



# *City of Shreveport*

## *2020 Notice of Funding Availability (NOFA) Community Development Block Grant (CDBG) Public Facilities*

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**CITY OF SHREVEPORT**  
**2020 Notice of Funding Availability (NOFA)**  
**Community Development Block Grant (CDBG)**  
**Public Facilities Activities/Capital Projects**  
**CFDA Number: 14.218**  
**Federal Award Number:**

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**DEPARTMENT:** Community Development

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

**DATE ISSUED:** December 18, 2020

**NOFA DEADLINE:** January 15, 2021

**I. INTRODUCTION:**

The City of Shreveport (“City”), through its Department of Community Development, is currently accepting public facility proposals for funding consideration under the Community Development Block Grant Program (CDBG) for eligible governmental and nonprofit entities. These funds are allocated by the United States Department of Housing and Urban Development (HUD). The CDBG program is authorized by the Housing and Community Development (HCD) Act of 1974. Regulations governing this program can be found at 24 CFR 570.

The city has approximately \$320,620 available for projects under this NOFA. Acquisition and improvements of public facilities that promotes a public benefit, such as homeless shelters, workforce development centers, healthcare facilities, historic preservation properties, and other facilities that have significant public benefit will be considered for funding. Projects selected under this NOFA will begin on February 1, 2021.

The City reserves the right to utilize other funding sources to fund your project, if it is deemed feasible. The type funding amount, terms and conditions of assistance provided will vary

depending upon the needs outlined in each proposal and the availability of funding.

The City will only consider funding projects which are consistent with the Consolidated Strategy Plan (CSP). The CSP is a five-year planning document required by HUD that determine priorities, establish strategic goals, and allocate resources through an Annual Action Plan for various projects and initiatives. The CSP is located on the City's website at [www.shreveportla.gov](http://www.shreveportla.gov). One of the goals of the CSP is to promote the acquisition, construction, and/or rehabilitation of public facilities for low to moderate income individuals or families residing within the city limits of Shreveport.

Federal regulations require that a CDBG- assisted activity meet one of the three national objectives:

- (1) benefiting low- and -moderate-income persons LMI).
  - Area benefit activities (19 targeted neighborhoods);
  - Limited clientele activities;
  - Housing activities; or
  - Job creation or retention activities (limited to facilities only)
- (2) aiding in the prevention or elimination of slums or blight, or
- (3) meeting a community development need having a particular urgency.

Criteria for meeting a national objective are found at 24 CFR 570.208 of the CDBG regulations.

You may access this NOFA by going to [www.shreveportla.gov](http://www.shreveportla.gov) and clicking on Department of Community Development. The grant period for funding is February 01, 2021 through December 31, 2021.

## II. SUBMISSION REQUIREMENTS

**DATES:** The City of Shreveport, Department of Community Development, must be in receipt of an original and four (4) copies of the proposal complete with all attachments, on or before January 15, 2021.

Applications that arrive after the deadline will not be accepted. Diskettes, facsimiles, electronic mail, or other electronic documents will not be accepted.

**WORKSHOP:** A virtual informational workshop will be held **at 3:00 p.m.** on **January 5, 2021.** Instructions for joining the virtual workshop will be posted on the City of Shreveport's Department of Community Development's website.

- ❖ An **area benefit activity** is one that benefits all residents in a particular area, where at least 51 percent of the residents are LMI persons.
- ❖ **Limited Clientele activity** provides benefits to a specific group of persons without regard to the area in which they reside.
- ❖ **Housing activities** are not an eligible activity under this NOFA.
- ❖ The **job creation and retention activities** are designed to create or retain permanent jobs, at least 51 percent of which will be made available to or held by LMI persons.

Interested organizations are strongly encouraged to participate in the workshop. The workshop is not mandatory, but applicants will be held responsible for all information presented.

**AMENDMENTS:** If it becomes necessary to revise any part of the NOFA, all amendments will be provided in writing to all applicants. Requests for additional information related to this NOFA must be made in writing and directed to Cathy Mitchell, Planner III at [cathy.mitchell@shreveportla.gov](mailto:cathy.mitchell@shreveportla.gov). This will allow issuance of any necessary amendment to the NOFA.

