

The City of Shreveport

2017  
Louisiana  
Emergency Solutions  
Grant Program

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Start: August 2, 2017

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The submission deadline for receipt of an original and three copies of this proposal is

**Friday, August 11, 2017, by 5:00 P.M.**

Submit to:

Department of Community Development  
Bureau of Administration  
401 Texas Street, Shreveport, LA 71101

## 2017 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 Housing Corporation “LHC”. 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 and the Continuum of Care (CoC) Agencies which may distribute all or part of their amounts to private nonprofit organizations for use in eligible program activities. For the purpose of this application, the City of Shreveport is the applicant. 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 August 2, 2017. The proposal will also be available on the City of Shreveport’s website, Department of Community Development as follows: [www.shreveportla.gov](http://www.shreveportla.gov). The proposal will be listed under the heading **2017 Louisiana Emergency Solutions Grants Program**.

To qualify for funding participation, projects/organizations are required to be a participant in the Homeless Management Information System (HMIS). Participants must provide matching funds (including in-kind contributions) equal to the amount allowed. Funding available for this NOFA is \$199,821: \$116,295 (street outreach and emergency shelter activities) and \$77,531 (homelessness prevention and rapid re-housing activities). No funding obligations shall be implied based on the information in this solicitation of offers. The City of Shreveport reserves the right to accept any proposal 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, August 11, 2017 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). **Applications that do not follow the prescribed format will not be reviewed.** Applications may not be sent by facsimile (FAX) or by electronic mail (E-Mail). There will be absolutely no exceptions.

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## I. COVER SHEET

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

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

Tax ID Number: \_\_\_\_\_ Duns Number: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Brief Description of Project: \_\_\_\_\_

\_\_\_\_\_

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

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 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 \_\_\_\_\_

# Emergency Solutions Grants Program

## II. BACKGROUND

The Emergency Solutions 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 20, 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 Emergency Shelter Grant, to which the eligible activities of the Homelessness Prevention and Rapid-Re-housing activities have been added.

Prior to applying, LHC expects applicants to be fully informed of all regulations applicable to ESG, and if funded, to comply with all applicable regulations. In particular, applicants must be familiar with and knowledgeable of the following regulations and program requirements:

- **ESG Regulations: 24 C.F.R. Part 576** – The ESG rule, published in the Federal Register on April 1, 2012, revises the regulations for the Emergency Shelter Grants Program by establishing the regulations for the Emergency Solutions Grants Program.
- **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 for the homeless;
- Street outreach for the homeless;
- Homelessness prevention;
- Rapid re-housing assistance; and
- Homeless Management Information System (HMIS).

#### 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: A) street outreach, B) emergency shelter, C) homelessness prevention, D) rapid re-housing assistance, and E) 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. Within a collaborative application, the 60% limit applies to the entire application and not to each partner within the collaborative application. The total amount for Homeless Prevention or Rapid Re-housing activities must be at least 40% of the requested amount.

- 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) Shelter Operations: Funds may be used for costs of providing essential services to families and individuals in emergency shelters, renovating buildings to be used as emergency shelters for homeless families and individuals, and 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 eligible costs may also include hotel or motel vouchers for that family or individual.

C) Homelessness 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 at or below (30%) of the area median income, as determined by HUD, with adjustments for smaller or larger 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. Homelessness 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 that it is 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 576.105, the short-term and medium-term rental assistance 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 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 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) **Homeless Management Information System (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.

## 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;
  - Is living in the home of another because of economic hardship;
  - 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 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 imminently lose their primary night time 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 of the Runaway and Homeless Youth Act (42U.S.C.5732a, section 41403(6) of the Violence Against Women Act of 1994 (42U.S.C.§14043e-2, section 637 of the HeadStart Act (42U.S.C. & 9832) section 330(h) of the Public Health Service Act (42U.S.C.§254b(h), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C.§ 2012, or section 17(b) of the Child Nutrition Act of 1966 (42U.S.C.§ 1786(b) or section 725 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. 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. Funds used to match a previous ESG or ESGP award may not be used to match a subsequent grant.

