

2012 Louisiana Emergency Solutions Grant Program

The City of Shreveport has been issued an application package for the Louisiana Emergency Solutions Grants Program (ESGP) administered by the Louisiana Department of Children and Family Services. Funding available under the Emergency Solutions Grants Program can be used for the following purposes: the rehabilitation or conversion of buildings for use as emergency shelters for the homeless; the payment of certain expenses related to operating emergency shelters; essential services related to emergency shelters and street outreach for the homeless; and, homelessness prevention and rapid re-housing assistance.

Applicants for grants under the State ESG Program are limited to units of local government which may distribute all or part of their amounts to private nonprofit organizations for use in eligible program activities. Nonprofit organizations interested in developing a project proposal for possible inclusion in an ESGP funding application under consideration by the City of Shreveport may request a copy of the proposal materials by contacting the Department of Community Development, 401 Texas Street, beginning Wednesday, April 11, 2012. The proposal will also be available on the City of Shreveport's website, Department of Community Development as follows: www.shreveportla.gov. The proposal will be listed under the heading 2012 Louisiana Emergency Solutions Grants Program.

To qualify for funding participation, projects/organizations are required to be apart of a Homeless Management Information System (HMIS). Participants must provide matching funds (including in-kind contributions) equal to the amount allowed. No funding obligations shall be implied based on the information in this solicitation of offers. The City of Shreveport reserves the rights to accept any proposal on such a basis as may be deemed to be in its best interest. **The deadline for receipt of an original and three copies of this proposal is 5:00 p.m., Friday, April 20, 2012 to the attention of Ms. Bonnie Moore, Director, City of Shreveport, Department of Community Development, 401 Texas Street, (physical address) or Post Office Box 31109, Shreveport, LA 71130 (mailing address). Proposals must be typed—double spaced—on standard 8½ by 11 paper and have consecutively numbered pages. All proposals must be complete. Any incomplete proposals will not be considered for funding.** Applications may not be sent by facsimile (FAX) or by electronic mail (E-Mail). There will absolutely be no exceptions.

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I. Cover Sheet

**City of Shreveport
Department of Community Development**

BACKGROUND INFORMATION

Legal Name of the Agency: _____	
Address: _____	
Tax ID Number _____	
Duns Number: _____	
Telephone Number: _____	Fax Number: _____
Contact Person: _____	Email address _____
Submitted by _____	Email address _____

PROJECT DESCRIPTION

Name of Project: _____

Brief Description of Project: _____

Amount Requested: _____

Total Project Cost: _____

Location of Project: _____

Eligible Activity: Street Outreach Emergency Shelter Rapid Re-housing HMIS Homeless Prevention

Have you been previously assisted with ESG funds? Yes No

If yes, please specify the years funded and the amount received. _____

Amount of Match Contribution _____

List Sources of Match: _____

I certify that the information provided on this form and the narrative is correct to the best of my knowledge based upon records and information available to me.

Signature _____

Date _____

Title _____

Email address _____

Emergency Solutions Grants Program

II. BACKGROUND

The Emergency Shelter Grants Program (ESGP), originally established by the Homeless Housing Act of 1986 to address homelessness among men, women, and children in the United States, was incorporated in 1987 into subtitles B of Title IV of the Stewart B. McKinney-Vento Homeless Assistance Act (42 U.S.C. 11371-11378). On May 28, 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, a bill that reauthorized the McKinney-Vento Homeless Assistance programs and substantially revised the Emergency Shelter Grants Program. In its revision, the Emergency Shelter Grants Program was renamed the Emergency Solutions Grants (ESG) Program. ESG funds may be used to assist homeless persons and those at risk of becoming homeless. The Emergency Solutions Grant includes eligible activities of the Homelessness Prevention and Rapid-Re-housing activities have been added.

Prior to applying, applicants must be familiar with and knowledgeable of the following regulations and program requirements:

- **ESG Regulations: 24 C.F.R. Part 576** – The ESG Interim Rule
- **HEARTH Homeless Definition Final Rule: 24 C.F.R. Parts 91.582 and 583** – The final rule, published in the Federal Register on December 05, 2011, provides the homeless definition which applies to the ESG program.

III. DESIGN AND PURPOSE

The change in the program's name, from Emergency Shelter Grants Program to Emergency Solutions Grants, reflects the change in the program's focus from addressing the needs of the homeless people in emergency shelters to assisting people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. The new ESG funds can be utilized for the following purposes:

- The rehabilitation or conversion of buildings for use as emergency shelter for the homeless;
- The payment of certain expenses related to operating emergency shelters;
- Essential services related to emergency shelters and street outreach for the homeless; and,
- Homelessness prevention and rapid re-housing assistance.

IV. ELIGIBLE APPLICANTS

Only Private non-profit organizations who have been providing homeless services for at least one year are qualified for funding; must have the capacity to provide matching funds (in-kind contributions) equal to the amount awarded; must involve, to the minimum extent practicable, homeless individuals and families in ESG activities; and, must be able

to provide written certification that they are apart of a Homeless Management Information System (HMIS).

