\$
		\$

2) For each of the demographic categories below, please indicate the number of your current employees that are best described by each:

Category	Number of Employees
White	
Black / African American	
Asian	
Pacific Islander	
American Indian	
Multi-Category: Asian and White	
Multi-Category: American Indian and White	
Multi-Category: Black / African-American and White	
Multi-Category: American Indian and Black	
Multi-Category: Other	
Hispanic (may also be one of the above)	
Female Head of Household (may also be one of the above)	

Note: 18 U.S.C. Sec 1001 provides that “whoever knowingly and willfully makes any materially false, fictitious or fraudulent statement or representation;shall be fined under this title or imprisoned not more than five years or both.” This information is subject to verification.

Signature: _____

Date: _____

