

LOUISIANA SMALL BUSINESS REBIRTH FUND

The Louisiana Small Business Rebirth Fund Application Process and Eligibility

The Fund was created to award triage grants to support the thousands of small businesses impacted by the historic flooding in south Louisiana in August 2016.

To be eligible to apply for a Rebirth award, the applicant must:

- Be a small businesses registered with the Louisiana Secretary of State with 50 employees or less;
- Have been operational on August 10, 2016; and
- Be located in one of the 22 parishes declared in the official federal disaster declaration - Acadia, Ascension, Avoyelles, East Baton Rouge, East Feliciana, Evangeline, Iberia, Iberville, Jefferson Davis, Lafayette, Livingston, Pointe Coupee, St. Helena, St. James, St. Landry, St. Martin, St. Tammany, Tangipahoa, Vermilion, Washington, West Baton Rouge and West Feliciana.

Awards range between \$1,000 and \$10,000 depending on the damages, purpose and available funding. Applications are being accepted on an ongoing basis. Applications submitted by Friday, September 2nd, are now under review by an independent panel for a first round of awards from the Fund. **Applications submitted by Friday, September 16th, will be considered for a possible second round of awards from the Fund**, depending on the amount of donations received and funding availability.

Completed applications should be submitted via the online form at www.labizrebirth.org. Alternatively, applications may be downloaded and submitted by email or fax to Elena Lacour at (225) 929-6054 or marketing@labi.org.

An independent review team of technical experts is considering each application in an impartial process, judging each request on the merits and prioritizing funds to help small business re-open their doors and staff their operations. If donors request funds flow to a specific industry or geographic area, these applications would follow the same review process but be considered separately.

Beyond the grant itself, partner organizations are committed to connecting award recipients and all applicants with other available resources including voluntary services for business counseling, legal or technical support, and workforce/talent solutions as needed.

LOUISIANA SMALL BUSINESS REBIRTH FUND APPLICATION

APPLICANT INFORMATION

Legal name of business:			
Applicant name:			
Applicant position/title within the business:			
Physical address of business:			
City:	State:	ZIP:	
Is your business located in a parish designated as a disaster area? <i>(If NO, this application is NOT eligible for the Fund.)</i>			Which parish?
Mailing address (if different than physical address):			
City:	State:	ZIP:	
Applicant phone number:			
Applicant email address:			
Is this business: <i>(circle all that apply)</i>	Minority-Owned	Woman-Owned	Veteran-Owned
Brief description of business:			
Indicate the industry sector of your business:			

EMPLOYEE INFORMATION

Total number of employees companywide on payroll on August 10, 2016: <i>(If more than 50, this application is NOT eligible for the Fund.)</i>			
Of these, how many were:	Full-Time	Part-Time	Seasonal
Total number of employees currently on payroll:			

INFORMATION ON FLOOD DAMAGE

Description of business status (i.e. open, closed, limited hours, virtual etc.):		
Brief description of flood damage:		
Is your business covered by: <i>(circle all that apply)</i>	Property and Casualty Insurance	Flood Insurance
	Self-Funded with High Deductible	None
Dollar estimate of business losses:		
Is this estimate a: <i>(please circle)</i>	Self-Assessment	Adjuster's Assessment
Has your business applied for or do you intend to apply for the following: <i>(circle all that apply)</i>	FEMA Business Assistance	SBA Business Disaster Loan
	BRAF or Foundation Assistance	Other Business Assistance <i>(identify):</i>

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Has your business been awarded funds already or do you expect to receive funds from these sources?
(If YES, indicate the entity and amount.)

NEEDS ASSESSMENT

What is your cost estimate to restore the business to full operations?

How many jobs will be created or restored when the business resumes full operations?

Do you plan to continue operations at your current location?
(If NO, will you move to a new location and where?)

If you are CLOSED or have limited hours, what is your target date for normal business operations?

What is the most critical need of your business to return to normal operations?
(circle all that apply)

Property restoration

Repaired or new equipment

Available workers

Re-established supply lines or necessary support services

Re-established customer base

Other
(indicate)

NEEDS ASSESSMENT (cont.)

If your business is CLOSED, how will you use the grant funds to re-open?

If your business is OPEN, how will you use the grant to support full restoration of operations?

GRANT REQUEST

Amount of grant request:
(Between \$1,000 and \$10,000)

If awarded, should this grant:

Be made public
(On website or in media release)

Be kept confidential
(Internal records of Fund only)

SIGNATURES

Electronic/printed signature of applicant:

Date: