## Appendix I

## Restore Louisiana Small Business Program Application

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| **General Business Description Cover Page** |
| Legal Name of Respondent (include d/b/a): |
| Street Address (not P.O. Box): |
| City: | State: | Zip: | Parish: |
| Phone: | Ext: | Fax: | e-mail: |
| Executive Director/President: |
| Contact Name & Title & Email for Solicitation: |
| Federal Tax ID # / Charity Reg. # (non-profits only): |
| LA Unemployment Insurance Tax ID#: |
| Parent Organization Name (if applicable): |
| Street Address (not P.O. Box): |
| City: | State: | Zip: | County: |
| Is the Respondent currently seeking any other Louisiana State assistance? Yes  No  |
| Has the Respondent ever applied for or received prior CDBG funding? Yes  No If yes, describe the program: |
| If the answer to any of the above questions is “Yes”, were the funds applied for or received under a name different than the Legal Name provided above? Yes  No If yes, please provide name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:** |

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**Appendix II**

**Project Narrative**

**Organizational Background and Capacity (0-35)**

1. **History, Mission and Structure**

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| Mission of the organization |
| Structure of the organization (for profit or not-for profit) and its governing body (e.g., Board of Directors) |
| Names and qualifications of the members of any such governing body |
| Organization’s current employees and their functions |
| Names and qualifications of key personnel |
| Length of time in operation |
| Organization’s resources and limitations |
| The geographic area and/or populations served by the organization |

1. **Lending practices, policies and outreach**

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| Describe in detail the organization’s current small business lending program, including the types of loan products offered and the year that small business lending commenced. Include:Maximum and minimum loan amountsMaximum and minimum loan termsType of assets that can be financed; include any restrictions or prohibitionsCollateral requirements, personal guaranteesTechnical assistance services provided to borrowers |
| Information on loan approval and authority for loans, if applicableCollection procedures, closing fees, servicing feesProcessing time from application to disbursementRepayment rate |
| Information on the organization’s loan portfolio as follows: Submit *business* loan reports and clearly label the information “Business Loan Portfolio Report.” These reports must be certified by an officer of the organization, and show the number of business loan applications received, the number approved, and the number and aggregate principal amount of business loans closed, for the past 2 years, and year-to-date.  |

**Appendix II (continued)**

**Project Plan (0-50 points)**

1. **Proposed Program Focus**

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| 1. Describe how the organization will focus its efforts, including identifying any specific types of businesses and the rationale for such a focus. Refer to Program policies and procedures for eligibility criteria.

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| 1. Describe projected goals of the Program – the number of businesses expected to serve, for how long, and expected outcomes for businesses.
 |
| 1. Given the Program policies, procedures and basic underwriting requirements, describe the means that the organization would use to provide support to businesses, including:
* Anticipated intake and underwriting i) process and ii) timeline for determining whether a business applicant is eligible for funding, including the general eligibility review, the assessment of funding needs and disbursement of funding.
* Any referral services provided for additional business services not provided by the organization.
* Any referral services for businesses denied assistance.
 |
| 1. Detail the monitoring and reporting systems to be employed to ensure Program requirements are met by eligible businesses.
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| 1. Identify the institutional resources that the organization would devote to the Program, including specific staff members (or position titles) and their qualifications and salary ranges.
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**Appendix II (continued)**

1. **Program Lending Policies and Practices**

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| 1. Provide complete detail concerning the adjustments the organization would employ for Eligible Loans to be funded under the Program, highlighting any differences and including the terms that are provided in the Program policies and procedures from current policies and practices as described previously in the Application:* Describe the means that the organization would use to provide support to Borrowers during the term of the Eligible Loan, to monitor the use and repayment of Eligible Loans, and to address delinquencies and defaults on Eligible Loans. Include a description of the accounting and reporting systems to be employed.
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1. **Estimated Demand for Program Loans**

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| **Carefully review the definitions of Affected Areas, Eligible Businesses, Loan Terms and Eligible Uses of Loans Proceeds, and Documentation Collection Requirements as set forth in the Program policies and procedures.** Respondents are reminded that the proceeds of Eligible Loans funded through this Program may be used by businesses open before the storm and flood events and located in the impacted areas only. For organizations participating as Eligible Lenders, the maximum amount of each Eligible Loan will be specified in the CEA, but will not exceed $50,000. The minimum loan amount is $20,000. Loans may exceed the Program standard loan maximum on a case-by-case basis with prior approval by OCD-DRU, but no loan will exceed $150,000. Exceptions criteria are listed in the Program policies and procedures. Based on the criteria specified in the Program policies and procedures, state the estimated number of Eligible Loans anticipated to be issued by the Respondent by volume and dollar amount for two years. Separate the loans between loans that meet the low-to-moderate income, national objective and loans that meet the urgent need national objective. |
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| **Projected Loan Budget** |
|  | Quarter |
| Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | **Total** |
| **A) Total # of Loans** |  |  |  |  |  |  |  |  |  |
|  **# of LMI Loans**  |  |  |  |  |  |  |  |  |  |
| **# of Urgent Need Loans** |  |  |  |  |  |  |  |  |  |
| **B) Avg Loan Amount** |  |  |  |  |  |  |  |  |  |
| **Total (A\*B)** |  |  |  |  |  |  |  |  |  |