V. ELIGIBLE ACTIVITIES

ESG funds may be used for six program components: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance, and HMIS, as well as administrative activities. Per 24 CFR 576.100(b), the total amount of the applicant's budget for street outreach and essential services cannot exceed 60% of their total requested amount. With a collaborative application, the 60% limit applies to the entire application and not to each partner within the collaborative application.

A) **Street Outreach**: Funds may be used for costs of providing essential services to reach out to unsheltered homeless people; connect them with an emergency shelter, housing or critical services; and provide urgent non-facility based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing or an appropriate health facility.

Eligible Activities:

- Engagement Activities
- Case Management
- Emergency Health Services
- Emergency Mental Health Services
- Transportation

B) **Emergency Shelter**: Funds may be used for costs of providing essential services to families and individuals in emergency shelters, renovating buildings to be used as emergency shelter for homeless families and individuals, operating emergency shelters.

Eligible Activities:

- **Essential Services**: ESG funds may be used to provide essential services to individuals and families who are in emergency shelters including case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services and transportation.
- **Renovation Activities**: Eligible costs include labor, materials, tools, and other costs for renovation (including major rehabilitation or conversion of a building into an emergency shelter).
- **Shelter Operations**: Eligible costs are the costs of maintenance (including minor or routine repairs), rent, security, fuel, equipment, insurance, utilities, food, furnishings and supplies necessary for the operation of the emergency shelter.
- **Vouchers**: Where no appropriate emergency shelter is available for a homeless family or individual costs may also include hotel or motel vouchers for that family or individual.

C) **Homeless Prevention**: Funds may be used to provide housing relocation and stabilization services and short-or medium- term rental assistance necessary to prevent an individual or family from moving into an emergency shelter and prevent incidences of homelessness.

The following requirements apply to Projects funded through the Emergency Solutions Grant for Homeless Prevention:

1. Individuals and households assisted under the homelessness prevention component must have an income below (30%) of the area median income, as determined by HUD, with adjustments for larger or smaller families.
2. Persons/families receiving funding under this program must qualify as a homeless or at-risk household as indicated below and further defined in (576.103) and the definitions contained in (576.2).
3. Persons/families eligible for assistance are lacking sufficient resources or support networks, e.g. family, friends, faith-based or other social networks, immediately available to prevent them from moving into an emergency shelter or a primary nighttime residence that is not designed for or ordinarily used as a regular sleeping accommodation for human beings.
4. Homeless Prevention gives priority to individuals and families who are currently in housing but are at risk of becoming homeless and temporary rent or utility assistance would prevent them from becoming homeless or, who need assistance to move to another unit; and fall into at least one of these secondary risk criteria:
 - Household has moved 2 or more times due to economic reasons over a 60 day period.
 - Individual or family is living in a home of another or doubled-up due to economic hardship
 - Individual or family lives in a hotel or motel not paid for by a government or charitable organization
 - Household lives in an overcrowded housing unit as defined by the US Census Bureau
 - Householder is exiting a publicly funded institution or system of care
 - SRS involvement with children and youth
 - Domestic Violence problems
 - Households experiencing persistent housing instability due to factors such as chronic physical health or mental health conditions, substance addiction, histories of domestic violence or abuse, the presence of a child with disabilities or having two or more barriers to employment.
5. The costs of Homelessness Prevention are only eligible to the extent necessary to help the program participant regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing.
6. Homelessness Prevention must be provided in accordance with the ESG housing relocation and stabilization services requirements in 576.106 and the written standards and procedures under 576.400 which state: For Housing Relocation and Stabilization Services, ESG funds may be used to pay housing owners, utility companies and other third parties.

- Rental application fees
- Security deposits equal to no more than 2 months' rent
- First and Last Month's rent. Total rental assistance to a participant cannot exceed 24 months during any 3 year period including first and last month's rent.
- Standard utility deposits
- Utility payments. ESG funds may pay for up to 24 months of utility payments per program participant, per service, including up to 6 months of utility payments in arrears per service. Total utility payment assistance to a participant cannot exceed 24 months during any 3 year period
- Moving Costs such as truck rental or hiring a moving company. Assistance may also include payment of temporary storage fees for up to 3 months.
- Service Costs under this category include Housing Search and Placement assistance, Housing Stability Case Management, Mediation Activities, Legal Services necessary to resolve housing issues, and Credit repair/Counseling Services.

For Homeless Prevention Short-Term and Medium Term Rental Assistance, ESG may provide a program participant with up to 24 months of rental assistance during any 3 year period.

This assistance may be short-term rental assistance, medium-term rental assistance, payment of rental arrears, or any combination of this assistance.