## VIII. REQUIREMENT TO USE 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 City has 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.**

## IX. 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 20<sup>th</sup> of each calendar month.

## **X. SUBMISSION INFORMATION**

Application packets are available from 8:30 a.m. to 5:00 p.m., Monday – Friday beginning August 2, 2017 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, August 11, 2017 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.

Optional Rapid Re-Housing Bonus Project Funding

### 3XI. SELECTION PROCESS

Proposals selected for review will be rated on a competitive basis based on information provided in grant applications. To be eligible for submission to the Louisiana Housing Corporation, the applicant’s proposal must score 75 points or higher on the evaluation.

<b>ALL APPLICATIONS WILL BE EVALUATED IN ACCORDANCE WITH THE FOLLOWING CRITERIA:</b>		
		<b>Maximum Points</b>
Criteria I	Organizational Capacity	20
Criteria II	General Narrative/Project Proposal Narrative	30
Criteria III	Approach	20
Criteria IV	Performance Measurement	10
Criteria V	Budget Justification	20
<b>TOTAL POINTS</b>		<b>100</b>

**Scoring for Bonus Project (Rapid Re-housing)**

<b>Innovation</b>	<b>25</b>
<b>Project Readiness</b>	<b>25</b>
<b>Performance Measurement</b>	<b>25</b>
<b>Budget Justification</b>	<b><u>25</u></b>
<b>Total Points</b>	<b>100</b>

**Please note projects must meet the threshold criteria score (75) to be considered for the Rapid Re-housing Bonus Project**

*(Refer to Section II Program Description for a description of each criterion.)*

## **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
- B. Cover Sheet (Background Information)
- C. Proposal Narrative addressing all required content items in the prescribed format
- D. Project Summary for each proposed project
- E. Proposed Budget for each Project
- F. Matching Funds Table for each project
- G. If proposal contains renovation, rehabilitation, or conversion activities, a copy of appraisal of property to be affected, if available
- H. Written certification of participation in a local Homeless Management Information System (HMIS) of applicability of PL 109-162.

## **II. PROPOSAL NARRATIVE INSTRUCTIONS**

Each applicant must submit a narrative description of proposed project, not to exceed eight (8) double spaced pages in 12 font. All information should be concise, objective and quantifiable if possible. The Proposal Narrative must address all of the following items. Please respond in the order listed below. Only answer the questions required in the application. **Any application not following the prescribed format will not be reviewed.**

### ***A. PROJECT PROPOSAL NARRATIVE:***

This section shall describe the proposed project sponsor's experience in providing services to meet the emergency needs of homeless persons, including current services provided and target groups being assisted, the need, or the severity of a problem that will be addressed by the service to 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.

1. Describe specific proposed activities and methods for accomplishment, specific target groups to be assisted, and identify potential subcontractor organizations. 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. Provide evidence of the effectiveness of the project's approach; be specific. How will the proposed services be paired with other complementary services offered in the area to support clients served?
2. Describe in detail how the specific proposed activities will intersect with your Continuum of care Coordinated Assessment System?
3. Explain how homeless clients and/or clients at risk of homelessness will access your service(s) logistically and geographically.
4. Describe how projects funded will collect client information. Indicate how the HMIS mandate will be met.

### ***B. ORGANIZATIONAL CAPACITY:***

Provide the following narratives and information describing your organizational capacity to conduct this project:

1. 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.
2. 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.

3. Provide documentation/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.

**C. APPROACH:**

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

1. 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.
2. 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.
3. 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 payments are determined and processed. Explain how the organization follows HUD guidelines for providing and documenting homeless prevention services.

