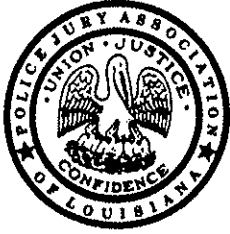


Police Jury Association of Louisiana, Inc.



707 North 7th Street • Baton Rouge, LA 70802-5327
PH (225) 343-2835 • FAX (225) 343-0050 or (225) 336-1344

October 13, 2008

ATTENTION ALL PARISHES

The Louisiana Recovery Authority is helping GOHSEP do outreach to parishes and municipalities on the Community Disaster Loan Program. This program which includes Texas, Iowa and other states that have Presidential disaster declarations, is designed to help locals that have experienced a loss of revenue as a result of the disaster. The goal is to distribute to all parishes and municipalities so they are aware of this opportunity and submit applications expeditiously, **since this is a first come first serve program.**

The LRA expects many applications from other states and wants Louisiana to receive a portion of the \$100M.

All 64 parishes and their municipalities are eligible. For Assistance in making your claim contact:

Lynn N. Bankston
Director of Intergovernmental Affairs
Louisiana Recovery Authority
225.342.1802
Lynn.bankston@la.gov



FEMA

DISASTER
ASSISTANCE

FACT SHEET

Community Disaster Loan (CDL) Program

The Community Disaster Loan (CDL) Program provides operational funding to help local governments that have incurred a significant loss in revenue, due to a major disaster, that has or will adversely affect their ability to provide essential municipal services.

- The Stafford Act, Section 417, subparts 206.360 through 206.367, authorizes FEMA to provide direct loans to local governments who have suffered a substantial loss of tax and other revenues as a result of a major disaster and which can demonstrate a need for Federal financial assistance in order to perform its governmental functions.
- Local governments must show a substantial loss (greater than 5%) of tax and other revenues for the current or succeeding year as a result of a major disaster.
- Loan amounts may not exceed the lesser of 25% of the operating budget of the local government for the fiscal year in which the disaster occurred, or a cumulative estimated revenue loss for the fiscal year of the disaster and the subsequent three fiscal years, but shall not exceed \$5 million.
- The disaster must have adversely affected the level of essential municipal services previously provided.
- State law must not prohibit local governments from incurring indebtedness resulting from a federal loan
- Capital outlays and debt service (interest and principal) for capital items will be excluded in the calculation of the applicant's operating budget.
- The term of the loan is five years, and can be extended to ten years, with the applicant selecting the payment schedule.
- The interest is the rate for the five year maturities as determined by the Secretary of the Treasury on the date the promissory note is executed, adjusted to the nearest 1/8th percent.
- FEMA will execute a promissory note to the applicant co-signed by the state. If the state cannot legally co-sign the note, the local government must pledge collateral security. Funds will be dispersed in accordance with the terms of the note.
- Funds must be used to carry on existing local government functions of a municipal operation character, or to expand such essential functions to meet disaster-related needs.
- FEMA will provide technical assistance to expedite the application and approval process.
- To initiate the process, the local government should contact the Governor's Authorized Representative and request an evaluation for loan eligibility.

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
CERTIFICATION OF ELIGIBILITY FOR COMMUNITY DISASTER LOANS

*O.M.B. No. 1660-0083
 Expires April 30, 2006*

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this information collection ranges from 10 minutes to 10 hours per response. burden means the time, effort and financial resources expended by persons to generate, maintain, retain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0083). You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form.
 NOTE: Do not send your completed questionnaire to this address.

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Does State law prohibit your municipality from incurring the indebtedness from a federal loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the disaster caused revenue loss greater than 5% of total revenue estimated for the fiscal year of the disaster or the following fiscal year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the loss of revenue or the increase in disaster-related un-reimbursable expenses adversely affected the level and/or the categories of essential municipal services provided prior to the disaster? If yes, explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there insufficient funds to meet current fiscal year operating requirements?
If yes, what measures are you taking to meet financial obligations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is cash or other liquid assets available from the previous fiscal year? If yes, how long will the cash or liquid asset last given your current financial projections? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were revenue producing business displaced due to property destruction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you reduced or eliminated essential municipal services?
If no, do you plan on doing this? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you in danger of municipal insolvency? | <input type="checkbox"/> | <input type="checkbox"/> |

By signing this certificate, the applicant representative hereby confirms the following:

- All statements are made truthfully, as fairly and accurately as possible.
- All statements are in accordance with any federal, state, and local laws, standards, and regulations.

SIGNATURE OF APPLICANT REPRESENTATIVE	DATE
NAME OF APPLICANT REPRESENTATIVE	TITLE
NAME OF APPLICANT PARISH/COUNTY	STATE
APPLICANT REPRESENTATIVE CONTACT EMAIL	PHONE NO.