



# *City of Shreveport*

*2017 Notice of Funding Availability (NOFA)*

*Community Development Block Grant (CDBG)*

*Public Service Activities/Capital Projects*

# TABLE OF CONTENTS

	<u>PAGE(S)</u>
Introduction.....	3-4
I. Background.....	5
II. Making the Connection.....	5-7
A. HUD National Objectives .....	5
B. Performance Measurement Objectives.....	5-7
III. Mandatory Requirements .....	7-8
A. Eligible Applicant.....	7
B. Equal Opportunity Clause.....	7
C. Conflict of Interest.....	7
D. Low-to-Moderate Income Household.....	8
E. Targeted Populations.....	8-9
IV. Eligible Activities.....	9-10
V. Insurance Requirements.....	10
VI. Project Summary/Information .....	11
VII. Application Outline.....	12-13
VIII. Applicant Selection Process.....	14-15
IX. Attachments.....	16-27
A. Budget Form .....	17
B. Vendor’s Application .....	18-19
C. Authorizing Resolution .....	20
D. Certificate of Insurance Form .....	21
E. W-9 Form and Instructions.....	22-25
F. Affidavit.....	26-27
X. Checklist of Required Documents .....	28
XI. Maps.....	29-31



## CITY OF SHREVEPORT

### 2017 Notice of Funding Availability (NOFA) Community Development Block Grant (CDBG) Public Service Activities

**CFDA Number: 14.218**  
**Federal Award Number:**

---

<b>DEPARTMENT:</b>	Community Development
<b>ACTION:</b>	Notice of Funding Availability (NOFA) Guidelines
<b>INTRODUCTION:</b>	This NOFA announces the availability of funding under CDBG to community based, not-for-profit organizations that implement programs and/or projects addressing designated non-housing services for the youth and children, elderly, homeless services, and economic development. Services are limited to the City of Shreveport.

Funding is contingent upon the approval of the U. S. Department of Housing and Urban Development budget and the City receiving the equivalent of its 2017 and 2018 funding. No grant amount will exceed \$50,000. The average grant amount will be \$20,000.00. This proposal is for two (2) years. ***Only organizations, with a 501(c) (3) nonprofit status and a minimum of one year experience providing one of the related services are qualified to apply.***

The City will only consider funding projects which are consistent with the Consolidated Strategy Plan (CSP). The CSP is a five-year planning document required by HUD that determines priorities, establishes strategic goals, and allocates resources through an Annual Action Plan for various projects and initiatives. Projects selected under this Annual Action Plan will begin on January 01, 2017. Project funding will be based on each year respectively. We reserve the right to fund projects for one or two years. The CSP is located on the City's website at [www.shreveportla.gov](http://www.shreveportla.gov).

**DATES:** One original completed application plus three (3) copies must be received by 5:00 p.m., Thursday, August 31, 2017 hand-delivered to the attention of Ms. Bonnie Moore, Director, City of Shreveport, Department of Community Development, 401 Texas Street, First Floor, or mailed to Post Office Box 31109, Shreveport, LA 71130.

APPLICATIONS MAY NOT BE SENT BY FACSIMILE (FAX) or BY ELECTRONIC MAIL (E-MAIL). **There will be absolutely no exceptions.**

**FORMAT:** All applications must be completed using the forms supplied with this NOFA. Any application not following the prescribed format will not be considered for funding. The City of Shreveport reserves the right to request additional information pursuant to this application.

**DISCLAIMER:** All proposals submitted become the property of the City of Shreveport. Submission of a proposal does not commit the City of Shreveport to award a contract or to pay for any costs incurred in the preparation of a proposal. The City has the right to extend the submission deadline should such extension be in the interest of the city. Proposers have the right to revise their proposals in the event the deadline is extended. The City of Shreveport reserves the right to reject any proposal.

Future public service grant opportunities are not guaranteed and should not be relied on to support continued program activities. Awards will not be granted if there are open contracts or a funded project has not been successfully completed.

**PROPOSAL'S CONFERENCE:** An informational workshop will be held at 10:00 a.m. on Wednesday, August 16, 2017, at Department of Community Development, 401 Texas Street, Second Floor Conference Room, Shreveport, Louisiana. Interested organizations are strongly encouraged to attend the proposers' conference. Attendance is not mandatory, but proposers will be held responsible for all information presented at the meeting.

**AUTHORITY:**

## I. BACKGROUND

The **Community Development Block Grant** is authorized by Title I of the Housing and Community Development Act of 1974, as amended. Funds available under this NOFA are subject to the requirements of the amended CDBG regulations located at 24 CFR Part 570.

The City of Shreveport, through this NOFA, will fund programs that address public service activities for program year 2017 and 2018. Community Development Block Grant (CDBG) funds may be used to support new or expanded services that improve the quality of life for low- and moderate-income individuals or households. Typically these funds are granted to non-profit agencies through an annual competitive application process.

## II. MAKING THE CONNECTION

### A. HUD NATIONAL OBJECTIVES

The three national objectives are:

- Benefit to low- and moderate- income (LMI) persons;
- Aid in the prevention or elimination of slums or blight; and
- Meet a need having a particular urgency (referred to as urgent need).

For the purpose of this NOFA, activities benefiting low and moderate income persons is the **only** national objective applicable.