**D. PERFORMANCE MEASURES:**

In alignment with the State's strategic planning goals, the ESGP sets forth the following performance measurement standards for prevention, rapid re-housing, outreach and emergency shelter program components. This information must be captured in HMIS. The state will provide a report template on the required that grantees should submit on a quarterly basis. Additionally the State will provide guidance to Via Link, the HMIS Administrator for the HMIS implementation in the Louisiana Continuums of Care on how to train grantees to input data to produce the required information.

Please identify which performance standards will apply to each project proposed and the data quality and review standards you will put in place to ensure that the State has a comprehensive performance report for your region. **Please do not recreate this form.**

Outreach	Shelter	Homeless Prevention	Rapid Re-housing
# of persons served in within the period	# of persons in households within the period	# of persons in households within the period	# of persons in households within the period
Gender	Gender	Gender	Gender
Age	Age	Age	Age
# of persons within each special populations or sub- populations	# of persons within each special populations or sub- populations	# of persons within each special populations or sub- populations	# of persons within each special populations or sub- populations
# of persons with disabilities	# of persons with disabilities	# of persons with disabilities	# of persons with disabilities
# of clients engaged	# of clients served within the period	# of households served within the period	# of households served within the period
# of engaged clients that have entered shelter or TH within the period	# of clients served entering TH	# of clients who have received assistance in the past who are once again seeking help (Not applicable in year 1)	# of clients who have received assistance in the past who are once again seeking help (Not applicable in year 1)
# of engaged clients that have entered PSH or RRH within the period	# of clients served entering PSH or RRH	# of clients who have received assistance and subsequently enter emergency shelter	Length of Stay of Clients exiting the program within the period
# of clients with completed VI SPDATS completed within the period	Length of Stay of Clients exiting the program within the period		# of clients with completed VI SPDATS completed within the period
	# of clients with completed VI SPDATS completed within the period		

## ***E. 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 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 or 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 with 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.

## **Optional Bonus Project Funding-Rapid Re-housing Demonstration Grant**

The HEARTH Act identifies rapid re-housing as successful program intervention for Continuums of Care to utilize to end homelessness. Additionally the Department of Veterans Affairs has also identified rapid re-housing as a successful strategy for ending veteran’s homelessness through its Supportive Services for Veterans Family Program (SSVF). These sentiments are reinforced through the United States Interagency Plan to End Homelessness whose policy priorities have been adopted by the Louisiana State Interagency Council on Homelessness.

To support these State and federal policy initiatives, LHC is offering a Rapid Re-housing Bonus grant of \$200,000.00 to **one recipient**. Four scoring components will be considered when reviewing applications: Program Innovation, Project Readiness, Outcomes and Budget

Justification.

## A. INNOVATION

LHC is seeking innovative program models that have the potential to be replicated across the state. Proposals must

- Demonstrate how they will utilize funding to end homelessness for singles and/or families in their geographic area.
- Identify the target population for assistance
- Describe the process for identifying how recipients will be targeted
- Describe what tools or assessments will be used to determine eligibility and track progress in the program.
- Specify what services will be provided to clients and the length of time housing subsidies will be provided
- Demonstrate how this project aligns with Coordinated Assessment process in your community.

## B. PROJECT READINESS

The period of performance for this bonus project is 24 months. Recipients should be able to demonstrate that they are prepared to start the project at the time of grant award and describe a strategy for utilizing all funds during the period of performance. Potential sub-grantees and partners should be included in the application.

## C. OUTCOMES

Grantees should be prepared to submit quarterly reports to LHC on Program performance. Please identify what performance indicators that will be tracked during to demonstrate program performance. Grantees are encouraged to outline their measures of success for the program and identify how they will be tracked and reported to LHC. Special consideration will be given to those grantees that use HMIS to track program outcomes.

## D. BUDGET JUSTIFICATION

Judicious use of rapid re-housing funds is encouraged. Competitive projects will demonstrate how they can leverage existing relationships and mainstream services to maximize the use of this award. Standard Match requirements as described in section 18 of attachment F apply. Please complete all necessary budget forms.