- Short-term rental assistance is assistance for up to 3 months of rent.
- Medium-Term rental assistance is assistance for more than 3 months but not more than 24 months of rent.
- Payment of rental arrears consists of a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears.
- Rental assistance may be tenant-based or project-based.
- All units must meet Fair Market Rent requirements as established by HUD.
- A Rental Assistance Agreement must be in place for each unit assisted. The agreement must specify the terms and conditions under which rental assistance will be provided and conditions of the units occupied.

D) **Rapid Re-Housing**- ESG funds may be used to provide housing relocation and stabilization services and short- or medium-term rental assistance necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.

1. Rapid Re-Housing Assistance may be provided to individuals and families lacking a fixed, regular and adequate nighttime residence or any individual or family who is fleeing or attempting to flee domestic violence, assault or other life threatening conditions that relate to violence. (576.104 and 576.2.)
2. Rapid Re-Housing Assistance must be provided in accordance with the ESG housing relocation and stabilization services requirements in (576.105), the short-term and medium-term rental assistance requirements in (576.106) and the written standards and procedures under (576.400) which states: for Rapid Re-Housing Relocation and

Stabilization Service, ESG funds may be used to pay housing owners, utility companies and other third parties.

- Rental application fees
- Security deposits equal to no more than 2 months' rent
- First and Last Month's Rent. Total rental assistance to a participant cannot exceed 24 months during any 3 year period including first and last month's rent.
- Standard utility deposits
- Utility payments, ESG funds may pay for up to 24 months of utility payments per program participant, per service, including up to 6 months of utility payments in arrears per service. Total utility payment assistance to participant cannot exceed 24 months during any 3 year period.
- Moving Costs such as truck rental or hiring a moving company. Assistance may also include payment of temporary storage fees for up to 3 months.
- Service Costs under this category include Housing Search and Placement assistance, Housing Stability Case Management, Mediation Activities, Legal Services necessary to resolve housing issues, and Credit Repair/Counseling Service.

For Rapid Re-Housing Short-Term and Medium Term Rental Assistance, ESG may provide a program participant with up to 24 months of rental assistance during any 3 year period.

This assistance may be short-term rental assistance, medium-term rental assistance, payment of rental arrears, or any combination of this assistance.

- Short-term rental assistance is assistance for up to 3 months of rent.
- Medium-Term rental assistance is assistance for more than 3 months but not more than 24 months of rent.
- Payment of rental arrears consists of a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears.
- Rental assistance may be tenant-based or project-based.
- All units must meet Fair Market Rent requirements as established by HUD.
- A Rental Assistance Agreement must be in place for each unit assisted. The Agreement must specify the terms and conditions under which rental assistance will be provided and conditions of the units occupied.

E) **HMIS** – ESG funds may be used to pay the costs of contributing to the HMIS designated by the Continuum of Care for the area including, the costs of purchasing hardware, software licenses or equipment, obtaining technical support, completing data entry and analysis, monitoring and reviewing data quality, training, reporting, and coordination and integrating the system.

Assistance to Eligible Person/Households funded through the Emergency Solutions Grant cannot exceed 24 months of rental assistance, 24 months of utility payment assistance or 6 months of arrears (utility/rent) during any three year period.

Evaluation and documentation of client eligibility for financial assistance shall be reassessed at least every three months for program participants receiving homelessness

prevention assistance and not less than once annually for program participants receiving rapid re-housing assistance (576.401 (b)) to insure that they meet the eligibility criteria, review program and appropriateness standards and to re-evaluate the continuation of services.

VI. ELIGIBLE PARTICIPANTS

There are two eligible target populations identified for ESG funds: persons at risk of homelessness and homeless persons.

At risk of homelessness means:

(1) An individual or family who:

- Has an annual income below 30 percent of median family income for the area, as determined by HUD;
- Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “homeless” definition in this section; and
- Meets one of the following conditions:
 - Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
 - Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
 - Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons per room, as defined by the U.S. Census Bureau;
 - Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
 - Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

(2) A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42U.S.C. §9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42U.S.C. §14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42U.S.C. §254b(h)(5)(A)), section 3(m) of the Food and Nutrition of 2008 (7 U.S.C. § 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42U.S.C. § 1786(b)(15)); or (3) A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42U.S.C. § 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

Homeless means:

- (1) An individual or family who lacks a fixed regular, and adequate nighttime residence, meaning:
 - An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
 - An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
 - An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

- (2) An individual or family who will immediately lose their primary nighttime residence, provided that:
 - The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - No subsequent residence has been identified; and
 - The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

- (3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - (Are defined as homeless under section 387(3) of the Runaway and Homeless Youth Act (42U.S.C. §9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42U.S.C. §14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42U.S.C. §254b(h)(5)(A)), section 3(m) of the Food and Nutrition of 2008 (7 U.S.C. § 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42U.S.C. § 1786(b)(15)) or section 725(2) of the McKinney-Vento Homeless Assistance Act (42U.S.C. § 11434a);
 - Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
 - Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and

- Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
- (4) Any individual or family who;
- Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
 - Has no other residence; and
 - Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

VII. GRANT AMOUNTS

Grant awards shall be for a minimum of \$25,000.