### B. PERFORMANCE MEASUREMENT OBJECTIVES:

HUD has implemented a mandated system of reporting performance measurements in a precise and timely manner. All recipients funded under this proposal must provide needed data to the city of Shreveport in order to be reimbursed for eligible expenses. All of the activities funded must identify one of the three performance measurements overarching objectives:

- *creating suitable living environment (In general, this objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment);*
- *creating economic opportunities (This objective applies to the types of activities related to economic development, commercial revitalization, or job creation).*

The three program performance outcome categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). **Please check only one box on this page that best applies to your project's outcomes and objectives.**

**Outcome 1. Availability/Accessibility**

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to extremely low- and low/moderate-income people, including persons with disabilities.

**Objective:**

- Enhances the Living Environment through New Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

**Outcome 2. Affordability**

This outcome applies to proposals which provide affordability in a variety of ways in the lives of extremely low-, very low- and low/moderate- income people.

**Objective:**

- Enhances the Living Environment through New Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

**Outcome 3. Sustainability/Promoting Livable or Viable Communities**

The outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally extremely low-, very low- and low/moderate-income people or by removing or eliminating or blighted areas.

**Objective:**

- Enhances the Living Environment through New Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

If this is a new project, describe how you will reach out to these beneficiaries?

How will people or conditions in the community change as a result of what you do?

**Examples:**

Listed below are the six (6) outcome categories for Community Development Programs. Each outcome category can be connected to each of the overarching objectives, resulting in a total of six groups of outcome/objective statements under which sub-recipient should report the activity or project data to document the results of their activities or projects. They are activities or projects that provide:

- Availability/Accessibility for the purpose of creating suitable living environments
- Availability/Accessibility for the purpose of creating economic opportunities
- Affordability for the purpose of creating suitable living environments
- Affordability for the purpose of creating economic opportunities

- Sustainability for the purpose of creating suitable living environments
- Sustainability for the purpose of creating economic opportunities

**For the purpose of this application, the outcome categories are Availability/Accessibility, Affordability, and Sustainability for the purpose of creating suitable living environments**

Listed below are examples of outputs that are relative to the funding categories under this application. Each output should relate to the intended outcome/objective of the program activities and community objectives.

- 20 youth have access to higher educational opportunities for the purpose of creating suitable living environment.
- 150 elderly persons have affordable health care for the purpose of creating a suitable living environment.

### **III. MANDATORY REQUIREMENTS**

#### **A. Eligible Applicant**

The applicant must be a governmental entity or a nonprofit organization established by the IRS as a 501©3 organization. The agency must be in existence for at least one year and have at least one year of demonstrated experience providing a similar service.

#### **B. Equal Opportunity Clause**

Applicants may not discriminate on the basis of race, gender, nationality, ethnicity, religion, creed, or disability.

#### **C. Conflict of Interest**

No employee, board member, officer, agent, consultant, elected official, or appointed official of the recipients or sub-recipients that are receiving funds under a CDBG-assisted project who have responsibilities with respect to the CDBG activities or are in a position to participate in decision making processes or have access to inside information with regard to the activities, can obtain a financial interest or benefit from a CDBG assisted activity during their tenure or for one year thereafter (Federal Regulation 24 CFR 570.611). Agencies should maintain a written code of standards of conduct governing the purchase of materials, product, supplies, services, and awarding and administering sub-recipient contracts.

Applicants are also responsible for determining that there will be no conflict or violation of the Louisiana Ethics Code (La. R.S. 42:1101, *et seq.*) if their company is awarded the contract. Ethics issues are interpreted by the Louisiana Board of Ethics.

#### **D. Low-to-moderate Income Household**

Your project must benefit low to moderate income persons. The term “low and moderate income” shall be defined as at or below 80% of the median income adjusted for family size for

the area as defined in Section 102 of the Housing and Community Development Act of 1974, as amended. Low- and moderate-income household means a household having an income equal to or less than the Section 8 low-income limit established by HUD.

**2017 HUD Income Guidelines**

<b>Family Size</b>	<b>Very Low (50%)</b>	<b>Low (80%)</b>
1	\$20,450.00	\$32,700.00
2	\$23,350.00	\$37,400.00
3	\$26,300.00	\$42,050.00
4	\$29,200.00	\$46,700.00
5	\$31,550.00	\$50,450.00
6	\$33,850.00	\$54,200.00
7	\$36,200.00	\$57,950.00
8	\$38,550.00	\$61,650.00

**E. Targeted Populations:**

**Applicants applying for funding under this NOFA should target services and activities to the following populations:**

**1. Youth and Children**

- For the purpose of this RFP, youth and children are defined as those persons between the ages of 11(or middle school age) and 24, with older youth being those between 18 and 24.

**2. Elderly**

- For the purpose of the RFP, elderly is defined as a person who is at least 62 years of age.

**3. Homeless Services.**

- Victims Services  
These are services that assist program participants who are victims of domestic violence, dating violence, sexual assault, or stalking, including services offered by rape crisis centers and domestic violence shelters, and other organizations with a documented history of effective work concerning domestic violence, dating violence, sexual assault, or stalking.
- Drug abuse counseling and treatment
- Job Training and Education programs
- Providing supportive services

- Payment of the costs of operating a homeless shelter, including costs related to implementing and operating the Homeless Management Information System (HMIS) for the shelter

**4. Economic Development.**

- To provide the training and services that will enable residents to successfully compete for job opportunities within the region. To expand economic opportunities, particularly for low-income persons by assisting in the creation and retention of businesses in the City of Shreveport.