 |
| D. Marketing and OutreachDescribe the means that the organization would use to market the Program in its targeted area or to its targeted business group.  |
| **E. Partnerships and Subgrantees*** Clearly identify and describe the role of any collaborative or combined efforts with other agencies necessary to the completion of the project. If the Respondent intends to enter into a legal contract with other organizations, those organizations will be considered Program Subgrantees.
* If the Subgrantees are going to perform work on behalf of the successful Respondents, the Respondents will be required to monitor the Subgrantees for Program compliance and use of funds. Describe the Respondent’s ability to monitor Subgrantees for Program performance and compliance.
 |
| F. Performance MeasurementsInclude the process for measuring the effectiveness of your project in relation to the objectives of the Restore Louisiana Small Business Program, including: * The Respondent’s demonstrated ability to serve as an intermediary in past programs;
	+ The Respondent’s lending policies and practices as they relate to Program’s purpose, including lending formula (by business size, assessing working capital needs, assessment of need and terms and rates for equipment purchases, etc.);
	+ The Respondent’s capacity to undertake the proposed Program as demonstrated by information submitted in the application, including organizational and technological resources;
	+ The Respondent’s estimated demand for loan capital as set forth in its application;
	+ The Respondent’s ability to contribute other financial or organizational resources to the Program, including:
	+ Locations from which to intake clients and process loans
	+ Staff to perform business-to-business outreach
	+ Additional capital for follow-on loans
 |
| **G. Long Term Sustainability Plan: Revolving Loan Fund** It is anticipated successful Respondents will be allowed to retain the repayments  generated from the initial round of funding through the Program. Additional funding will  not be made available for the long-term administration of those funds. However,  successful Respondents may be allowed to use a portion of the funding for ongoing  program delivery and administration costs related to additional lending activities.  Describe the ways in which the organization will utilize the revolving loan fund.  Describe the resources needed from the revolving loan fund in order to manage and  generate additional loans from the revolving loan fund. Describe the additional funds the organization will provide for servicing the loans made  through the initial round of funding through the Program. |

**Appendix II (continued)**

#### Additional Funding (0-15 points)

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|  Additional points will be given to organizations that contribute cash and/or in-kind matching funds toward the implementation of the Program.  |
| 1. Identify the sources and amounts of any matching funds or in-kind contribution (i.e., gifts, services, 3rd party funding and labor), that would be committed to this Program and that could be used to fund Eligible Loans as defined in the Program policies and procedures.
 |
| 1. Identify all pending applications and applications the organization has submitted to other funding sources in connection with 2016 Storm and Flood Events, including the amounts requested and the proposed use of funds.
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| 1. Discuss the ways that the organization would utilize all such other funding in coordination with Program funding.
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**Appendix III**

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| Budget Summary Form |

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| --- | --- | --- | --- |
| Budget Category | **Program Costs (15% limit)** | **Administration (1% limit)** | **Total**  |
| Salaries | $ | $ | $ |
| Benefits | $ | $ | $ |
| Travel | $ | $ | $ |
| Operating Services | $ | $ | $ |
| Supplies | $ | $ | $ |
| Professional/Contractual Services | $ | $ | $ |
| Equipment | $ | $ | $ |
| Other/Misc. | $ | $ | $ |
| Total  | $ | $ | $ |

**Appendix III (continued)**

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| **Budget Detail Form** |

**Budget Category: Salaries**

**Total Amount: $**

**Applications shall include:**

List each position, a brief job description, and the amount paid to that position. Include the length of time that each position will be employed, and include part-time and full-time, permanent and temporary employees. State the percentage of time and effort of each position that will be charged to the grant.

 **Program Delivery Costs:**

 **Administrative Costs:**

**Budget Category: Benefits**

**Total Amount: $**

**Applications shall include:**

List the benefits paid to each position listed in the Salaries category.

 **Program Delivery Costs:**

 **Administrative Costs:**

##### Budget Category: Travel

**Total Amount $**

**Applications shall include:**

**Appendix III (continued)**

To the extent practicable, list destinations, dates, who will be traveling, why, and the amount for each trip. Include all applicable costs for each trip, including lodging, meals, mileage, airfare, conference fees, etc. Include costs for travel to Baton Rouge for at least one technical assistance meeting (date to be determined). All travel costs shall conform to state travel regulations. Travel regulations can be found at <http://www>.doa.la.gov/Pages/osp/travel/travelpolicy.aspx.

 **Program Delivery Costs:**

 **Administrative Costs:**

**Budget Category: Operating Services**

**Total Amount: $**

**Applications shall include:**

List each item of cost, a description and purpose of the item, and the amount for that item. Include the total cost for the duration of the Program.

 **Program Delivery Costs:**

 **Administrative Costs:**

**Budget Category: Supplies**

**Total Amount: $**

**Applications shall include:**

List each item of cost, a description and purpose of the item, and the amount for that item. Include the total cost for the duration of the Program.

 **Program Delivery Costs:**

 **Administrative Costs:**

**Appendix III (continued)**

**Budget Category: Professional/Contractual Services**

**Total Amount: $**

**Applications shall include:**

List each contractor, a brief description of the service provided, and the total cost. Include enough information to completely justify the cost of each contract. State whether the contract is a fee for service, or cost reimbursement contract. If the contract is a fee for service contract, include a brief description of deliverables and the cost for each deliverable. If the contract is a cost reimbursement contract, include a summary budget for the contract.

 **Program Delivery Costs:**

 **Administrative Costs:**

**Budget Category: Equipment**

**Total Amount: $**

**Applications shall include:**

List each item of cost, a description of the item, the purpose of the item, and the cost of the item.

 **Program Delivery Costs:**

 **Administrative Costs:**

**Budget Category: Other/ Miscellaneous**

**Total Amount: $**

**Applications shall include:**

List any items of cost not classified in any of the above categories. Include a full description, the purpose of the item, the cost of the item, and any information to justify the expense.

 **Program Delivery Costs:**

**Appendix III (continued)**

 **Administrative Costs:**