



## **LOUISIANA AGRICULTURAL WORKFORCE DEVELOPMENT PROGRAM AGRICULTURAL BUSINESS 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 Ownership**

Two most recent years of Business tax return, Schedule K-1 or related statement OR  
Two most recent years of Personal tax return, Schedule C or Schedule F

### **Proof of Company Revenue over \$25,000**

Two most recent years of 1065 or 1120 Business tax return OR  
Two most recent years of Personal tax return, Schedule c or Schedule F

### **Proof of Workers' Compensation**

Workers' Compensation Certificate of Insurance

### **Proof of Louisiana Secretary of State**

Print detailed record from Louisiana Secretary of State Business Status "In Good Standing and Active"



## LOUISIANA AGRICULTURAL WORKFORCE DEVELOPMENT PROGRAM AGRICULTURAL BUSINESS APPLICATION

### APPLICANT DATA

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Preferred delivery method for correspondence:      Mail      Email      Fax

Preferred method of payment:      Check      EFT/Direct Deposit

Type of Organization:      Partnership      Corporation      LLC      Cooperative  
   Joint Venture      Sole Proprietorship

I, \_\_\_\_\_, authorize \_\_\_\_\_ to communicate in regards to the Louisiana Agricultural Workforce Development Program orally or in writing with the Louisiana Department of Agriculture and Forestry on my behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR LDAF/LAFA OFFICE USE ONLY</b>	
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	PERCENT OWNERSHIP
<b>TOTAL</b>			<b>100%</b>

**BUSINESS INFORMATION**

Federal Tax ID Number

Social Security Number

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

Tax Year (Ex. 2026)	Was your gross farm/company revenue greater than or equal to \$25,000?	Federal Tax Form Number (e.g. 1040, Schedule C)	Annual Gross Revenue Amount
20__	Yes      No		
20__	Yes      No		
20__	Yes      No		

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

- Number of Full-Time Employees **Currently**: \_\_\_\_\_
- Number of Interns **Currently**: \_\_\_\_\_
- Number in intern positions that will be created: \_\_\_\_\_
- Estimated start date of internship: \_\_\_\_\_
- Internship occupational area of focus (please select at least one below):
 

Agribusiness	Forestry
Agronomy	Marketing and Sales
Animal Husbandry	Natural Resources
Crop Production	Repair of Machinery and Equipment
Farm Management	Research and Development
Food Safety and/or Maintenance	Other: _____



## APPENDIX 2 – STATEMENTS OF UNDERSTANDING

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

\_\_\_\_\_ **Louisiana Company:** The undersigned understands that the Louisiana Agricultural Workforce Development 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 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.

\_\_\_\_\_ **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 and/or the Legislative Auditor of the State of Louisiana 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. 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 Louisiana Agricultural Workforce Development Program will be followed. Individuals and/or businesses found to be willfully providing fraudulent information may be prosecuted.

**ALL OWNERS MUST SIGN THE APPLICATION**

COMPANY NAME: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_



OWNER NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_

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SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Use additional sheets if necessary**