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

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

### **III. MANDATORY REQUIREMENTS**

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

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

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

Your project must benefit low to moderate income persons. The term “low and moderate income” shall be defined as at or below 80% of the median income adjusted for family size for the area as defined in Section 102 of the Housing and Community Development Act of 1974, as amended. Low- and moderate-income household means a household having an income equal to or less than the Section 8 low-income limit established by HUD.

**2020 HUD Income Guidelines**

<b>Family Size</b>	<b>Very Low (50%)</b>	<b>Low (80%)</b>
1	\$19,800.00	\$31,750.00
2	\$22,700.00	\$36,300.00
3	\$25,500.00	\$40,850.00
4	\$28,350.00	\$45,350.00
5	\$30,650.00	\$49,000.00
6	\$32,900.00	\$52,650.00
7	\$35,200.00	\$56,250.00
8	\$37,450.00	\$59,900.00

**C. Targeted Neighborhoods**

Your project can qualify under area benefit if it is located in one of the City’s nineteen (19) CDBG targeted neighborhoods identified in the 2019-2023 Consolidated Strategy Plan or have a project located within an approved revitalization plan area (please provide documentation).

The target areas are: *Queensborough, Ledbetter Heights, Martin Luther King, Allendale, Lakeside, Ingleside, Mooretown, Stoner Hill, Cedar Grove, Greenwood Acres, Hollywood, Reisor, Solo Hood, Waterside, Caddo Heights, Werner Park, Sunset Acres, Cherokee Park, and Highland.* (Maps of “Targeted Neighborhoods- Shreveport, Louisiana” are attached to this proposal).

**D. Cost Elements**

All costs for the project shall be aligned with the Office of Management and Budget (OMB) Cost Principles. The cost must be allowable, allocable, necessary, and reasonable.

**E. Match Requirements**

Match is the applicant’s permanent contribution to the project. Twenty five (25) percent match for the project cost must be cash or cash equivalent (i.e., land, buildings, improvements, donated materials, or professional services). Cash match may be private cash, grants or loan funds other than CDBG. Up to 75 percent of the actual eligible expenditures will be reimbursed by the City.

**F. Site Control**

Upon submission of your application, you must own the property; have an option to purchase, or a long term lease (approved by the City) on the property upon grant award. If a proposal does not meet the required site requirements, your proposal will not be reviewed.

## **G. Certified Contractors**

- (i) All contractors and sub-contractors must be licensed under Louisiana Revised Statute 37:2150, et seq.
- (ii). Bonds are required and must be obtained from guarantee or surety companies acceptable to the U.S. Government and authorized to do business in the state of Louisiana. Individual sureties will not be considered.
- (iii). Contractors must give a brief description of any lawsuits or criminal proceedings or criminal investigations involving the firm or any professionals in the firm who may be involved in providing the services.
- (iv). The applicant, contractor or any of its sub-contractors must not be debarred or suspended from participating in federal programs, have any outstanding federal debt or any unresolved Civil Rights matters. A list of suspended or debarred parties can be viewed via the internet at: <http://www.epls.gov>

## **H. Timeline**

All contracts must be executed no later than 60-days after the grant award. All licenses, permits, and inspections must be obtained no later than 90 days of the grant award. The construction phase must begin within 120 days after the implementation of the contract. Construction must be complete within 12 months of the grant award.

## **IV. PERFORMANCE MEASUREMENT/OUTCOMES:**

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

### **Outcome 1. Availability/Accessibility**

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

#### **Objective:**

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

### **Outcome 2. Affordability**

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

**Objective:**

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

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

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

**Objective:**

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

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

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

**V. GENERAL REQUIREMENTS**

**A. Affirmative Marketing Strategies**

The City requires all applicants to certify that they will comply with all local, state and federal affirmative marketing requirements.

