



### AUTHORIZED REPRESENTATIVE FORM

Businesses that apply to the Louisiana Loggers Relief may designate a third party as an authorized representative of the Applicant Business. Authorized Representatives designated by the Applicant Business owners will have the authorization to sign the Federal Funding Certification and Agreement to Hold Harmless and Indemnify declaration in the application and submit the application on behalf of the Applicant Business owners. Authorized Representatives will also be permitted to make inquiries regarding the application and to authorize any decision on behalf of the Applicant Business owners. The Applicant Business owners also give the Program permission to share information in the application, including status and Grant Award amount with the Authorized Representative.

| Authorized Representative | Title / Relation | Phone Number | Owner Initials |
|---------------------------|------------------|--------------|----------------|
|                           |                  |              |                |
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|                           |                  |              |                |

Businesses that apply to the Louisiana Loggers Relief Program may also designate a third party as a Communication Designee. By designating a Communication Designee below, the Applicant Business gives the Program permission to share information regarding the application, including status, supporting documentation, and the Grant Award amount with the Communication Designee via the Applicant Portal or phone call. The Communication Designee and Applicant are responsible for remaining informed of the application status by regularly checking the Applicant Portal and timely responding to any requests for additional information.

| Communication Designee | Title / Relation | Phone Number | Owner Initials |
|------------------------|------------------|--------------|----------------|
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|                        |                  |              |                |

I, \_\_\_\_\_, hereby certify and affirm that I am the owner of the Applicant Business or a person with the authority to execute this Authorized Representative Form on behalf of the Applicant Business for application ID \_\_\_\_\_ of the Louisiana Loggers Relief Program.

I do hereby authorize the aforementioned individual(s) to act on behalf of the Applicant Business in the capacities distinguished above.

This signed authorization will be valid for a period not to exceed one (1) year from the date of signature below.

\_\_\_\_\_  
Applicant Business Name



**Louisiana Department  
of Treasury**  
— John M. Schroder —



\_\_\_\_\_  
Applicant Business Owner Signature

\_\_\_\_\_  
Applicant Business Owner Name Printed

\_\_\_\_\_  
Date