**IV. ELIGIBLE ACTIVITIES**

Public service activities are funded through the Community Development Block Grant; therefore the services should principally benefit low- to moderate -income persons. Federal regulations list a variety of public service activities; however, the Consolidated Strategy Plan (CSP) prioritizes public service needs for the city of Shreveport. The City is in search of innovative programs that work and can be replicated throughout of the City.

*Due to limited funds, the City anticipates funding no more than five (3) organizations per project.*

**1. Youth Services:**

- Education
- Pre-employment skills
- Life skills
- Behavior modification

*All activities must have an educational enhancement component and a social challenge component.*

**2. Elderly Services:**

- Meals
- Transportation
- Health services
- In-house maintenance
- Yard maintenance

**3. Homeless Services:**

- Victim Services
- Drug Abuse counseling and treatment
- Job and Educational Training
- Supportive Services

- HMIS

**4. Economic Development:**

- Workforce Training
- Job Creation Activities for low-to-moderate income citizens
- Business Incubation Services

**V. INSURANCE REQUIREMENTS**

Applicants must provide proof of insurance available upon notification of funding. Coverage must be in full force and effect at all times. Such insurance at a minimum must include the following coverage and limits of liability:

A. Commercial General Liability	
Annual Aggregate	\$2,000,000
Per Occurrence	\$1,000,000
B. Commercial Auto Liability Insurance	\$ 300,000
C. Worker’s Compensation Insurance	\$1,000,000
D. Fidelity Bonding (25% of Contract Amount)	

**Subrogation Clause**, the Subrecipient and all of its insurers shall, waive all rights of recovery or subrogation against the City, its officers, agents or employees and its insurance companies.

**Additional Insured Clause**, the policy must be endorsed to name the City as an additional insured.

**NOTE: These insurance limits are subject to change.**

## VI. PROJECT SUMMARY/INFORMATION

Name of Project: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Amount of Matching Funds: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Address: \_\_\_\_\_

Legal Name of Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Tax Identification year of 501c(3): \_\_\_\_\_ Tax I.D. Number: \_\_\_\_\_

\*DUNS Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

**I CERTIFY THAT ALL OF THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
**SIGNATURE OF AUTHORIZED REPRESENTATIVE**

\_\_\_\_\_  
**DATE**

*\* Duns & Bradstreet Data Universal Numbering System (DUNS): All applicants must obtain a DUNS number. Failure to provide a DUNS number will prevent you from obtaining an award. Applicants may obtain a DUNS number by calling the toll-free request line at 1-866-705-5711 between 8:00 a.m. and 6:00 p.m.*

For Internal Use:

Approved or denied \_\_\_\_\_ Awarded funds \_\_\_\_\_ Contract award date \_\_\_\_\_

## VII. APPLICATION OUTLINE

Your application must be formatted as outlined below. **Proposals that are not submitted in the following format will not be reviewed.** This section shall not exceed six double spaced pages in 12 font, Time New Roman. The application outline must address all of the following items listed below:

### **Project Summary : ( 10pts)**

- Identify the CDBG National Objectives your activities will meet;
- identify the applicant and briefly describe your purpose, mission and goals;
- indicate the reason for the grant request and the need to be addressed;
- provide a brief summary of the program activities, and how they will be accomplished;
- identify the population and area to be served; and
- clearly and concisely summarize your request for funding, including total cost of the project, funds already committed and the amount requested under this proposal.

### **Applicant Capacity: (15pts)**

- Describe the agency's qualifications, and the extent to which you have the organizational resources necessary to successfully implement the proposed activities in a timely and efficient manner;
- indicate the staff member who possesses knowledge and experience in your proposed program; and
- show relevant experience in managing grants and similar programs.

### **Problem Statement: (15pts)**

- Specifically **define the problem and clearly document** the needs to be met or problems to be solved by the proposed project;
- determine the extent of the problem in the geographic area that you will target with your program; and
- the need should be related to the purpose of your proposed activities and documented, using sound and reliable data (statistics, survey findings, expert advice, studies, student data, and test results).

You are encouraged to link the documentation of need to data identified in the city's Consolidated Plan. To obtain a copy of the Consolidated Plan, contact the Department of Community Development at (318) 673-5900 or go to [www.shreveportla.gov](http://www.shreveportla.gov).

### **Program Narrative/Budget: (30pts)**

- Outline the specific activities to be **performed, methodology** and **benefits** to be achieved;
- describe the targeted population and the demographics of that population;
- establish a clear time line for implementation;
- identify **measurable objectives** stated in relation to the problem and the **expected outcomes**;

- identify any collaborative partners associated with this project, and how this project will benefit the community. Special consideration will be given to those agencies creating partnerships that are appropriately designed for implementing the proposed activities;
- the budget must be completed listing by line item the projected expenditures for the funds requested; and
- list the amounts, types and source of match.

**Leveraging Resources :( 15pts)**

- The applicant must demonstrate and document the ability to secure resources beyond those provided under this grant award, including private, other public, and mainstream resources.

Leveraging resources may include cash, cash equivalent (i.e., other federal, state and local grant awards) and in-kind contributions, such as services, donations or equipment. **Please be sure to include supporting documentation of your resources .**

**Performance Measures (15pts)**

- Present a **plan** for determining the degree to which objectives are met;
- identify **one** of the two performance measures your program will meet (refer to pages 20-22);
- identify specific **output** and **outcomes** or impacts that your program or activities will have on the community;
- describe how you will make your services available/accessible, affordable, or sustainable to the target population you propose to serve; and
- describe the specific tools to track output and outcome and the methodology you will use to measure your success in meeting your stated goals.