**B. Labor Standards**

**Davis-Bacon and Related Acts (40. U.S.C. 276(a)-276(a)-7)** The Davis-Bacon Act (DBA), enacted by the United States Congress, covers contracts that are directly federally funded. Davis-Bacon requires that workers receive no less than the prevailing wages being paid for similar work in a given location.

Prior to the solicitation of proposals for any construction work, the applicant must notify the City of the pending solicitation and shall provide the City with sufficient information to enable the City to obtain an appropriate Wage Rate Determination from the federal government. The applicant must cause all contracts and/or subcontracts for construction to include required compliance with all applicable federal provisions, including the wage determination issued specific to this application.

**C. Conflict of Interest**

No employee, board member, officer, agent, consultant, elected official, or appointed official of the recipients or sub-recipients that are receiving funds under a CDBG-assisted project who have responsibilities with respect to the CDBG activities or are in a position to

participate in decision making processes or have access to inside information with regard to the activities, can obtain a financial interest or benefit from a CDBG assisted activity during their tenure or for one year thereafter (Federal Regulation 24 CFR 570.611). Agencies should maintain a written code of standards of conduct governing the purchase of materials, product, supplies, services, and awarding and administering sub-recipient contracts.

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

#### **D. Civil Rights Compliance**

The Applicant agrees to comply with Titles VI and VII of the Civil Rights Act of 1964 as amended, and Title VIII of the Civil Rights Act of 1968 as amended; Section 104 (B) and Section 109 of Title I of the Housing and Community Development Act of 1974, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, Executive Order 11063, and with Executive Order 11246 as amended by Executive Orders 11375, 11478, 12107 and 12086.

#### **E. Minority and Women-Owned Enterprises**

The application will use its best efforts to afford minority and women-owned business enterprises the maximum practicable opportunity to participate in the performance of the activities proposed under this application. The term “minority and women-owned business enterprise” means a business at least fifty-one (51) percent owned and controlled by minority group members or women. For the purpose of this definition, “minority group members are African Americans, Spanish-speaking, Spanish surnamed or Spanish-heritage Americans, Asian Americans and American Indians.

#### **F. Employment Restrictions/Prohibited Activity**

Where employees of the Applicant are engaged in activities not covered under the Occupational Safety and Health Act of 1970, they shall not be required or permitted to work, be trained, or receive services in buildings or surroundings or under working conditions which are unsanitary, hazardous or dangerous to the participant’s health or safety.

The applicant is prohibited from using funds provided herein or personnel employed in the administration of the program for political activities, sectarian, or religious activities, lobbying, political patronage, and nepotism activities.

No employee, officer or agent of the City of Shreveport, or the applicant shall participate directly or indirectly in the award of any contract if a conflict, real or apparent, would be involved.

#### **G. OSHA**

The applicant agrees to comply with any federal regulations issued pursuant to compliance with Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. 794) which prohibits discrimination against the handicapped in any federally assisted program.

## **H. Section 504**

The applicant must ensure that no otherwise qualified individual with a disability, as defined in section 7(20) shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance or under any program or activity under this program.

## **H. Equal Employment Opportunity**

In all hiring or employment made possible by or resulting from this application, there (1) will not be any discrimination against any employee or applicant for employment because of race, color, religion, sex, national origin, handicap, age or veteran status; and (2) where applicable, affirmative action will be taken to ensure that applicant's employees are treated fairly during employment without regard to race, color, religion, sex, national origin, handicap, age, or veteran status.

## **I. Relocation**

The applicant will take all reasonable steps to minimize the displacement of persons. If the applicant has a project that involves relocation, the cost of relocation must be a part of the project, and the applicant must submit a relocation plan to the City. A displaced person must be provided relocation assistance at the levels described in, and in accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) (42 U.S.C. 4201-4655) and 49 CFR Part 24.

## **J. Indemnification**

The City, its officers, agents, and employees will be held harmless from liability from any claims, damages, and actions of any nature due to actions of applicants, provided that such liability is not attributable to negligence of the City.

