

# City of Shreveport

## Department of Community Development

November 22, 2019

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### Notice of Funding Availability (NOFA)

for

### Emergency Solutions Grant (ESG)

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**AGENCY:** Department of Community Development

**ACTION:** Notice of Funding Availability (NOFA)

**SUMMARY:** This NOFA announces the opening of competition for the FY 2020 proposed U. S. Department of Housing and Urban Development (HUD) funds administered by the City of Shreveport. Only organizations, with a 501 (C) (3) status, and a minimum of one year experience providing one of the eligible activities, are eligible to apply. Only applicants who are members of the Homeless Management Information System (HMIS) will be considered. Funding available under the Emergency Solutions Grants Program can be utilized for the following activities: street outreach, emergency shelter, homelessness prevention, rapid re-housing assistance and home management information system (HMIS).

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 \$141,958: \$85,175 (emergency shelter and street outreach activities) and \$56,783 (homelessness prevention and rapid re-housing activities).

You may access this NOFA beginning Friday November 22, 2019, by going to [www.shreveportla.gov](http://www.shreveportla.gov) and clicking on Department of Community Development or you may pick up a copy at the Department of Community Development, 401 Texas Street, First Floor, Shreveport, LA 71101. *The grant period for funding is January 01, 2020 to December 31, 2020.*

**DATES:** **One original completed application plus three (3) copies must be received by 5:00 p.m., Friday, December 20, 2019** hand-delivered to the attention of Ms. Bonnie Moore, Director, City of Shreveport, Department of Community

Development, 401 Texas Street, First Floor, or mailed to Post Office Box 31109, Shreveport, LA 71130. APPLICATIONS MAY NOT BE SENT BY FACSIMILE (FAX) or BY ELECTRONIC MAIL (E-MAIL). **There will be absolutely no exceptions.**

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

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

#### **INFORMATIONAL**

**WORKSHOP:** An informational workshop will be held at 11:00 a. m. on Thursday, December 5, 2019 at the Department of Community Development, 401 Texas Street, Second Floor Library, Shreveport, Louisiana. Interested organizations are strongly encouraged to attend the proposers' conference. Attendance is not mandatory, but proposers will be held responsible for all information presented at the meeting.

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I. APPLICATION COVER SHEET  
City of Shreveport - Department of Community Development

**BACKGROUND INFORMATION**

Date: \_\_\_\_\_ Tax I.D. Number: \_\_\_\_\_

\*DUNS Number: \_\_\_\_\_

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

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

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

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

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

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

**PROJECT SUMMARY**

**Type of funds requested:**                      ESG:

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

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

Population Served                                       Homeless

Type of Activity: \_\_\_\_\_

**PROJECT DESCRIPTION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
**SIGNATURE OF THE AUTHORIZED REPRESENTATIVE**                                      **DATE**

**\*DUN AND BRADSTREET DATA:** All applicants must obtain a Dun and Bradstreet Data Universal Numbering System (DUNS) and include it on this application. 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. & 5:00 p m.

## II. BACKGROUND INFORMATION

The Emergency Solutions Grant program changes are a result of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act). The HEARTH Act, enacted into law on May 20, 2009, consolidates three of the separate homeless assistance programs administered by HUD under the McKinney-Vento Homeless Assistance Act into a single grant program, and revised the Emergency Shelter Grants program and renames it as the Emergency Solutions Grants (ESG) program, 24 CFR Parts 91 and 576. The change in the program's name reflects the change in the program's focus addressing the needs of homeless people in emergency or transitional shelters to assisting people to quickly regain stability in permanent housing after experiencing a housing crisis or homelessness.

## III. MAKING THE CONNECTION

### A. TARGET POPULATION:

**Applicants applying for funding under this NOFA should target services and activities for the homeless.**

<b>Homeless:</b>	For the purpose of this RFP, homeless is defined as;
(1.)	An individual who lacks a fixed, regular and adequate nighttime residence;
(2.)	An individual or family who will imminently lose their primary nighttime residence;
(3.)	Unaccompanied youth under 25 years of age, or families with children and youth who do not otherwise qualify as homeless; and
(4.)	Any individual or family who is fleeing, or is attempting to flee, domestic violence, or other dangerous or life-threatening conditions that has taken place in the in the individual's or family primary nighttime residence or has made the individual or family afraid to return to their primary residence.