VIII. LOCAL MATCH REQUIREMENT

Recipients shall be required to secure matching funds in an amount at least equal to its ESGP funding amounts unless exempted for reasons of severe incapacity to provide matching funds based on information submitted in grant applications. Matching funds must derive from sources other than the Program and be provided after the date of the grant award to the recipient.

In calculating the amount of matching funds, the following may be included: "hard cash" amounts dedicated for homeless assistance activities; the value of any donated material or building; the value of any lease on a building; any salary paid to staff of the recipient local government or nonprofit provider in carrying out the emergency shelter program; and the time and services contributed by volunteers to carry out the emergency shelter program, determined at the rate of \$5 per hour. The recipient will determine the value of any donated material or building, or any lease, using any method reasonably calculated to establish a fair market value.

IX. HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

Congress has directed HUD to improve the collection of data on the extent of homelessness locally and nationally. Communities must collect an array of data including an unduplicated count of homeless persons; analyze their patterns of the use of McKinney-Vento and other assistance, including information on how they enter and exit the homelessness assistance system and assess the effectiveness of that assistance. The

Emergency Solutions Grant Program is included in this mandate. HUD, through a Federal Register Notice, has provided the data and technical standards for HMIS. All areas of the State should have access to an HMIS through the local Continuum of Care. **Therefore, all proposed projects/organizations must provide written certification of their participation in an existing HMIS.**

X. REPORTING REQUIREMENTS

Each recipient will be required to submit a monthly request for payment/financial status report to the City, along with a monthly performance report to ensure compliance with the requirements of the agreement and proposed goals and objectives of the Project. All monthly reports are due by the 20th of each calendar month.

XI. SUBMISSION INFORMATION

Application packets are available from 8:30 a.m. to 5:00 p.m., Monday – Friday beginning April 11, 2012 at the Department of Community Development, 401 Texas Street, Shreveport, LA 71101. The deadline for receipt of an original and three copies of this proposal is 5:00 p.m., Friday, April 20, 2012 to the attention of Ms. Bonnie Moore, Director, City of Shreveport, Department of Community Development, 401 Texas Street, (physical address) or Post Office Box 31109, Shreveport, LA 71130 (mailing address). The City of Shreveport reserves the right to reject any proposals that may not include all required documents or miss the submission deadline.

XII. SELECTION PROCESS

Proposals accepted for review will be rated on a comparative basis based on information provided in grant applications. To be eligible for funding each applicant’s proposal must score a 75 points or higher on the evaluation. The award of grant amounts between competing applicants will be based on consideration of the following selection criteria:

ALL APPLICATIONS WILL BE EVALUATED IN ACCORDANCE WITH THE FOLLOWING CRITERIA:		
Points		Maximum
Criteria I	Organizational Capacity	20
Criteria II	Project Description	20
Criteria III	Approach	20
Criteria IV	Outcomes	20
Criteria V	Budget Justification	20
TOTAL POINTS		100

**City of Shreveport
Department of Community Development
XIV. CHECKLIST OF REQUIRED DOCUMENTS**

Proposal Narrative	(1)	_____
A Listing of your Board of Directors and their affiliations	(2)	_____
A copy of your current IRS 501© (3) tax exempt statement indicating that you are not a private foundation and an explanation of any changes in your IRS status;	(3)	_____
Most Current Financial statement or audit (not to exceed two years)	(4)	_____
Authorization Resolution by your Board of Directors to apply for City of Shreveport funds	(5)	_____
Article of Incorporation and Bylaws;	(6)	_____
Vendor's Application (if new applicant);	(7)	_____
Certificate of Insurance	(8)	_____
W-9 form	(9)	_____
Zoning approval if applicable	(10)	_____
Proposed Agency budget for fiscal year	(11)	_____
List of staff members and positions	(12)	_____
Evidence of Occupational License	(13)	_____
Certification of utilization of HMIS system	(14)	_____

PART B. SOLICITATION OF OFFERERS – APPLICATION INSTRUCTIONS

I. APPLICATION CONTENT AND FORMAT – Checklist

Each grant application shall contain the items listed below in the **following order**:

- A. Letter of transmittal, including contact person, telephone number, Fax number and Email address (when available)
- B. Cover Sheet (Background Information)
- C. Proposal Narrative addressing all required content items in the prescribed format
See Part II, *Proposal Narrative Instructions*)

General Narrative Instructions:

1. Describe the nature and extent of the unmet need for adequate shelter and related assistance for homeless persons in **the applicant's jurisdiction** as supported by documentary information on homelessness in the local area. State the source(s) of supporting information, for example, actual numbers served by local shelters or other housing programs serving homeless persons as well as numbers of requests for homeless shelter which were not fulfilled, surveys or estimates on homelessness in the local area, inventory of existing shelters, their use and capacity, estimates by applicant and local service providers of additional shelter requirements, reliable surrogates for homelessness data including local unemployment figures, welfare and poverty statistics, housing authority waiting lists, numbers of emergency requests received by churches and local charitable organizations for assistance with housing crisis needs (evictions, foreclosures, etc.). Describe any unique or significant local circumstances which are pertinent to the particular homeless needs evaluated in your area (e.g., economic distress factors, prevalence data on special needs groups). Indicate whether proposed projects have previously been assisted by ESGP funds.
2. Identify any available housing or supportive services resources in the applicant's community or area which, linked to emergency shelter, could comprise the components of a comprehensive, coordinated system ("continuum of care") to assist homeless persons to achieve self sufficiency.

Project Proposal Narrative::

2012 Louisiana Emergency Solutions Grants Program
Program Requirements

1. Project sponsor's experience and service capabilities in providing services to meet the needs of homeless persons, including current services provided and target groups being assisted, the need, or the severity of the problem that will be addressed by the service that will be provided. What are the consequences if the request is not funded? Be sure to substantiate statements when possible and relate to specific objectives of the ESG Program.

- Describe specific proposed activities and methods of accomplishment, and specific target groups to be assisted. How will ESG funds be used to provide services? Describe tasks and specific activities to be accomplished during the entire project period. Describe how the proposed services address the need in your community.
- Explain how this activity addresses homeless or homelessness prevention needs and the program objectives of the ESG program. Explain how homeless clients and/or clients at risks of homelessness will access your service(s) logistically and geographically.
- Describe the organization collects and handles client information. Explain how client eligibility is determined. Is there an exit strategy in place for clients? Provide brief details.
- Indicate if your organization uses or will use the Homeless Management Information System (HMIS). HMIS is mandatory for ESG recipients per U. S. Department of Housing and Urban Development's Data Standards.

Organizational Capacity:

Provide the following narratives and information describing your organizational capacity:

Provide information to justify your agency's capacity to conduct this project:

- Describe management, fiscal and other staff resources to administer and conduct an accountable and responsible project. Identify any staff positions that will be in place. Discuss facilities, equipment, materials, and other physical resources applicable to the project.
- Provide evidence/documentation of an acceptable and accountable financial management system that minimizes any opportunity for fraud, waste, or mismanagement. Describe project's fiscal management system, which should include fiscal procedures and ability to identify/track ESG and other Federal funds.
- Provide documents/information that confirms successful past project performance, or confirms success in initiating, maintaining, and completing similar projects. Give a brief overview of other types of services/activities offered by your agency.

Approach:

The Application shall describe how the project will be implemented, operated, and administered.

- List and describe project activities and/or services that will address the identified need, goals and objectives, target population, and number of people each activity will serve.
- Describe outreach initiatives that will be implemented to inform potential clients and to ensure that they are made aware of the services to be provided.
- Describe your work plan and timeline for implementation including milestones to meet program and budget goals from initiation to completion. If applying for homelessness prevention services, provide an explanation of how eligibility and payments are determined and processed. Explain how the organization follows HUD guidelines for providing and documenting homeless prevention services.

Outcomes:

The Application shall clearly identify and describe one or more measurable project outcomes that are consistent with the identified need, or goals and objectives, and project approach.

- Indicate how the outcome will have a significant impact on the population and/or the community affected by the unmet need. Outcomes must address an identified public service need, and state the number of homeless clients or clients at risk of homelessness (please specify which) that will benefit, e.g., the number that will obtain shelter and have access to case management as a result of the grant.

Budget:

1. Complete **Project Budget and Summary Budget** “Budget Request” should reflect the portion of the total budget to be funded with ESG funds.
2. Explain and justify each proposed budget line item and why ESG funds are required.
3. Identify how the project will be leveraged with other programs and funds and the amount/percentage of leverage for each ESG dollar. If the project is currently being funded by a resource other than ESG, explain why ESG funds are needed.
4. Provide details of any other contributions, grants, donations or awards that your organization receives. Explain if any will support or are anticipated to support this project.
5. Explain other necessary cash and non-cash project budget expenditures not being proposed for ESG funding.
 - a. Identify proposed resources for other cash and non-cash budget expenditures.
 - b. Explain the commitment status of resources (e.g. received grant or contract, or letter of commitment) and state plans to raise additional funding resources (e.g. fundraising activities).
 - c. Identify and explain how other sources of required cash or non-cash resources, not currently committed will be obtained and when.
6. Indicate whether the project is currently or was previously funded by ESG funds. If the project was previously funded by ESG funding, indicate the year and amount of funding and briefly explain how previous funding was utilized, if it was utilized in a timely manner, and what more will be accomplished with the proposed award. Is there a contingency plan in place that is intended to ensure continuity of the program beyond the current ESG funding period? Provide details.

