



LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY
MIKE STRAIN DVM, COMMISSIONER
Louisiana Agricultural Workforce Development Program

**PHASE 1
INITIAL APPLICATION CHECKLIST**

PLEASE USE BLUE INK TO FILL OUT THE CHECKLIST

Name: _____

Application Number: _____

LDAF Employee Name: _____

Date: _____

2nd LDAF Reviewer:

Name: _____

Date: _____

INITIAL DATE

_____ _____ Requirement: Business physically located within the State of Louisiana
REQUIREMENT COMPLETE

_____ _____ Requirement: Provide an internship with a place of work located within the State of Louisiana
REQUIREMENT COMPLETE

_____ _____ Requirement: Have the ability to effectively supervise an intern
REQUIREMENT COMPLETE

Applicant name _____

File # _____

Requirement: Provide intern an opportunity to obtain meaningful work experience

REQUIREMENT COMPLETE

Requirement: Proof of Farm Revenue over \$25,000

2019 or 2020 Business tax return

(Corporation – Form 1120, schedule K

S corporation – Form 1120S

LLC or partnership – Form 1065, schedule K1 or F)

OR

2019 or 2020 Personal tax return, Form 1040, Schedule C or F

REQUIREMENT COMPLETE

Requirement: Proof of Ownership

2019 or 2020 Business tax return or extension (Corporation – Form 1120, schedule K; S corporation – Form 1120S, LLC or partnership – Form 1065, schedule K1 or F)

OR

2019 or 2020 Personal tax return, Schedule C or Schedule F or extension

REQUIREMENT COMPLETE

Requirement: Louisiana company

Statement of understanding (1 set of initials)

List of owners

REQUIREMENT COMPLETE

Requirement: Income tax, public announcement, no right of assignment, revocation, monitoring and records, information access, affirmation of information in application

Statement of understanding (7 sets of initials)

Properly signed by appropriate party(ies); if over 10 owners, a board resolution is attached

REQUIREMENT COMPLETE