## VIII. APPLICANT SELECTION PROCESS

### A. APPLICATION REVIEW

Only one application will be accepted per eligible activity. Applications will not be accepted unless they meet the following requirements:

- Applicant eligibility. The applicant must be a non profit organization (IRS 501(c)(3) tax exempt status), and must have at least one year of experience in a related area. To be eligible for CDBG assistance, a public service must be either a new service or a quantifiable increase in the level of an existing service above that which has been provided in the 12 calendar months before the submission of the action plan.
- Eligible population/target area to be served. The population to be served must meet the eligibility requirements as identified on pages 8 - 9.
- Eligible activities. The activities for which assistance is requested must be consistent with those prescribed in Section III. (See pages 9, 10)
- Provide an executive summary of the agency's accomplishments for the previous twelve months.
- Match Requirements. The applicant must furnish 50% leverage.

### B. CORE SELECTION CRITERIA:

<u>Category:</u>	<u>Maximum Points:</u>
Project Summary	10
Applicant Capacity	15
Problem Statement	15
Program Narrative/Budget	30
Leveraging Resources	15
Performance Measures	15
<b>Subtotal</b>	<b>100</b>
<b>Bonus Points</b> (Projects located in a Choice Neighborhood (Allendale or Ledbetter Heights)	10
<b>Total Points</b>	<b>110</b>

### C. ADDITIONAL SELECTION CRITERIA

Agencies who have received prior funding from the Department of Community Development (DCD) will also be evaluated on past performance in carrying out programmatic activities and contractual compliance. Factors such as agency ability to meet service delivery goals, timely expenditure of funds, timely reporting, accuracy of reporting, ability to meet audit requirements, and other programmatic and fiscal contractual requirements will be considered. **All unresolved monitoring findings must be cleared prior to applying.** These other factors will be considered in conjunction with the proposal score in developing an overall recommendation for agency funding.

All applications must be completed using the forms supplied with this Notice of Funding Availability. **Any application not following the prescribed format will not be considered for funding.**

For additional information, please contact Fred Thomas or Jackie Brown (318) 673-5900.

Applicants who physically deliver the proposal must have their proposal logged in. Under no circumstances should any applicant leave a proposal at the office without completing the required log-in procedure. Applicants who mail proposals should do so by certified mail, return receipt requested, or through overnight mail services, allowing enough time for the proposal to be received by the deadline date and time.

Proposals must be complete at the time of submission. No addendum will be accepted after the deadline date for submission of proposals.

**Incomplete proposals will not be reviewed.**

## **IX. ATTACHMENTS**

Budget Form

Information of Vendor's Application and Commodity Codes

Vendor's Application

Authorizing Resolution

Certificate of Insurance

W-9 Form

Affidavit



INSTRUCTIONS FOR OBTAINING  
A VENDOR'S APPLICATION  
AND COMMODITY CODES  
FOR THE CITY OF SHREVEPORT

WEB SITE ADDRESS: WWW.CI.SHREVEPORT.LA.US

**TO OBTAIN THE REQUIRED FIVE-DIGIT COMMODITY CODES FOR YOUR APPLICATION**

Go to SECTION 900.

Select the letter of the alphabet that pertains to your product or service your company provides.

**For example:** For "CONSTRUCTION," you will need to click on the letter "P" for PUBLIC WORKS, CONSTRUCTION, AND RELATED SERVICES. For "TOOLS," you will click on the letter "H" for "HANDTOOLS," or the letter "A" for "AUTO SHOP EQUIPMENT" if you sell "AIR POWERED SHOP TOOLS." For "GASOLINE," you will need to click on the letter "F" for "FUEL. The items that you are looking for may be listed with different names.

When you select a letter of the alphabet, you will be given a list of the 3-digit codes. Click on the 3-digit code to obtain the required 5-digit code. **It is imperative that we have the 5-digit code in order for your application to be processed.** Please remember that the main reason for using five-digit commodity codes is to identify vendors that carry the items that are needed by the City.

If you have any questions or need further assistance, please call the Purchasing Office at 318-673-5450.

Revised 6-12-03



**VENDOR'S APPLICATION** (Revised 12-15-08)

Please e-mail, mail or fax application to:  
 City of Shreveport  Purchasing Division  
 PO Box 31109  Shreveport, LA 71130-1109  
 505 Travis Street  Suite 610  Shreveport, LA 71101-3042  
 Phone: (318) 673-5450  Fax: (318) 673-5408  
 web site: [www.shreveportla.gov](http://www.shreveportla.gov)

All information must be provided typed or printed. W-9 form at: <http://www.irs.ustreas.gov/pub/irs-pdf/fw9.pdf?portlet=3>

<input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> REVISION	Date of Application:	Copy of Current Business/Occupational License & W-9 Forms are Required. Are they attached? <input type="checkbox"/> yes <input type="checkbox"/> no ADJUDICATED PROPERTY AFFIDAVIT MAILED ? <input type="checkbox"/>
---	----------------------	---

Vendor Name:	Federal Identification or S.S. Number:
--------------	--

Sales (Order) Address (Street, City, State & Zip Code):	Phone Number:
---	---------------

Remittance Address (Street, City, State & Zip Code):	Fax Number:
--	-------------

