



# SWLA Alliance Pathway to Small Business Recovery Program

**Application Deadline 5:00 PM CST, March 19, 2021**

## Company Information

Business Name:

*As registered with the Louisiana Secretary of State*

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Phone:

Email

Parish:

Number of Employees (FTE):

Do you Own or Rent facility?

Own

Rent

Number of years this organization has been in Business?

Federal EIN or TIN

## Contact Information

*Please list contact person(s) for this application.*

Owner's Full Name:

Title:

Email:

Phone:

Applicant's Full Name:

Title:

Email:

Phone:

## Business Operations

Is business currently open? YES  NO  If not, please provide anticipated opening date:

Please circle what certification(s) your business has: Minority Owned; Woman Owned; Veteran Owned; Disadvantaged

### **Answer the Questions Below Based on Your Business After the Hurricanes**

How many people does your business employ? \_\_\_\_\_

What best describes your workforce? (circle one) No One Working; Part Time or Partial Workforce; Fully Staffed

Describe the level of damage to your physical facilities: (circle one) None; Moderately, Severely; Completely Destroyed

Describe your inventory of goods and equipment: (circle one) No Loss; Badly Damaged; Completely Destroyed

Describe your supply chain: (circle one) Unchanged; Lost Suppliers, Added Suppliers No Suppliers

Describe your customer-base: (circle one) Unchanged, Fewer Customers; No Customers

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

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

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

Please return this application to the Southwest Louisiana Economic Development Alliance, 4310 Ryan Street, Lake Charles, LA 70601 or complete online at [www.allianceswla.org/pathway](http://www.allianceswla.org/pathway). If assistance is needed please email: [pathway@allianceswla.org](mailto:pathway@allianceswla.org)