## **K. Warranty**

The applicant warrants that any service provided to the City as a result of this NOFA complies with all specifications and other terms and conditions set forth herein, and further warrants and guarantees that said services will be performed in accordance with the defined standard of performance and other terms and conditions as herein specified, in addition to any and all remedies provided and further warrants and guarantees.

## **L. Licenses, Permits, and Compliance**

During the term of the contract, the applicant will be responsible for obtaining and maintaining in good standing, all licenses (including professional licenses, if any), permits, inspections, and related fees for each. It will be the applicant's responsibility to comply with all codes, rules, ordinances, regulations, tariffs, and industry standards.

## **M. Environmental**

The applicant shall determine the level of clearance required for all projects in accordance

with 24 CFR Part 50 and 58. The applicant shall also conduct the environmental reviews and clearances for all program activities in conjunction with all eligible properties.

#### **N. Asbestos Testing**

An asbestos survey will be required on all renovation projects to determine the presence of asbestos. The applicant should include the cost of the survey and provide for contingency funds for remediation if asbestos is present. The survey will visually review all suspect asbestos containing materials associated with the building's interior and will collect samples for laboratory analysis prior to the Public Facilities renovation project. The survey will identify whether asbestos containing materials were found and what classification.

#### **O. Section 3**

The parties to this application agree to comply with HUD's regulations in 24 CFR part 135, which implement Section 3. The work to be performed under this contract is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u(section 3). The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by Section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly person who are recipients of HUD assistance for housing.

#### **P. Insurance**

During the term of the contract, evidence of all appropriate and applicable insurance coverage carried by the firm, including policy coverage periods will be required. Offerors shall furnish the City of Shreveport with certificates of insurance showing that the following insurance is in force and will insure all operations under this NOFA. Such insurance, at a minimum, must include the following coverages and limits of liability.

- (i) Commercial General Liability Insurance in an amount not less than a combined single limit of \$1,000,000 per occurrence. This policy should be endorsed to name the City as an additional insured. It is the intent of the City that the policy coverage should not be limited by an annual aggregate limitation. If this policy is to be limited by an aggregate annual limitation, the aggregate limitation shall not be less than \$2 Million otherwise the Coordinator must provide a \$1,000,000 per project aggregate applicable for the project specified in this contract.
- (ii). Comprehensive Auto Liability Insurance, in an amount not less than \$100,000 per person or \$300,000 each occurrence or a combined single limit of \$300,000 per occurrence. This policy should be endorsed to name the City as an additional insured.
- (iii). Workers' compensation in accordance with the State of Louisiana rules and regulations.



**VI. PROJECT SUMMARY/INFORMATION**

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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

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

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

Indicate the applicable CDBG program national objective your project agency addresses. Enter 1, 2, or 3 here: \_\_\_\_\_

1. Benefit low-to-moderate income persons,
2. Aid in the prevention or elimination of slums or blight, or
3. Meet community development needs having a particular urgency.

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

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

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

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

For Internal Use:

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

## **VII. PROPOSAL OUTLINE**

### **A. Core Selection Criteria**

The following step-by-step guide is provided to help applicants complete the Public Facilities proposal form. 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 pages double spaced in 12 font, Times New Roman. This application outline must address all of the following items below in the order outlined.

### **B. General Narrative**

This summary should identify the applicant and briefly describe your purpose, mission and goals. Clearly and concisely summarize your request for funding, including total cost of project, funds already committed and the amount requested under this proposal. Provide a brief description of the client target population to be served by the project and the total number of persons to be served.

Please describe how your project meets the goals and objectives of the Consolidated Strategy Plan and how CDBG dollars will be utilized for the project. Explain the need for this project; how it will fill a gap in services, and how this project will benefit the overall community?

