



EQUINE BOARD GRANT APPLICATION FORM

GRANT APPLICATION CHECKLIST

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

Application

- ☐ Application form completed and signed by at least one authorized owner or member of board of directors.

Statement of Understanding

- ☐ Appendix 1

Proof of Owner and/or Board of Directors

- ☐ Most recent Business tax return, Schedule K-1 or related statement

Financial Information

- ☐ Current Financial Statement
- ☐ Certification of Organization's Tax-Exempt Status, if applicable
- ☐ Operating Budget for the Organization for the current fiscal year

Budget Information

- ☐ Budget for Proposed Event or Project
- ☐ Detailed Explanation of Anticipated Return on Investment

Email

- ☐ Email application and all attachments to Equineboard@ldaf.state.la.us



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Mail

Louisiana Department of Agriculture and Forestry
Louisiana Equine Promotion and Research Board
Office of Animal Health
5825 Florida Boulevard, Suite 4001
Baton Rouge, LA 70806

Phone

(225) 922-2153

APPLICANT DATA

Business Name:

Business Mailing Address:

City:

State:

Zip Code:

Business Physical Address:

City:

State:

Zip Code:

Phone:

Cell Phone:

Fax:

Email:

Contact Person:

Preferred delivery method for
correspondence:

☐ Mail

☐ Email

☐ Fax

Preferred method of payment:

☐ Check ☐ EFT/Direct Deposit

Dollar Amount Requested: \$ _____

Type of Organization:

☐ Partnership ☐ LLC ☐ Corporation ☐ Non-Profit ☐ Government Agency

I, _____, authorize _____ to communicate in
regard to the Louisiana Equine Promotion and Research Program orally or in writing with the
Louisiana Equine Promotion and Research Board, Louisiana Department of Forestry, and
Louisiana Agricultural Finance Authority on my behalf.

Signature

Date

FOR LDAF/LAFA OFFICE USE ONLY

Applicants please leave this section blank

Received by: _____

Received Date: _____

Record Locator Number: _____

Entered by: _____

Entered Date: _____

Checked by: _____

Checked Date: _____



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OWNERS AND/OR BOARD OF DIRECTORS

Please list all owners and/or directors. The percentage of owners and/or board of directors must total 100%. (If more space is needed to list owner/officers/board members, please list on a separate sheet and attach.)

NAME	TITLE	% OWNERSHIP AND/OR BOARD DIRECTORS
TOTAL		100%

BUSINESS INFORMATION

Federal Tax ID Number

EVENT ATTENDANCE INFORMATION

Past Attendance at Event	Anticipated Attendance	Anticipated Attendance if Awarded Grant
Past Number of Hotel Rooms Occupied	Anticipated Number of Hotel Rooms Occupied	Anticipated Number of Hotel Rooms if Awarded Grant



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PURPOSE, SCOPE, AND SIGNIFICANCE OF PROPOSAL

Describe, in detail, the purpose, scope, and significance of your proposal with emphasis of the impact to the local and state economy as well as the Louisiana Equine Industry. If your proposal is for the improvement of facilit(ies), describe the planned improvements and how those improvements will benefit the local and state economy and the Louisiana Equine Industry. If grants have been previously awarded, please include a brief description of how the grant impacted your proposal.

If you need more space, please include an additional attachment with your submission.



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MATCHING FUND INFORMATION

If applicable, provide a summary of how the funds will be matched and/or expanded.

If you need more space, please include an additional attachment with your submission.



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MARKETING PLAN AND EXPENSE PLAN - A

A. Provide a detailed breakdown of the advertisement plan and marketing budget for the event.

If you need more space, please include an additional attachment with your submission.



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MARKETING PLAN AND EXPENSE PLAN - B

B. How will the event/project be marketed to generate additional visitors to Louisiana?

If you need more space, please include an additional attachment with your submission.



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Appendix 1

LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY Louisiana Equine Promotion and Research Program

STATEMENT OF UNDERSTANDING

Please read and type your initials beside each paragraph if you agree.

 Louisiana Company:

The undersigned understands that the Louisiana Equine Promotion and Research 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 the Board/LDAF/LAFA for review and approval prior to the release date. The Louisiana Equine Promotion and Research Board/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 the Board/LDAF/LAFA.

 Revocation:

The Board/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.



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STATEMENT OF UNDERSTANDING CONTINUED

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 Board/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 in accordance with your proposal.
- c) The Board/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 applicant agrees to provide that information in a timely manner to the Board/ LDAF/LAFA employee processing the request.

The undersigned gives permission to Board/LDAF/LAFA to use its name in Board/LDAF/LAFA's mandated reports. Financial details may be released, except possibly the award amount, as this is considered public record.

The undersigned authorizes the Board/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 Board/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 Equine Promotion and Research Program will be followed. Individuals and/or businesses found to be willfully providing fraudulent information may be prosecuted.



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Authorized Representative Signatures

COMPANY NAME

NAME: _____	SIGNED: _____
TITLE: _____	DATE: _____
NAME: _____	SIGNED: _____
TITLE: _____	DATE: _____
NAME: _____	SIGNED: _____
TITLE: _____	DATE: _____
NAME: _____	SIGNED: _____
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NAME: _____	SIGNED: _____
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