ATTACHMENTS

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

Please e-mail, mail or fax application to:
 City of Shreveport Purchasing Division
 PO Box 31109 Shreveport, LA 71130-1109
 505 Travis Street Shreveport, LA 71101-3042
 Phone: (318) 673-5450 Fax: (318) 673-5408
 Web site: www.ci.shreveport.la.us



Information must be provided typed or printed.

<input type="checkbox"/> SHREVEPORT AFFILIATION <input type="checkbox"/> REVISION	Date of Application:	Dunn & Bradstreet number or other name/number.	Copy of Current Business/Occupational License or W-9 Form is Required. Is it attached? <input type="checkbox"/> yes <input type="checkbox"/> no or 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:	Years in business:						
Type of Organization:	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> DBE Ownership %	<input type="checkbox"/> Minority Ownership %		
Type of Business or Service: <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Manufacturer or Producer <input type="checkbox"/> Distributor <input type="checkbox"/> MFGR'S Agent (Check all that apply) <input type="checkbox"/> Retailer <input type="checkbox"/> Service Establishment <input type="checkbox"/> Wholesaler <input type="checkbox"/> Construction							
Commodity codes are used to determine what type of product or service your company provides. It is imperative that the five digit commodity codes are listed on your application. These codes can be accessed on the web at www.ci.shreveport.la.us under Bids & RFPs, Section 900 or by calling our office. 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 back if more space is needed or send additional codes with e-mail when send application to: katrina.smith@ci.shreveport.la.us and copy to: tanny.days@ci.shreveport.la.us . When working on City property, see Section 600 for Insurance Requirements.							
(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	(7) _____	(8) _____
(9) _____	(10) _____	(11) _____	(12) _____	(13) _____	(14) _____	(15) _____	(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) _____
Please check all of the classifications below that apply. FSC/DBE require certification by the Fair Share & DBE City Offices.							
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 <i>The Times</i> and/or on our 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 now debarred or otherwise declared ineligible by any public agency from bidding for furnishing materials, supplies or services to any agency thereof.							
E-Mail Address and/or Signature of Person Authorized to Sign			Name and Title of Person Authorized to Sign for this Firm				

AUTHORIZING RESOLUTION

Name of Organization:

Be it resolved by the Board of Directors or
Members of _____ 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:

**Request for Taxpayer
Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
+

or

Employer identification number
+

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- 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 ¹	Generally, exempt recipients 1 through 7

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, 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. 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 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 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, broker, 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 ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
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

¹ 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.

² Circle the minor's name and furnish the minor's SSN.

³ 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.

⁴ 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.

CERTIFICATE OF INSURANCE (revised 8-28-02)

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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT	Coverage included for XCU hazards Policies endorsed for mandatory 30 day notice provision Policy endorsed for Subrogation Waiver Policy endorsed to specify the City of Shreveport as an additional insured		Yes No Yes No Yes No Yes No	GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Policies endorsed for mandatory 30 day notice provision Policy endorsed for Subrogation Waiver Policy endorsed to specify the City of Shreveport as an additional insured		Yes No Yes No Yes No	COMBINED SINGLE UNIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	Policies endorsed for mandatory 30 day notice provision Policy endorsed for Subrogation Waiver Policy endorsed to specify the City of Shreveport as an additional insured		Yes No Yes No Yes No	AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	Policies endorsed for mandatory 30 day notice provision Policy endorsed for Subrogation Waiver Policy endorsed to specify the City of Shreveport as an additional insured		Yes No Yes No Yes No	EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY 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.	Policies endorsed for mandatory 30 day notice provision Policy endorsed for Subrogation Waiver		Yes No Yes No	STATUTORY LIMITS \$ EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
	OTHER				\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

As an authorized representative, I certify that the above fairly represents the policies in force:		DATE:
 <p>CERTIFICATE HOLDER: City of Shreveport P. O. Box 31109 Shreveport, LA 71130</p>	SIGNATURE:	
	NAME:	
	MAILING ADDRESS:	
	CITY/STATE/ZIP:	
	PHONE:	

REQUIRED ESG BUDGET ATTACHMENT FORMS

Attachment A-2, Attachment B-1, Attachment B-1(a), Attachment B-1(b), Attachment B-1 (c), Attachment B-1 (d), Attachment B-2

Attachment A

PROJECT SUMMARY

(Complete for each shelter/facility/project to receive ESGP assistance)

Applicant unit of govt. _____

Project/Sponsor Name _____

Address _____

Contact Person _____ Phone _____ FAX _____

Bed Capacity If the proposed project is a shelter, indicate the nightly bed capacity for homeless persons to be served.