1. Describe whether you have site control and identify the location targeted for infrastructure or acquisition. Attach documentation evidencing ownership of the property(s) such as warranty deed or current earnest money contract, or an Option Agreement to purchase such property(s). If the project involves acquisition, include the estimated sales price and whether an appraisal has been obtained. The appraisal or other documentation must indicate that the value of the project is at least equal or greater than the amount being requested under this NOFA.
2. Describe the Agency's commitment to provide operational support for the facility now and in future years.
3. List any and all licenses required to carry out this project and indicate whether the license has been approved or is pending.
4. Provide the site address and indicate the size of the project such as square footage, number of floors, acreage of the land, number of parking spaces, to be constructed, etc.
5. Specify the zoning of the proposed site. What type of zoning is required for the proposed new use, i.e. community center, childcare center, educational facility, etc.? Indicate whether the new use will require rezoning, variance or alley abandonment.
6. Indicate whether the project's parking is adequate for the new use if applicable.
7. Indicate whether an architect has been hired and if the architect developed the project budget using Davis Bacon wages. Please provide the name of the firm and whether any design work

has been completed.

8. Outcomes and objectives should be results oriented, specific and measurable. Each outcome and specific objective should include the time frame for the accomplishment of the particular activity.

### **C. Applicant Capacity**

Describe the agency's qualifications and the extent to which you have the organizational resources necessary to successfully implement the proposed project activities in a timely and efficient manner. Provide a personal profile of the *key person(s) who will be assigned to and responsible for the day-to-day operation of the project*. The profile should identify/specific skills/experience relative to the project. If a person has not yet been hired, provide a job description with required qualifications. Describe your readiness and ability to immediately begin the proposed project.

Describe your organization's (including day-to-day program manager, consultants and contractors) experience in working with this type of project. Please provide a listing of recent projects and the year they were completed. If you were cited by the City of Shreveport as having a negative monitoring finding for which corrective action was required, include a copy of your response to the City outlining the steps to be taken to correct the finding(s), and describe the steps you have taken to date to correct said findings.

### **D. Financials**

Give a detailed breakdown of the total budget, including major expense line items. Show how the requested CDBG funds will be applied toward the expenses and show the amount and source of any other revenue that you will be using. Total budget expenses should equal the total of CDBG funds plus other revenue. Please provide a copy of a 2013 year-end financial statement and most recent financial audit. Complete Financial Statements should include a statement of financial position, statement of activities, cash flow statement of changes in net assets and notes to financial statements. All sub grantees getting over \$25,000 must have a certified bookkeeper doing its financial management.

This section is pursuant to the Single Audit Act of 1984 and the Single Audit Act amendment. It sets forth standards for obtaining consistency and uniformity among organizations and agencies expending federal funds. The authority is issued under the authority of sections 503, 1111, and 7501 et seq. of title 31, United States Code and Executive Orders and 11541. Non-federal entities that expend \$500,000 or more of federal funds in a year shall have a single audit.

## BUDGET INFORMATION

### E. PUBLIC FACILITY PROGRAM BUDGET SHEET

COST CLASSIFICATION	CDBG FUNDS	MATCHING FUNDS	TOTAL BUDGET COST
1. Land/Building Cost			
2. Infrastructure Cost			
3. Appraisal			
4. Environmental			
5. Title Opinion			
6. Other			
7. SUBTOTAL			
8. TOTAL PROJECT COSTS			

### VIII. APPLICANT SELECTION PROCESS

#### A. APPLICATION REVIEW

- Applicant Eligibility: Applicant must be a governmental entity or a nonprofit organization established by the IRS as a 501(c)3 organization. The agency must be in existence for at least one year and have at least one year of demonstrated experience providing a similar service.
- Eligible Population/Target Area to be Served: The population served must meet the eligibility requirement as identified on pages 5-6.
- Eligible Activities: The activities for which assistance is requested must be consistent with those prescribed on pages 3-4.
- Provide an executive summary of the agency's accomplishments for the previous twelve months.
- Match Requirements: The applicant must furnish 25% match for the project cost.