**The bonus Rapid Re-housing funds will only be awarded to one recipient. If your organization is interested in competing for these funds please follow the format above and include it as a supplement to your application for the State Emergency Solutions Grant funding.**

# ATTACHMENTS

**City of Shreveport**

**Department of Community Development**

**XV. CHECKLIST OF REQUIRED DOCUMENTS**

---

Proposal Narrative	(1)	_____
A Listing of your Board of Directors and their affiliations	(2)	_____
A copy of your current IRS 501c (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	(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)	_____

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

WEB SITE ADDRESS: [WWW.CI.SHREVEPORT.LA.US](http://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](http://www.ci.shreveport.la.us)

All information must be provided typed or printed.

<input type="checkbox"/> INITIAL APPLICATION	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 <b>or mailed?</b> <input type="checkbox"/>			
<input type="checkbox"/> REVISION		Vendor Name:				
Sales (Order) Address (Street, City, State & Zip Code):		Federal Identification or S.S. Number:				
Remittance Address (Street, City, State & Zip Code):		Phone Number:				
Web Site Address:		Fax Number:				
Type of Organization:		Years in business:				
<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 <a href="http://www.ci.shreveport.la.us">www.ci.shreveport.la.us</a> under Bids & RFPs, Section 900 or by calling our office. <b>Click on the three digit code and the five digit codes will be shown. All of the 900 range commodity codes are for services &amp; construction.</b> 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: <a href="mailto:katrina.smith@ci.shreveport.la.us">katrina.smith@ci.shreveport.la.us</a> and copy to: <a href="mailto:tanny.days@ci.shreveport.la.us">tanny.days@ci.shreveport.la.us</a> . <b>When working on City property, see Section 600 for Insurance Requirements.</b>						
<b>Please check all of the classifications below that apply. FSC/DBE require certification by the Fair Share &amp; DBE City Offices.</b>						
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)

hereby certify that the above and forgoing 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 in to the records of this organization, has  
not been rescinded or modified, and remains in full force and effect on this date.

Date this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

### WITNESSES:

\_\_\_\_\_

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

\_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

- 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

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

<p><b>Form W-9</b> (Rev. November 2005) Department of the Treasury Internal Revenue Service</p>	<p><b>Request for Taxpayer Identification Number and Certification</b></p>	<p>Give form to the requester. Do not send to the IRS.</p>
<p>Print or type See Specific Instructions on page 2.</p>	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.

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

Social security number				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black;"> </td> </tr> </table>				
or				
Employer identification number				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black;"> </td> </tr> </table>				

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- 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.)

<b>Sign Here</b>	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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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,

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.

# 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:	<b>COMPANIES AFFORDING COVERAGE</b>	<b>A. M. BEST RATING</b>
	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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	COMBINED SINGLE UNIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	AUTO ONLY-EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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 style="text-align: center;"><b>CERTIFICATE HOLDER:</b> City of Shreveport P. O. Box 31109 Shreveport, LA 71130</p>	SIGNATURE:	
	NAME:	
	MAILING ADDRESS:	
	CITY/STATE/ZIP:	
	PHONE:	

**ATTACHMENT A-BUDGET**

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

Applicant Unit of Government: \_\_\_\_\_

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	MATCHING FUNDS	TOTAL
A) HMIS			
B) Services/Street Outreach			
C) Shelter/Operations			
D) Homeless Prevention/Rapid Rehousing			
Subtotals			
Grant Administration			
TOTALS			