Web Site Address:	E-Mail Address:
-------------------	-----------------

Type of Organization:  Partnership  Sole Proprietorship  Corporation DBE Ownership \_\_\_\_%\*  Minority Ownership \_\_\_\_%

Type of Business or Service:  Architect/Engineer  Manufacturer or Producer  Distributor  MFGR'S Agent  
 (Check all that apply)  Retailer  Service Establishment  Wholesaler  Construction

It is imperative that the five digit commodity codes are listed on your application. These codes can be accessed on the web at [www.shreveportla.gov](http://www.shreveportla.gov) under Bids & RFPs, Section 900 or at BidSync.com . **Click on the three digit code and the five digit codes will be shown. All of the 900 range commodity codes are for services & construction.** Please list all commodity codes that apply. Use the back if more space is needed . **When working on City property see Section 600 on the web for Insurance Requirements.**

- |            |            |            |            |            |            |            |            |
|------------|------------|------------|------------|------------|------------|------------|------------|
| (1) _____  | (2) _____  | (3) _____  | (4) _____  | (5) _____  | (6) _____  | (7) _____  | (8) _____  |
| (9) _____  | (10) _____ | (11) _____ | (12) _____ | (13) _____ | (14) _____ | (15) _____ | (16) _____ |
| (16) _____ | (17) _____ | (18) _____ | (19) _____ | (20) _____ | (21) _____ | (22) _____ | (23) _____ |
| (24) _____ | (25) _____ | (26) _____ | (27) _____ | (28) _____ | (29) _____ | (30) _____ | (31) _____ |
| (32) _____ | (33) _____ | (34) _____ | (35) _____ | (36) _____ | (37) _____ | (38) _____ | (39) _____ |
| (40) _____ | (41) _____ | (42) _____ | (43) _____ | (44) _____ | (45) _____ | (46) _____ | (47) _____ |

**Please check all of the classifications be low that apply. FSC requires certification by the Fair Share Office .**

Small Business (SBE) <input type="checkbox"/>	Large Business (LBE) <input type="checkbox"/>	Fair Share Certified (FSC) <input type="checkbox"/>	Disadvantaged Business (DBE) <input type="checkbox"/>	Architect or Engineer (AEC) <input type="checkbox"/>	Women Owned Business (WBE) <input type="checkbox"/>
--	--	--	--	---	--

Persons Authorized to sign bids and Contracts in your name (If an agent, so specify)		Persons to contact on matters concerning bids and contracts	
Name	Official Capacity	Name	Official Capacity

I understand that I will need to watch for the City's ads in the legal section of *The Times* and/or on BidSync.com web site so that I will know when to contact the City for a copy of an Invitation for Bid (IFB), a Request for Proposal (RFP), or a Request for Statement of Qualification (RFS).

I certify that the information supplied herein (including attached pages) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal officer, so far as is known, is in arrears on money owed to the City, is **debarred** or otherwise declared ineligible by any public agency from bidding for furnishing materials, supplies or services to any agency thereof.

Signature of Person Authorized to Sign	Name and Title of Person Authorized to Sign for this Firm
--	---

\*Defined as those who are socially disadvantaged by Small Business Administration that includes Black Americans, Hispanic Americans, Native Americans, Asian Pacific Americans and Subcontinent Asian Americans. Place actual percentage of ownership from 0% to 100%. **Women are not included in this definition of minority unless they fit into one of these categories.**

## AUTHORIZING RESOLUTION

Name of Organization: \_\_\_\_\_

Be it resolved by the Board of Directors or Members \_\_\_\_\_ domiciled

in \_\_\_\_\_ that \_\_\_\_\_ is hereby

authorized to sign any and all contracts and/or agreements with the City of Shreveport and to do any and all things necessary to execute the contracts and/or agreement on behalf of this corporation.

That I, \_\_\_\_\_ , \_\_\_\_\_  
(Name) (Position of Authority)

herby certify that the above and foregoing resolution is a true and correct copy of a resolution of the Board of Directors or Members of this organization which was passed at a meeting , duly called on \_\_\_\_\_, 20 \_\_\_\_ at which a quorum was present. This resolution has been entered into the records of this organization, has not been rescinded or modified, and remains in full force and effect on this date.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

WITNESSES:

Signature:

\_\_\_\_\_

Federal Tax ID Number:

\_\_\_\_\_

**CERTIFICATE OF INSURANCE**

**City of Shreveport**

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE ARE IN FORCE AS LISTED BELOW, SUBJECT TO THE TERMS AND CONDITIONS THEREOF

INSURED:	COMPANIES AFFORDING COVERAGE		A. M. BEST RATING
	COMPANY A		
	COMPANY B		
	COMPANY C		
	COMPANY D		
	COMPANY E		

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS, OR ALTERS THE COVERAGES AFFORDED BY THE POLICIES SHOWN BELOW, BUT THE COVERAGES SHOWN BELOW MEET THE CITY CONTRACT SPECIFICATIONS EXCEPT AS SPECIFICALLY NOTED.