**B. CORE SELECTION CRITERIA:**

<u>Category:</u>	<u>Maximum Points:</u>
General Narrative:	
Site Control	10
Commitment to Provide Operational Support	15
Are all Required Licenses Approved or Pending?	15
Site Address and Property Description	05
Status of Zoning for the Proposed Site	05
Is the Existing Parking Adequate	05
Has an Architect been Hired? Did he develop the budget? using Davis-Bacon wages? Provide the name of the firm and if the design work has been completed.	05
List Outcomes, Specific Objectives, Time Frames and the Accomplishments	10
Applicant Capacity:	
Describe the agency’s qualification, provide a personal profile of key persons(s) who will be to and responsible for the day-to-day operations of the project. Describe the readiness and ability of the agency to immediately begin the proposed project. Describe the organization’s experience in working with this type of project. Provide a listing of recent projects and the year they were completed.	15
Financials:	
Give a detailed breakdown of the total budget, including major expense line items. Show how the requested CDBG funds will be toward the expenses and show the amount and source of any other revenue you will be using. Provide a copy of a 2016 year-end financial statement or a single audit	15
<b>TOTAL POINTS</b>	<b>100</b>

**IX. ATTACHMENTS**

Information of Vendor's Application and Commodity Codes

Vendor's Application

Authorizing Resolution

Certificate of Insurance

W-9 Form

Affidavit

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

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

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

Go to SECTION 900.

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

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

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

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

Revised 6-12-03



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**AUTHORIZING RESOLUTION**

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

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

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

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

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

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

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

WITNESSES:

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

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

**CERTIFICATE OF INSURANCE**

**City of Shreveport**

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

INSURED:	<b>COMPANIES AFFORDING COVERAGE</b>		<b>A. M. BEST RATING</b>
	<b>COMPANY A</b>		
	<b>COMPANY B</b>		
	<b>COMPANY C</b>		
	<b>COMPANY D</b>		
	<b>COMPANY E</b>		

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

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

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:**

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Penalties

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

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

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

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

## Specific Instructions

### Name

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

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

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

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

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

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

### Exempt From Backup Withholding

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

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

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

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

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

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

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

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

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

## Part I. Taxpayer Identification Number (TIN)

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

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

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

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

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

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

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

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

## Part II. Certification

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

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

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

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

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

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

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

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

## What Name and Number To Give the Requester

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

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

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

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

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

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

## Privacy Act Notice

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

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



**AFFIDAVIT**

**ATTESTING THAT ENTITY OR PERSON  
DOES NOT OWN ADJUDICATED OR LIEN PROPERTY AND  
DOES NOT OWE OUTSTANDING DEBT TO CITY**

**\*\* This affidavit is submitted to document compliance with Shreveport City Code 26-211. \*\***

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

\_\_\_\_\_ authorized representative of:  
\_\_\_\_\_ with a Federal Tax Identification Number (EIN) of:  
\_\_\_\_\_ and with a current email address of:  
\_\_\_\_\_ who does hereby state as follows, to-wit:

- 1 Business Entity or Person does not own any property which is adjudicated to the City of Shreveport, Louisiana or which has demolition liens, grass cutting liens, or any other Property Standards liens on it. For purposes of this subsection, the term "own" shall mean to be the last record owner of the property prior to a tax sale or adjudication.
- 2 Business Entity or Person does not own more than twenty-five percent (25%) of a legal entity that owns any property which is adjudicated to the City or which has demolition liens, grass cutting liens, or any other Property Standards liens on it.
- 3 Business Entity or Person has paid all taxes, licenses, fees, fines and other charges which are outstanding and due to the City. E.g. false alarm fees, property standard fines, over-due water bills.
- 4 Business Entity or Person will provide written notification to the City's Purchasing Agent no later than the next work day after any of the above statements becomes invalid.
- 5 Upon request of the Purchasing Agent the City reserves the right to require a newly dated/issued Affidavit.

BY: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Identification Number or LA Bar Roll Number  
\*\*\*\*\*

Mail original affidavit via U.S. mail to: *or* Deliver via other carrier or hand-delivery to:  
Purchasing Division Purchasing Division  
P.O. Box 31109 | Shreveport, LA 71130 505 Travis St., Suite 610 | Shreveport, LA 71101  
Affidavit must be on file in the Purchasing Office before a contract, purchase order or check is issued.