### B. TARGET AREAS:

The City will only consider funding projects which are consistent with the Consolidated Strategy Plan. City-wide homeless services and activities are eligible.

### C. ELIGIBLE ACTIVITIES:

The focus of the homeless services funded through the Emergency Solutions Grants (ESG) should be to assist people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness. The City of Shreveport, through this NOFA, will fund the following components for program year 2020:

- (1) *Street Outreach* – funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with 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.

- (2) *Emergency Shelter* – funds may be used for costs of providing essential services to homeless families and to individuals in emergency shelters, renovating buildings to be used as emergency shelter for homeless families and individuals, and operating emergency shelters.
- (3) *Homelessness Prevention* – funds may be used to provide housing relocation and stabilization services and short and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter or another place.
- (4) *Rapid Re-housing Assistance* – funds may be used to provide housing relocation and stabilization services and short and/or medium term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.
- (5) *Relocation and Stabilization Services* – funds may be used to pay financial assistance to housing owners, utility companies and other third parties.

**D. PERFORMANCE MEASUREMENT OBJECTIVES:**

- (1) The number of persons or households prevented from becoming homeless;
- (2) The number of persons or households assisted from emergency shelter/streets into permanent housing;
- (3) The number of unsheltered persons or households provided with essential services;
- (4) The number of persons or households provided housing relocation and stabilization services;  
or
- (5) The number of persons or households covered by the HMIS

## IV. HOMELESS MANAGEMENT INFORMATION SYSTEM

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 the McKinney-Vento and other assistance, including information on how they enter and exit the homelessness assistance system and assess the effectiveness of that assistance. Through the Federal Register Notice, the Emergency Solutions Grants Program and Community Development Block Grants were made a part of this mandate. Therefore, all proposed projects/organizations must provide written certification of their participation in an existing HMIS. You can contact your local Continuum of Care at (318) 670-4591.

**NOTE: This is a mandated requirement. All recipients must adhere to this mandate..**

## V. INSURANCE REQUIREMENTS

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

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

**Subrogation Clause**, the Subrecipient and all of its insurers shall, waive all right of recovery or subrogation against the City, its officers, agents or employees and its insurance companies. The policy must be endorsed to name the City as an additional insured (**Additional Insured Clause**).

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

## VI. APPLICATION OUTLINE

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

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

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

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

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

**The following information should be included in your program narrative:**

- \*Procedures to ensure confidentiality of information about family violence victims;
- \*Plan for involvement of homeless persons in ESG funded activities;
- \*If homeless prevention activities are

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

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

and test results). You are encouraged to link the documentation of need to data identified in the city's Consolidated Plan. To obtain a copy of the Consolidated Plan, go to [www.shreveportla.gov](http://www.shreveportla.gov)

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

Outline the specific activities to be **performed**, **methodology** and **benefits** to be achieved. Describe the targeted population and the demographics of that population. Establish a clear time line for implementation. Identify **measurable objectives** stated in relation to the problem and the **expected outcomes**. Identify any collaborative partners associated with this project, and how this project will benefit the community. Special consideration will be given to those agencies creating partnerships that are appropriately designed for implementing the proposed activities. The budget must be completed listing by line item the projected expenditures for the funds requested. In addition, list the amounts, types and source of match.

**Leveraging Resources : ( 15pts)**

The applicant must demonstrate and document the ability to secure resources beyond those provided under this grant award, including private, other public, and mainstream resources. Leveraging resources may include cash, cash equivalent (i.e., other federal, state and local grant awards) and in-kind contributions, such as services, donations or equipment. **Please be sure to include supporting documentation of your resources.**

**Program Evaluation (15pts)**

- (1) Present a **plan** for determining the degree to which objectives are met. You must identify **one or more** of the performance measures your program will meet (refer to pages 6-7). Your application should also identify specific **output** and **outcomes** or impacts that your program or activities will have on the community.
- (2) Describe how you will make your services available/accessible, affordable, or sustainable to the target population you propose to serve.
- (3) Describe the specific tools to track output and outcome and the methodology you will use to measure your success in meeting your stated goals.