CO LTR R	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)			LIMITS	
		<b>GENERAL LIABILITY</b>							GENERAL AGGREGATE
		COMMERCIAL GENERAL LIABILITY						PRODUCTS-COMP/OP AGG	\$
		CLAIMS MADE	OCCUR	Coverage included for XCU hazards	Yes	No		PERSONAL & ADV INJURY	\$
		OWNER'S & CONTRACTOR'S PROT		Policies endorsed for mandatory 30 day notice provision	Yes	No		EACH OCCURRENCE	\$
				Policy endorsed for Subrogation Waiver	Yes	No		FIRE DAMAGE (Any one fire)	\$
				Policy endorsed to specify the City of Shreveport as an additional insured	Yes	No		MED EXP (Any one person)	\$
	<b>AUTOMOBILE LIABILITY</b>							COMBINED SINGLE UNIT	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
		SCHEDULED AUTOS						PROPERTY DAMAGE	\$
		HIRED AUTOS							
		NON-OWNED AUTOS		Policies endorsed for mandatory 30 day notice provision	Yes	No			
				Policy endorsed for Subrogation Waiver	Yes	No			
				Policy endorsed to specify the City of Shreveport as an additional insured	Yes	No			
	<b>GARAGE LIABILITY</b>							AUTO ONLY-EA ACCIDENT	\$
		ANY AUTO		Policies endorsed for mandatory 30 day notice provision	Yes	No		OTHER THAN AUTO ONLY:	
				Policy endorsed for Subrogation Waiver	Yes	No		EACH ACCIDENT	\$
				Policy endorsed to specify the City of Shreveport as an additional insured	Yes	No		AGGREGATE	\$
	<b>EXCESS LIABILITY</b>								
				Policies endorsed for mandatory 30 day notice provision	Yes	No		EACH OCCURRENCE	\$
		UMBRELLA FORM		Policy endorsed for Subrogation Waiver	Yes	No		AGGREGATE	\$
		OTHER THAN UMBRELLA FORM		Policy endorsed to specify the City of Shreveport as an additional insured	Yes	No			\$
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>							STATUTORY LIMITS	
				Policies endorsed for mandatory 30 day notice provision	Yes	No		EACH ACCIDENT	\$
		This Worker's Compensation Policy provides coverage for all members of the insured organization, including an employer, a sole proprietor, a partner or bona fide officer of the organization and all employees.		Policy endorsed for Subrogation Waiver	Yes	No		DISEASE-POLICY LIMIT	\$
		OTHER						DISEASE-EACH EMPLOYEE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

	<b>CERTIFICATE HOLDER:</b> City of Shreveport P.O. Box 31109 Shreveport, LA 71130	SIGNATURE:	
		NAME:	
		MAILING ADDRESS:	
		CITY/STATE/ZIP:	
		PHONE:	
		DATE:	

As an authorized representative, I certify that the above fairly represents the policies in force: (revised 11-18-03)



- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
  2. The United States or any of its agencies or instrumentalities,
  3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
  4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
  5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
  7. A foreign central bank of issue,
  8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
  9. A futures commission merchant registered with the Commodity Futures Trading Commission,
  10. A real estate investment trust,
  11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
  12. A common trust fund operated by a bank under section 584(a),
  13. A financial institution,
  14. A middleman known in the investment community as a nominee or custodian, or
  15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients 1 through 7

<sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup>However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## CITY OF SHREVEPORT-PURCHASING DIVISION

P.O. BOX 31109 SHREVEPORT, LOUISIANA 71130-1109 Suite 610, 505 TRAVIS SHREVEPORT, LA 71101-3042  
Phone 318/673-5450 web site: www.shreveportla.gov Fax 318/673-5408

July 10, 2008

FAXED TO: \_\_\_\_\_

ATTENTION: \_\_\_\_\_

Section 26-211 of the Code of Ordinances has been changed effective February 5, 2008 to include the following:

(b) No contract to which the City is a party shall be awarded to any person who:

- 1) Has not paid all taxes, licenses, fees and other charges which are outstanding and due the City, or
- 2) Owns any property which is adjudicated to the City or which has demolition liens, grass cutting liens, or any other property standards liens on it, or
- 3) Owns more than 25% of a legal entity that owns any property which is adjudicated to the City or which has demolition liens, grass cutting liens, or any other property standards liens on it, or
- 4) Who has a member of his immediate family who owns any property which is adjudicated to the City or which has demolition liens, grass cutting liens, or any other property standards liens on it.

d) For purposes of this subsection, the following terms shall have the following meanings:

- 1) "Immediate family" means the contractor's children, the spouses of his children, his brothers and their spouses, his sisters and their spouses, his parents, his spouse, and the parents of his spouse.
- 2) "Own" shall mean to be the last record owner of property prior to a tax sale or adjudication.

Because of this, the City Attorney's Office has provided the attached affidavit that we must require of every Contractor/Vendor that does business with the City. Please return this affidavit by mail at your earliest convenience so that we can issue your firm purchase orders now or in the future. **DO NOT RETURN WITH ANY OF YOUR BID DOCUMENTS.**

If you have any questions concerning this matter, please call the number listed below within three working days after receipt of this letter.

Sincerely,

Tom Mattox, CPPO, C.P.M., Purchasing Agent

cc: File

Enclosure: Affidavit

If you have any questions, please call Frances Antoine at 318/673-5450 or Mary Fuller at 318/673-5458. Please mail original affidavit with notary seal to: Purchasing Affidavit, P.O. Box 31109, Shreveport, LA 71130. **We will not be allowed to issue your firm a purchase order or payment until a properly executed affidavit is returned.**

**APPENDIX 2-AFFIDAVIT ATTESTING THAT CONTRACTOR, LEGAL ENTITIES OF CONTRACTOR DO NOT OWN ADJUDICATED OR LIEN PROPERTY**

BEFORE ME, the undersigned Notary Public duly qualified and commissioned, came and appeared

\_\_\_\_\_ authorized representative of \_\_\_\_\_

\_\_\_\_\_ with a Federal I.D. Number of:

\_\_\_\_\_ : and with a current e-mail address of: \_\_\_\_\_

\_\_\_\_\_ who does hereby state as follows, to-wit:

1.0 Contractor does not own any property which is adjudicated to the City of Shreveport or which has demolition liens, grass cutting liens, or any other property standards liens on it. For purposes of this subsection, the term "Own" shall mean to be the last record owner of the property prior to a tax sale or adjudication.