If facility is to be newly established, enter planned capacity

If an existing facility, enter Current Capacity _____ and

Capacity after Increase from ESGP assistance _____ * when applicable
(*Enter N/A if no increase in shelter capacity anticipated)

Homeless Beneficiaries Using the codes listed below, indicate on the following line the type(s) of beneficiaries to be served by the proposed project. If more than one type is to be served, list all with the predominant type of beneficiary first

- | | | | |
|------------|-------------------------------------|------------|--------------------------------|
| UM | Unaccompanied Men | SPF | Single Parent Families |
| UW | Unaccompanied Women | TPF | Two parent families |
| UFY | Unaccompanied Female Youth Under 18 | AC | Adult couples without children |
| UMY | Unaccompanied Male Youth Under 18 | DK | Don't Know |

ESGP Assistance and Proposed Accomplishments by Eligible Activity Indicate the proposed amount of ESGP assistance by activity type and briefly describe the accomplishments anticipated through use of ESGP funds

Rehabilitation \$ _____ (ESGP assistance requested) [For rehabilitation, indicate whether proposed costs exceed 75% of the value of the building before rehabilitation (Major Rehabilitation)].

Proposed Accomplishments (brief listing):

Services/Street Outreach \$ _____ (ESGP assistance requested services concerned with employment, health, substance abuse or education)

Summary of Proposed Services:

Operations/Shelter \$ _____ (ESGP assistance requested shelter operational costs, maintenance, insurance, utilities) **Summary of Proposed Cost Items:**

Homeless Prevention/Rapid Re-Housing \$ _____ (ESGP assistance requested)

Summary of Proposed Homeless Prevention Activities:

Projected Number of homeless prevention recipients*: _____
*(single person households and/or family groups)

TOTAL ESGP FUNDING REQUEST: \$ _____

Attachment B

SUMMARY BUDGET

Check as applicable: BUDGET FOR TOTAL GRANT APPLICATION
 BUDGET FOR COMPONENT PROJECT

Applicant Unit of Govt. _____

Address _____

Federal Employer Tax I.D.# _____

Project(s) Proposed to receive ESGP funds and Amount(s) Requested: _____

Estimated Services: _____

Shelter Projects- _____

Average number of Persons to be served daily _____

Unduplicated number of Persons to be served annually _____

Other Services [List type(s) and annual number of services for each type] _____

ESG CATEGORY	ESG FUNDS APPLIED FOR	MATCHING FUNDS	TOTALS	% OF TOTAL
A) Rehabilitation				
B) Services/Street Outreach				
C) Shelter/Operations				
D. Homeless Prevention/Rapid Re-Housing				
Subtotals				
Grant Administration				

TOTALS				
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Attachment B

ESGP BUDGET CATEGORY **Rehabilitation**

Applicant Unit of Govt. _____

Project/Sponsor _____

Description of Cost Item and Basis of Valuation	ESG Budget	Matching Funds	Source of Matching Funds	Budget Total
----------------------------------------------------	---------------	-------------------	-----------------------------	--------------

TOTAL				

Attachment B

ESGP BUDGET CATEGORY Services/Street Outreach

Applicant Unit of Govt. _____

Project/Sponsor _____

Description of Cost Item and Basis of Valuation	ESG Budget	Matching Funds	Source of Matching Funds	Budget Total
TOTAL				

Attachment B

ESGP BUDGET CATEGORY Shelter/Operations

Applicant Unit of Govt. _____

Project/Sponsor _____

Description of Cost Item and Basis of Valuation	ESG Budget	Matching Funds	Source of Matching Funds	Budget Total
TOTAL				

Attachment B

ESGP BUDGET CATEGORY Homeless Prevention

Applicant Unit of Govt. _____

Project/Sponsor _____

Description of Cost Item and Basis of Valuation	ESG Budget	Matching Funds	Source of Matching Funds	Budget Total
TOTAL				

Attachment B

MATCHING FUNDS TABLE

Applicant Unit of Govt. _____

Project/Sponsor _____

Source	(%)	\$ Value	Method of Calculation (Determined by)
DONATIONS			
Materials	_____	\$_____	_____ _____
Building	_____	\$_____	_____ _____
Funds	_____	\$_____	_____ _____
LEASE or RENT			
	_____	\$_____	_____ _____
SALARIES			
	_____	\$_____	_____ _____
VOLUNTEERS (at \$5/hr.)			
	_____	\$_____	_____ _____
OTHER			
	_____	\$_____	_____ _____
		\$_____	_____ _____
MATCH TOTAL*		\$_____	

*Matching funds must equal the total ESGP funding proposed for eligible Program activities, unless an exception to match requirements is being requested. If the above match total does not equal requested ESGP Program funding, complete the spaces below:

_____ Exception to Match Requirements is requested for ESGP Amount of \$_____

If the above item is checked, attach information to this form supporting the request for an exception on grounds that the applicant local government, and proposed sub-grantee agencies and nonprofit organizations, are

incapable or have limited capability to provide the required match amounts. An exception may be requested for all or part of necessary matching funds. The amount of the match exception request must be specified.

