



Bayou Business Grant Application

Business Name: _____

Contact Name: _____ Title: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Parish: _____ Email: _____

Phone Number: _____ Cell Number: _____ Fax Number: _____

Occupational License #: _____ Federal Tax ID#: _____

Month & Year Business Established: _____

Business' Legal Entity: _____ Sole Proprietorship _____ Corporation _____ Partnership _____ LLC
_____ S-Corporation _____ Other (specify) _____

Business considered in a preferred category: *Check if 51% or more ownership is by any of the following.*

Minority-owned business Women-owned business Veteran-owned business

Employee Count Current: _____ Total: _____ Full Time _____ Part Time

Employee Count Before March 16: _____ Total: _____ Full Time _____ Part Time

Industry Sector: *Check sector that best applies to your business.*

- | | | |
|--|--|---|
| <input type="checkbox"/> Accommodations or Hospitality | <input type="checkbox"/> Health Care | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Administrative and Support Services | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Support for Mining Activities |
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Leisure and Hospitality | <input type="checkbox"/> Transportation and Warehousing |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Oil and Gas Extraction | <input type="checkbox"/> Waste Management and Remediation |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Professional and Technical Services | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Real Estate/Rental/Leasing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Farming/Agriculture | <input type="checkbox"/> Restaurant Services and Drinking Places | |

I hereby attest that all the above information is complete and accurate to the best of my knowledge. I understand that individuals and/or businesses found to be providing fraudulent information may be prosecuted.

Applicant Signature: _____ Date: _____

NARRATIVE SECTION

Please answer the following with as much detail as possible. Should you need more space, please attach answers in a separate document and include in the submission.

Amount of Funding Requested (must not exceed \$10,000): _____

My business was impacted by COVID-19 in the following ways:

I will or have applied for the following assistance programs:

Program	Amount	Status
<input type="checkbox"/> Economic Injury Disaster Loan	_____	_____
<input type="checkbox"/> Paycheck Protection Program	_____	_____
<input type="checkbox"/> Louisiana Loan Portfolio Guaranty Program	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

My business or I have previously supported the community in the following ways (please include organizational memberships, volunteer activities, sponsorships and any of ways your business has positively impacted Terrebonne Parish or the surrounding area):

I plan to use the money for the following purposes (please include itemized expenses to be covered by the grant)

How will this grant help your business recover?