



LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY
MIKE STRAIN DVM, COMMISSIONER

2016 Louisiana Farm Recovery Grant Program

Application

Mail

Louisiana Department of Agriculture and Forestry
Louisiana Agricultural Finance Authority
5825 Florida Boulevard, Suite 1002
Baton Rouge, LA 70806

Phone

Toll Free: (866) 295-0081
(225) 922-1277

APPLICANT DATA

PLEASE TYPE OR PRINT IN BLUE INK ONLY

Applicant's Name:			
Applicant's Address:		City:	State: Zip Code:
Phone:	Cell Phone:	Fax:	Email:
Preferred delivery method for correspondence: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax			
Farm Name: (as it appears on USDA Farm Service or IRS Records)			
Contact Person: (if different than above)			
Parish(es) where crops grown:		FSA Farm Number(s)	
2016 crops in production (please circle): cattle corn cotton crawfish grain sorghum hay rice soybeans strawberries sugarcane sweet potatoes wheat			
Preferred method of payment: <input type="checkbox"/> Check <input type="checkbox"/> EFT/Direct Deposit			
Type of Organization: <input type="checkbox"/> Partnerships <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Cooperative <input type="checkbox"/> Joint Venture <input type="checkbox"/> Sole Proprietorship			
I, _____, authorize _____ to communicate in regards to the 2016 Louisiana Farm Recovery Grant Program orally or in writing with the Louisiana Department of Agriculture and Forestry on my behalf.			
Signature _____		Date _____	

FOR LDAF/LAFA OFFICE USE ONLY
Applicants please leave this section blank

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

**OWNERS**

Please list all owners. 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**Federal Tax ID Number****Social Security Number**

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

Tax year	Was your gross farm revenue greater than or equal to \$25,000?	Federal Tax Form Number (e.g., 1040, Schedule C)	Annual Gross Revenue Amount
2014	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2015	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2016	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Did you suffer a tangible crop, forage or livestock death loss due to either the March or August 2016 flooding event in Louisiana more than or equal to \$10,000? Yes ☐ No ☐

If yes, what was the total dollar amount of your loss? _____
(Use and attach Crop Loss Calculator Appendix 1)

Did your operation close due to the damages for the 2016 floods? ☐ Yes ☐ No

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

Is the business currently operating? Yes ☐ No ☐

Were you a recipient of the 2008 Louisiana Farm and Agribusiness Recovery Loan and Grant Program? Yes ☐
No ☐

Is the business and/or owners currently in any stage of bankruptcy? Yes ☐ No ☐



Have you already received, will receive or been approved for assistance from any of the following programs for the same crop loss?

Crop Insurance Yes ☐ No ☐

If yes, give the amount that you have received or expected to receive: \$ _____

Emergency USDA Loan Yes ☐ No ☐

If yes, give the amount that you have received or expected to receive: \$ _____

If yes, what was or will the award be used for:

Small Business Administration Loan Yes ☐ No ☐

If yes, give the amount that you have received or expected to receive: \$ _____

If yes, what was or will the award be used for:

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:

Livestock Indemnity Program Yes ☐ No ☐

If yes, give the amount that you have received or expected to receive: \$ _____

If yes, what was or will the award be used for:

Emergency Livestock Assistance Program Yes ☐ No ☐

If yes, give the amount that you have received or expected to receive: \$ _____

If yes, what was or will the award be used for:

Livestock Forage Program Yes ☐ No ☐

If yes, give the amount that you have received or expected to receive: \$ _____

If yes, what was or will the award be used for:



GRANT AWARDS

The applicant's award will be based on the amount of its 2016 crop loss as determined by the crop loss calculator and unmet need after duplication of benefits verification. The maximum award amount is \$100,000 based upon the availability of funds. If, after the close of the application period, the total request for the funds exceeds the program allocation, the state will use a pro-rata allocation process to make individual awards that are based on the applicant's crop loss and unmet need.

Indicate how you would use the award by checking the appropriate box(es) by category. Please note that you will be responsible for submitting receipts for the use of funds in order to receive the grant award. If you would like to expedite the application process time, please attach any receipts that you may have regarding these expenses to the application. Receipts must be dated in the year 2017 and indicate payments have already been made.

Feed	<input type="checkbox"/>
Bait	<input type="checkbox"/>
Seed	<input type="checkbox"/>
Fertilizer	<input type="checkbox"/>
Fuel	<input type="checkbox"/>
Chemicals	<input type="checkbox"/>
Herbicides	<input type="checkbox"/>
Crawfish Traps	<input type="checkbox"/>
Office supplies	<input type="checkbox"/>
Insurance	<input type="checkbox"/>
Utilities	<input type="checkbox"/>
Labor/payroll	<input type="checkbox"/>
Veterinarian services and supplies	<input type="checkbox"/>
Custom harvester	<input type="checkbox"/>
Custom aerial applicator	<input type="checkbox"/>
Written land leases for crawfish producers	<input type="checkbox"/>

Employees:

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

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

Will direct job(s) be created during the first year of the grant agreement? Yes ☐ No ☐

If yes, please provide a detailed description of the job(s):

Will jobs be retained during the first year of the grant agreement? Yes ☐ No ☐

If yes, would you be able to retain the jobs without this grant? Yes ☐ No ☐



Explain why or why not:

How did you hear about this program?



Appendix 2

LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY 2016 Farm Recovery Grant Program

STATEMENT OF UNDERSTANDING

Please read and initial each paragraph in blue ink only by hand if you agree.