ESGP BUDGET CATEGORY \_\_\_\_\_

Applicant Unit of Government: \_\_\_\_\_

Project/Sponsor: \_\_\_\_\_

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

**MATCHING FUNDS TABLE**

Applicant Unit of Government: \_\_\_\_\_

Project/Sponsor: \_\_\_\_\_

Source	(%)	\$ Value	Method of Calculation (Determined by)
<b>DONATIONS</b>			
Materials		\$ _____	_____
Building		\$ _____	_____
Funds		\$ _____	_____
<b>LEASE or RENT</b>			
		\$ _____	_____
<b>SALARIES</b>			
		\$ _____	_____
<b>VOLUNTEERS (at \$\$/hr.)</b>			
		\$ _____	_____
<b>OTHER</b>			
		\$ _____	_____
		\$ _____	_____
<b>MATCH TOTAL<sup>1</sup></b>		\$ _____	

<sup>1</sup>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 specific



# Emergency Solutions Grant Program

## Exhibit B Budget

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

Applicant Unit of Government:				
Project/Sponsor Name:				
Address:				
Contact Person:		Phone:		Email:

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

HMIS	\$
Proposed Accomplishments (brief listing):	

Services/Street Outreach	\$
Summary of Proposed Services :	

## Emergency Solutions Grant Program

Operations/Shelter	\$	
Proposed Accomplishments (brief listing):		

Homeless Prevention	\$	
Summary of Proposed Homeless Prevention Activities:		

Rapid Re-housing	\$	
Summary of Proposed Rapid Re-housing Activities:		

Projected Number of Homeless Prevention Recipients\* \_\_\_\_\_ Rapid Re-housing \_\_\_\_\_

\*(single person households and/or family groups)

TOTAL ESGP FUNDING REQUEST: \$ \_\_\_\_\_

Exhibit 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):

- |   |   |
|---|---|
| <input type="checkbox"/> EMERGENCY SHELTER FACILITIES | <input type="checkbox"/> TRANSITIONAL HOUSING           |
| <input type="checkbox"/> VOUCHERS FOR SHELTERS        | <input type="checkbox"/> OUTREACH                       |
| <input type="checkbox"/> DROP-IN CENTER               | <input type="checkbox"/> SOUP KITCHEN/MEAL DISTRIBUTION |
| <input type="checkbox"/> FOOD PANTRY                  | <input type="checkbox"/> HEALTH CARE                    |
| <input type="checkbox"/> MENTAL HEALTH                | <input type="checkbox"/> HIV/AIDS SERVICES              |
| <input type="checkbox"/> ALCOHOL/DRUG PROGRAM         | <input type="checkbox"/> EMPLOYMENT                     |
| <input type="checkbox"/> CHILD CARE                   | <input type="checkbox"/> HOMELESS PREVENTION            |
| <input type="checkbox"/> OTHER                        |   |

**ESG BENEFICIARIES [Actual or Proposed]**

EMERGENCY OR TRANSITIONAL SHELTERS

NUMBER SERVED ANNUALLY: ADULTS: \_\_\_\_\_ CHILDREN: \_\_\_\_\_  
AVERAGE NUMBER SERVED YEARLY: \_\_\_\_\_ (UNDUPLICATED COUNT)

NON-RESIDENTIAL SERVICES

NUMBER SERVED ANNUALLY: \_\_\_\_\_

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: \_\_\_\_\_

Exhibit C

**ESG BENEFICIARIES** [Actual or Proposed]

RESIDENTIAL SERVICES [Actual or Proposed - Annually]

NUMBER OF		NUMBER OF	
SHELTER TYPE	PERSONS HOUSED	SHELTER TYPE	PERSONS HOUSED
BARRACKS:	_____	SINGLE ROOM OCCUPANCY:	_____
GROUP/LARGE HOUSE:	_____	MOBILE HOME/TRAILER:	_____
SCATTERED SITE APARTMENT:	_____	HOTEL/MOTEL:	_____
SINGLE FAMILY DETACHED HOUSE:	_____	OTHER:	_____
		TOTAL:	_____

**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: \_\_\_\_\_

**FUNDING**

FUNDING SOURCES [ANNUAL - Actual or Proposed]

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