2.0 Contractor does not own more than 25% of a legal entity that owns any property which is adjudicated to the City or which has demolition liens, grass cutting liens, or any other property standards liens on it.

3.0 Contractor has paid all taxes, licenses, fees, and other charges which are outstanding and due to the City.

4.0 Contractor will provide written notification to the City's Purchasing Agent not later than the next work day after any of the above statements becomes invalid.

5.0 This affidavit shall expire one year from the date shown below unless renewed by the contractor.

THUS DONE AND PASSED before me, Notary, on this day \_\_\_\_\_ of, 20\_\_\_\_\_.

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

NOTARY PUBLIC: \_\_\_\_\_ Seal: \_\_\_\_\_

Signature

**IDENTIFICATION NUMBER:**

Note: The notary identification number is required. The City of Shreveport also requires an original seal.

This affidavit is required to document compliance with **City Ordinance 26-211**. If you have any questions, please call Mary Fuller at 318/673-5458 or call 318/673-5450. Please mail original affidavit with notary seal to: Purchasing Affidavit, P. O. Box 31109 or hand deliver to: 505 Travis St., Suite 610, Shreveport, LA 71101. Shreveport, LA 71130. Do not submit with your bid. **We will not be allowed to issue your firm a purchase order or payment until a properly executed original affidavit is returned.**