Attachment C

**PROJECT SUMMARY
[HUD-IDIS REQUIRED INFORMATION]**

LOCAL GOVERNMENT APPLICANT: _____
PROJECT/SPONSOR NAME: _____

Indicate type of organization carrying out the activity with an "x"

- ___ Public Agency
- ___ Faith Based Non-Profit
- ___ Other Non-Profit

ESG HOUSING AND SERVICES

INDICATE WITH AN "X" ACTUAL OR PROPOSED PROGRAM(S) AND SERVICES(S):

- | | |
|----------------------------------|------------------------------------|
| ___ EMERGENCY SHELTER FACILITIES | ___ TRANSITIONAL HOUSING |
| ___ VOUCHERS FOR SHELTERS | ___ OUTREACH |
| ___ DROP-IN CENTER | ___ SOUP KITCHEN/MEAL DISTRIBUTION |
| ___ FOOD PANTRY | ___ HEALTH CARE |
| ___ MENTAL HEALTH | ___ HIV/AIDS SERVICES |
| ___ ALCOHOL/DRUG PROGRAM | ___ EMPLOYMENT |
| ___ CHILD CARE | ___ HOMELESS PREVENTION |
| ___ RAPID RE-HOUSING | |
| ___ OTHER _____ | |

ESG BENEFICIARIES [Actual or Proposed]

EMERGENCY OR TRANSITIONAL SHELTERS

NUMBER SERVED ANNUALLY: ADULTS: _____ CHILDREN: _____

AVERAGE NUMBER SERVED YEARLY: _____ (UNDUPLICATED COUNT)

NON-RESIDENTIAL SERVICES

AVERAGE NUMBER SERVED DAILY: _____

RACIAL/ETHNIC CHARACTERISTICS:

Please fill in both columns

	#TOTAL	#HISPANIC
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		

American Indian/Alaskan Native and Black African American		
Other multi-racial		

EMERGENCY OR TRANSITIONAL SHELTERS

ANNUAL NUMBER OF INDIVIDUAL HOUSEHOLDS (SINGLES)
 UNACCOMPANIED 18 AND OVER . . . MALE: _____ FEMALE _____
 UNACCOMPANIED UNDER 18 . . . MALE: _____ FEMALE _____
 ANNUAL NUMBER OF FAMILY HOUSEHOLDS WITH CHILDREN HEADED BY:
 SINGLE 18 AND OVER: MALE _____ FEMALE _____
 SINGLE UNDER 18: MALE: _____ FEMALE _____
 TWO PARENTS 18 AND OVER: _____
 TWO PARENTS UNDER 18: _____
 ANNUAL NUMBER OF FAMILY HOUSEHOLDS WITH NO CHILDREN: _____

Attachment C (continued)

ESG BENEFICIARIES [Actual or Proposed]

RESIDENTIAL SERVICES [Shelter/Housing]

ON AN AVERAGE DAY, PERCENTAGE OF THE POPULATION SERVED WHO ARE:

BATTERED SPOUSE: _____ ALCOHOL DEPENDENT INDIVIDUALS: _____
 RUN AWAY/THROW AWAY YOUTH: _____ DRUG DEPENDENT INDIVIDUALS: _____
 CHRONNICALLY MENTALLY ILL: _____ ELDERLY: _____
 DEVELOPMENTALLY DISABLED: _____ PHYSICALLY DISABLED: _____
 HIV/AIDS: _____ OTHER: _____

RESIDENTIAL SERVICES [Actual or Proposed - on an Average Day]

NUMBER OF
 SHELTER TYPE PERSONS HOUSED
 BARRACKS: _____
 GROUP/LARGE HOUSE: _____
 SCATTERED SITE APARTMENT: _____
 SINGLE FAMILY DETACHED HOUSE: _____

FUNDING

FUNDING SOURCES [ANNUAL – ACTUAL or PROPOSED]

ESG \$ _____
 OTHER FEDERAL \$ _____
 LOCAL GOVERNMENT \$ _____
 PRIVATE \$ _____
 FEES \$ _____
 OTHER \$ _____

2012 Louisiana Emergency Solutions Grants Program
 Program Requirements

EMERGENCY OR TRANSITIONAL HOUSING

LIST THE NUMBER OF PERSONS FOR EACH SUBPOPULATION YOU WILL SERVE. IF YOU SERVE SUBPOPULATIONS THAT FIT MORE THAN ONE CATEGORY, YOU MAY PLACE OVERLAPPING NUMBERS (DUPLICATE) PERSONS ON APPROPRIATE LINES

CHRONICALLY HOMELESS (EMERGENCY SHELTER ONLY): _____

SEVERELY MENTALLY ILL: _____

CHRONIC SUBSTANCE ABUSERS: _____

VETERANS: _____

PERSONS WITH HIV/AIDS: _____

VICTIMS OF DOMESTIC VIOLENCE: _____

ELDERLY: _____