## VII. SUBMISSION REQUIREMENTS

**One original application plus three (3) copies must be received by 5:00 p. m., Friday, December 20, 2019, to the Attention: Ms. Bonnie Moore, Director, at the City of Shreveport, Department of Community Development, 401 Texas Street, First Floor, or mailed to Post Office Box 31109, Shreveport, LA 71130. APPLICATIONS MAY NOT BE SENT BY FACSIMILE (FAX) or BY ELECTRONIC MAIL (E-MAIL). There will be absolutely no exceptions.**

## VIII. APPLICANT SELECTION PROCESS

### APPLICATION REVIEW

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

- Applicant eligibility. The applicant must be a non-profit organization (IRS 501(c) (3) status), and must have at least one year of experience in providing the requested service prior to submission of application.
- Eligible population/target area to be served. The population to be served must meet the eligibility requirements as identified on (see page 5)
- Eligible activities. The activities for which assistance is requested must be consistent with those prescribed in Section III. (see pages 5,6)
- Provide an executive summary of the agency's accomplishments for the previous twelve months.
- Match Requirements. The applicant must furnish a 100% match, with a minimum of 50% being a cash match.

### B. CORE SELECTION CRITERIA:

<u>Category:</u>	<u>Maximum Points:</u>
Project Summary	10
Applicant Capacity	15
Problem Statement	15
Program Narrative/Budget	30
Leveraging Resources	15
Program Evaluation	15

### C. ADDITIONAL SELECTION CRITERIA

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

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

For additional information, please contact Fred Thomas or Cathy Mitchell at (318) 673-5900.

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

**ONLY ONE APPLICATION WILL BE ACCEPTED.**

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

**Incomplete proposals will not be reviewed.**



## IX. ATTACHMENTS

Information of Vendor's Application and Commodity Codes

Vendor's Application

Authorizing Resolution (2019)

Certificate of Insurance

W-9 Form

Affidavit

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

WEB SITE ADDRESS: [WWW.CI.SHREVEPORT.LA.US](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** (Revised 12-15-08)

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

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

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

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

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

Web Site Address:	E-Mail Address:
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Type of Organization:  Partnership  Sole Proprietorship  Corporation DBE Ownership \_\_\_\_\_%\*  Minority Ownership \_\_\_\_\_%

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

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

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

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

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

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

Name	Official Capacity	Name	Official Capacity

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

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

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

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

## AUTHORIZING RESOLUTION

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

Be it resolved by the Board of Directors or Members 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:

\_\_\_\_\_

CERTIFICATE OF INSURANCE				City of Shreveport																																										
THIS IS TO CERTIFY THAT POLICIES OF INSURANCE ARE IN FORCE AS LISTED BELOW, SUBJECT TO THE TERMS AND CONDITIONS THEREOF																																														
INSURED:				COMPANIES AFFORDING COVERAGE			A. M. BEST RATING																																							
				COMPANY A																																										
				COMPANY B																																										
				COMPANY C																																										
				COMPANY D																																										
COMPANY E																																														
THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS, OR ALTERS THE COVERAGES AFFORDED BY THE POLICIES SHOWN BELOW, BUT THE COVERAGES SHOWN BELOW MEET THE CITY CONTRACT SPECIFICATIONS EXCEPT AS SPECIFICALLY NOTED.																																														
CO LTR #	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		LIMITS																																								
	<b>GENERAL LIABILITY</b>					GENERAL AGGREGATE	\$																																							
	COMMERCIAL GENERAL LIABILITY					PRODUCTS-COMP/OP AGG	\$																																							
	CLAIMS MADE OCCUR	Coverage included for XCU hazards		Yes	No	PERSONAL & ADV INJURY	\$																																							
	OWNER'S & CONTRACTOR'S PROT	Policies endorsed for mandatory 30 day notice provision		Yes	No	EACH OCCURRENCE	\$																																							
		Policy endorsed for Subrogation Waiver		Yes	No	FIRE DAMAGE (Any one fire)	\$																																							
		Policy endorsed to specify the City of Shreveport as an additional insured		Yes	No	MED EXP (Any one person)	\$																																							
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE UNIT	\$																																							
	ANY AUTO					BODILY INJURY (Per person)	\$																																							
	ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$																																							
	SCHEDULED AUTOS					PROPERTY DAMAGE	\$																																							
	HIRED AUTOS					AUTO ONLY-EA ACCIDENT	\$																																							
	NON-OWNED AUTOS	Policies endorsed for mandatory 30 day notice provision		Yes	No	OTHER THAN AUTO ONLY:	\$																																							
		Policy endorsed for Subrogation Waiver		Yes	No	EACH ACCIDENT	\$																																							
		Policy endorsed to specify the City of Shreveport as an additional insured		Yes	No	AGGREGATE	\$																																							
	<b>GARAGE LIABILITY</b>																																													
	ANY AUTO	Policies endorsed for mandatory 30 day notice provision		Yes	No	EACH OCCURRENCE	\$																																							
		Policy endorsed for Subrogation Waiver		Yes	No	AGGREGATE	\$																																							
		Policy endorsed to specify the City of Shreveport as an additional insured		Yes	No		\$																																							
	<b>EXCESS LIABILITY</b>																																													
		Policies endorsed for mandatory 30 day notice provision		Yes	No	EACH OCCURRENCE	\$																																							
	UMBRELLA FORM	Policy endorsed for Subrogation Waiver		Yes	No	AGGREGATE	\$																																							
	OTHER THAN UMBRELLA FORM	Policy endorsed to specify the City of Shreveport as an additional insured		Yes	No		\$																																							
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>					STATUTORY LIMITS																																								
		Policies endorsed for mandatory 30 day notice provision		Yes	No	EACH ACCIDENT	\$																																							
	This Worker's Compensation Policy provides coverage for all members of the insured organization, including an employer, a sole proprietor, a partner or bona fide officer of the organization and all employees.	Policy endorsed for Subrogation Waiver		Yes	No	DISEASE-POLICY LIMIT	\$																																							
	OTHER					DISEASE-EACH EMPLOYEE	\$																																							
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:																																														
<table border="1"> <tr> <td rowspan="5">  </td> <td colspan="2">CERTIFICATE HOLDER: City of Shreveport P.O. Box 31109 Shreveport, LA 71130</td> <td>SIGNATURE:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td>NAME:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td>MAILING ADDRESS:</td> <td></td> <td></td> <td></td> <td>DATE:</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>CITY/STATE/ZIP:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td>PHONE:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>									CERTIFICATE HOLDER: City of Shreveport P.O. Box 31109 Shreveport, LA 71130		SIGNATURE:							NAME:							MAILING ADDRESS:				DATE:				CITY/STATE/ZIP:								PHONE:					
	CERTIFICATE HOLDER: City of Shreveport P.O. Box 31109 Shreveport, LA 71130		SIGNATURE:																																											
			NAME:																																											
			MAILING ADDRESS:				DATE:																																							
			CITY/STATE/ZIP:																																											
			PHONE:																																											
As an authorized representative, I certify that the above fairly represents the policies in force. (revised 11-18-03)																																														

City of Shreveport ~ Department of Community Development  
 2020 Federal Emergency Solutions Grant ~ Notice of Funding Availability (NOFA)

**Request for Taxpayer  
 Identification Number and Certification**

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

**Name** (as shown on your income tax return)

**Business name**, if different from above

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  Exempt payee  
 Other (see instructions) ▶

**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:

- 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. citizen or other U.S. person (defined below).

**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 ▶
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**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.

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. 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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**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:

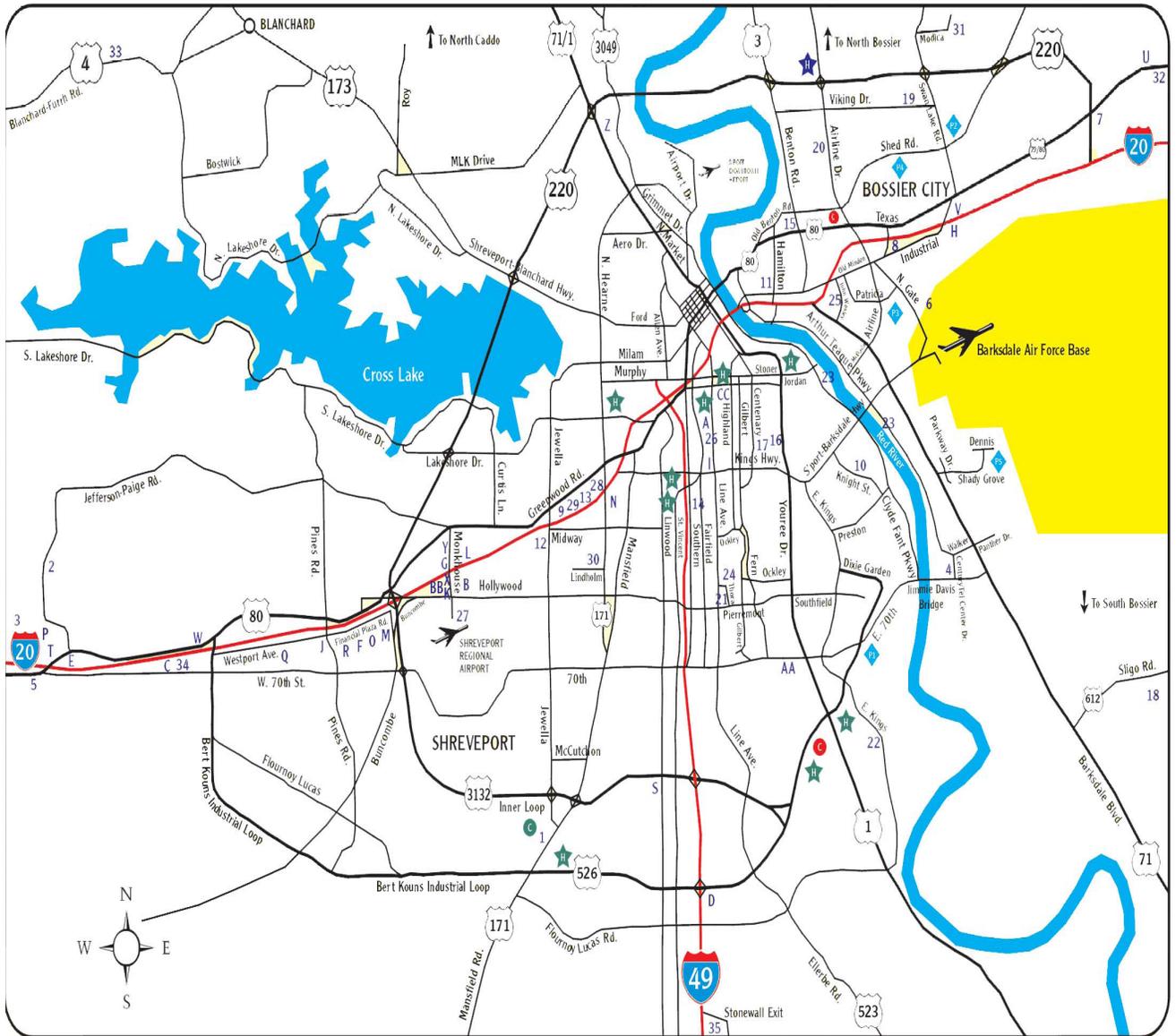
- The U.S. owner of a disregarded entity and not the entity,



## X. CHECKLIST OF REQUIRED DOCUMENTS

Cover Sheet;	(1)
Proposal Narrative;	(2)
A Listing of your Board of Directors and their affiliations;	(3)
A copy of your current IRS 501(c)(3) tax exempt statement evidencing that you are not a private foundation and an explanation of any changes in your IRS status;	(4)
Most Current Financial Statement or Audit (not to exceed two years old);	(5)
Authorization Resolution by Your Board of Directors to Apply for City of Shreveport Funds (2019);	(6)
Article of Incorporation and Bylaws;	(7)
Vendor's Application (if new applicant);	(8)
Evidence of Insurance (available upon notification of funding;	(9)
W-9 Form;	(10)
Evidence of Zoning Approval;	(11)
Proposed Agency Budget for Fiscal Year;	(12)
List of Staff Members and Positions;	(13)
Evidence of Occupational License; and	(14)
Certification of Utilization of HMIS System (Applicable to Homeless Providers Only)	(15)
Secretary of State (Annual Report Status)	(16)

# City of Shreveport



**City of Shreveport ~ Department of Community Development  
2020 Federal Emergency Solutions Grant ~ Notice of Funding Availability (NOFA)**