Duplication of Benefits (SBA, Crop Insurance, USDA assistance, etc.): The Louisiana Department of Agriculture and Forestry / Louisiana Agricultural Finance Authority (LDAF/LAFA) will review all applicants for "Duplication of Benefits." The undersigned understands that the 2016 Farm Recovery Grant Program 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, USDA loan, private insurance, other assistance listed above for farmers 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.

Louisiana Department of Revenue: The undersigned understands that the Farm Recovery Grant Program (LFRGP) administrator 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.

Farm Service Agency Confirmation: The undersigned understands that LDAF/LAFA retains the right to share information with and receive confirmation from the USDA Farm Service Agency parish office in which the producers is located. The undersigned further understands and will complete and submit with this application an authorization form allowing LDAF/LAFA access to the producer's State or local FSA production information.

Louisiana Company: The undersigned understands that the Farm Recovery Grant Program administrator has the authority to confirm with the Louisiana Secretary of State that the undersigned is registered to do business in Louisiana and is in good standing. The Secretary of State website may also be used to verify additional business information supplied in the application.

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/LAFA for review and approval prior to the release date. The Louisiana Department of Agriculture and Forestry/Louisiana Agricultural Finance 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/LAFA and OCD.

Revocation: LDAF/LAFA 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/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.
- c) LDAF/LAFA 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/LAFA, Legislative Auditor of the State of Louisiana, the Office of Community Development (OCD), 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) Awardee's 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 LDAF/LAFA employee processing the request.

The undersigned gives permission to LDAF/LAFA to use its name in LDAF/LAFA's mandated reports to the OCD-DRU, and/or HUD. No financial details will be released, except possibly the award amount, as this is considered public record.

The undersigned authorizes LDAF/LAFA 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/LAFA 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 the program guidelines, 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 LFRGP program will be followed. Individuals and/or businesses found to be willfully providing fraudulent information may be prosecuted.

ALL OWNERS MUST SIGN THE APPLICATION.

FARM NAME

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: _____

OWNER NAME: _____

SIGNED: _____

TITLE: _____

DATE: _____

OWNER NAME: _____

SIGNED: _____

TITLE: _____

DATE: _____

OWNER NAME: _____

SIGNED: _____

TITLE: _____

DATE: _____

Use additional sheets if necessary



Appendix 3

**LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY
2016 Farm Recovery Grant Program**

FSA VERIFICATION AUTHORIZATION FORM

I _____ hereby authorize the USDA, Farm Service Agency to release any data in my file(s) that relates to payment benefits related to FSA Disaster Programs such as ECP, LIP, and ELAP, as well as FSA EM loans, resulting from the floods of 2016. This data will be used to assist in carrying out the 2016 Louisiana Farm Recovery Grant Program being administered by the Louisiana Department of Agriculture and Forestry/Louisiana Agricultural Finance Authority.

Parish: _____

FSA Customer Name: _____

FSA Farm Number(s): _____

Acreages: _____

Crops Planted 2016: _____

Crops Planted 2017: _____

LDAF Application Number: _____
If Known

Signature

Date

Print Name

Please mail completed form to:
Louisiana Department of Agriculture & Forestry
Louisiana Agricultural Finance Authority
5825 Florida Boulevard, Suite 1002



Baton Rouge, LA 70806

Appendix 4

**LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY
2016 Farm Recovery Grant Program**

RMA VERIFICATION AUTHORIZATION FORM

I _____ hereby authorize the USDA, Risk Management Agency to release any crop insurance data in my file(s) that is pertinent to participation in the 2016 Louisiana Farm Recovery Grant Program (LFRGP). This data will be used to assist in carrying out the 2016 LFRGP being administered by the Louisiana Department of Agriculture and Forestry/ Louisiana Agricultural Finance Authority.

Parish: _____

FSA Farm Number(s): _____

Employer Identification Number _____

Acreage: _____

Crops Planted 2016: _____

LDAF Application Number: _____
If Known

Signature

Date

Print Name

Please mail completed form to:
Louisiana Department of Agriculture & Forestry
Louisiana Agricultural Finance Authority
5825 Florida Boulevard, Suite 1002
Baton Rouge, LA 70806



**LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY
2016 Farm Recovery Grant Program**

APPLICATION CHECKLIST

Please make sure that the following documents have been completed prior to submitting the application:

Application

- ☐ Application form completed and signed by all owners.

Statement of Understanding

- ☐ Appendix 2

Proof of Farm Address in Eligible Parish in Louisiana

- ☐ Farm Service Administration verification authorization form for 2016 or 2017 crop (Appendix 3)

Duplication of Benefits

- ☐ Risk Management Agency verification authorization form (Appendix 4)

Proof of Ownership and Proof of having planted or harvested an eligible crop in 2016

- ☐ 2016 Business tax return, Schedule K-1 or related statement OR
- ☐ 2016 Personal tax return, Schedule C or Schedule F

Proof of Farm Revenue over \$25,000

- ☐ 2014, 2015 or 2016 1065 or 1120 Business tax return OR
- ☐ 2014, 2015 or 2016 Personal tax return, Schedule C or Schedule F

Proof of Crop Loss of Over \$10,000

- ☐ Completed crop loss calculator (Appendix 1)

Proof of crop planted or harvested an eligible crop in 2017

- ☐ Receipts from the year 2017 showing recent purchases

Please note that at the *closing*, the following documents will have to be provided:

1. Government issued photo ID
2. Low to Moderate Income Form (provided by LDAF)
3. Payroll Register, payroll form or federal form 941