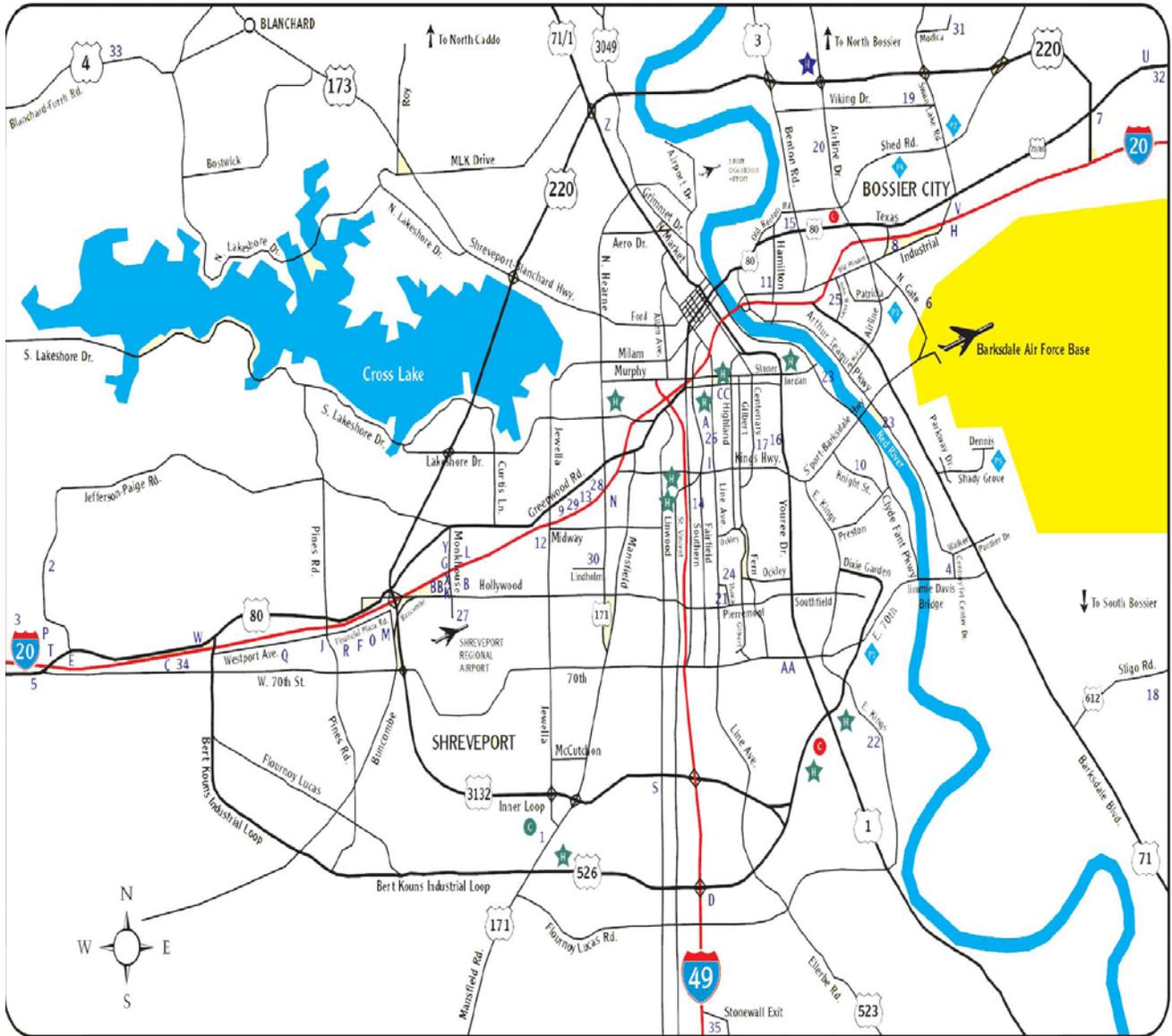
Revised 7-8-10

## X. CHECKLIST OF REQUIRED DOCUMENTS

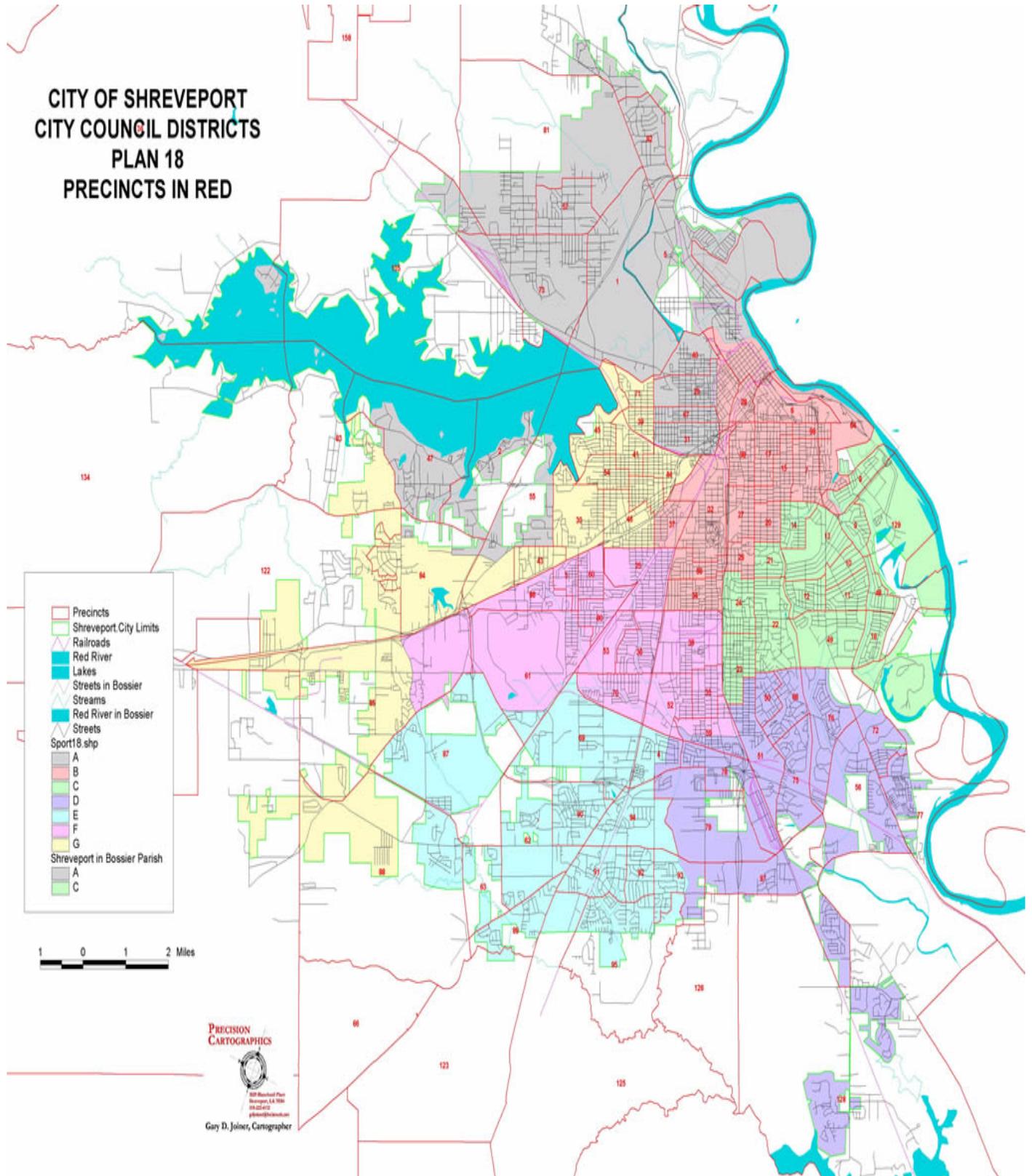
Cover Sheet	(1)
Proposal Outline	(2)
A Listing of your Board of Directors and their affiliations	(3)
A copy of your current IRS 501(c)(3) tax exempt statement evidencing that you are not a private foundation and an explanation of any changes in your IRS status	(4)
Most Current Financial Statement or Audit (not to exceed two years old)	(5)
Authorization Resolution by Your Board of Directors to Apply for City of Shreveport Funds	(6)
Article of Incorporation and Bylaws	(7)
Vendor's Application (if new applicant)	(8)
Evidence of Insurance (available upon notification of funding)	(9)
W-9 Form	(10)
Evidence of Zoning Approval	(11)
Proposed Agency Budget for Fiscal Year	(12)
List of Staff Members and Positions	(13)
Evidence of Occupational License	(14)
Certification of Utilization of HMIS System (Applicable to Homeless Providers Only)	(15)
Affidavit	(16)

# XI. MAPS

## City of Shreveport



**CITY OF SHREVEPORT  
CITY COUNCIL DISTRICTS  
PLAN 18  
PRECINCTS IN RED**





# CN TRANSFORMATION PLAN TARGET AREA



**CHOICE NEIGHBORHOOD MAP**