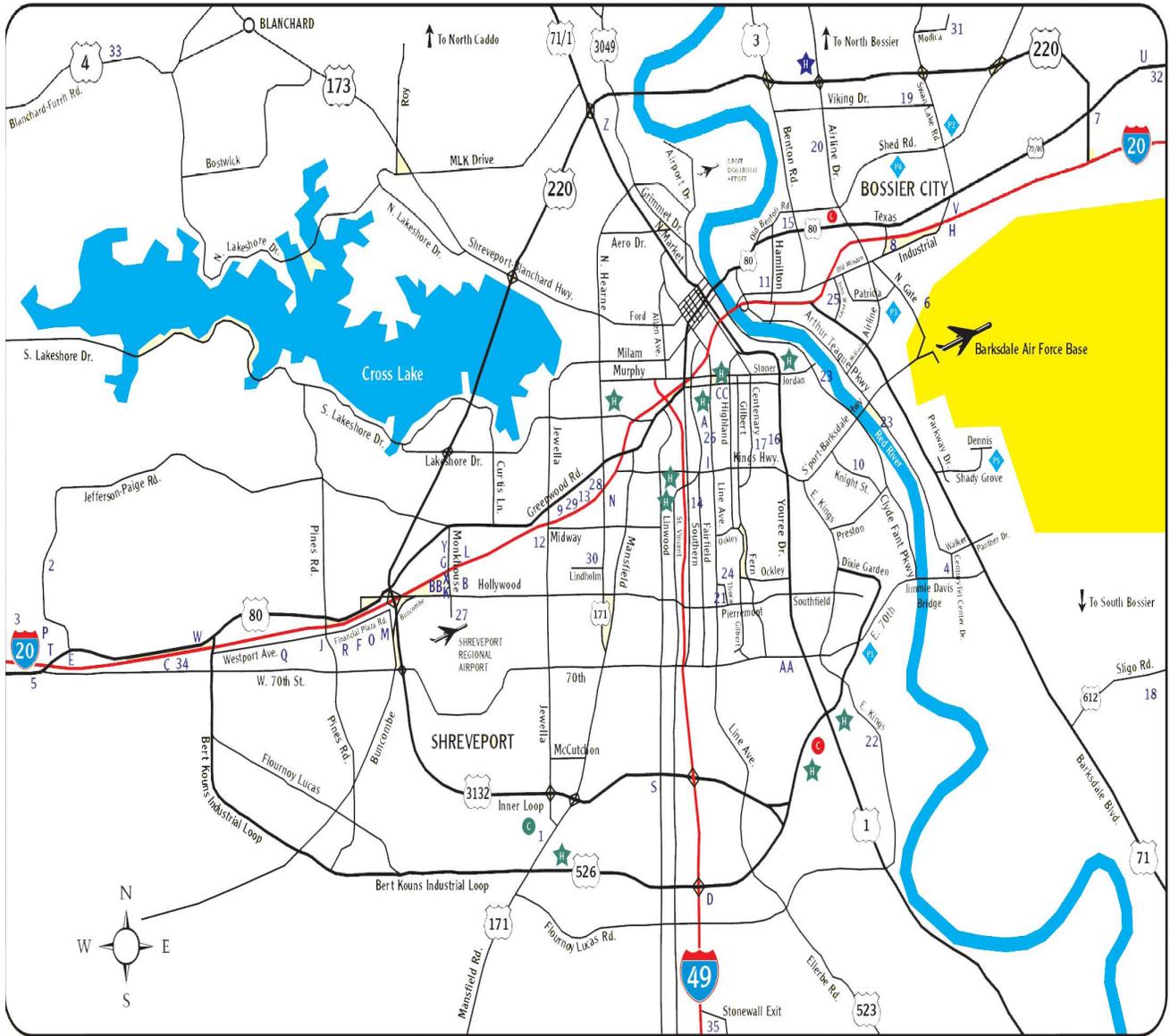
\*\* Form Revised 02-08-2017 \*\*

## VIII. CHECKLIST OF REQUIRED DOCUMENTS

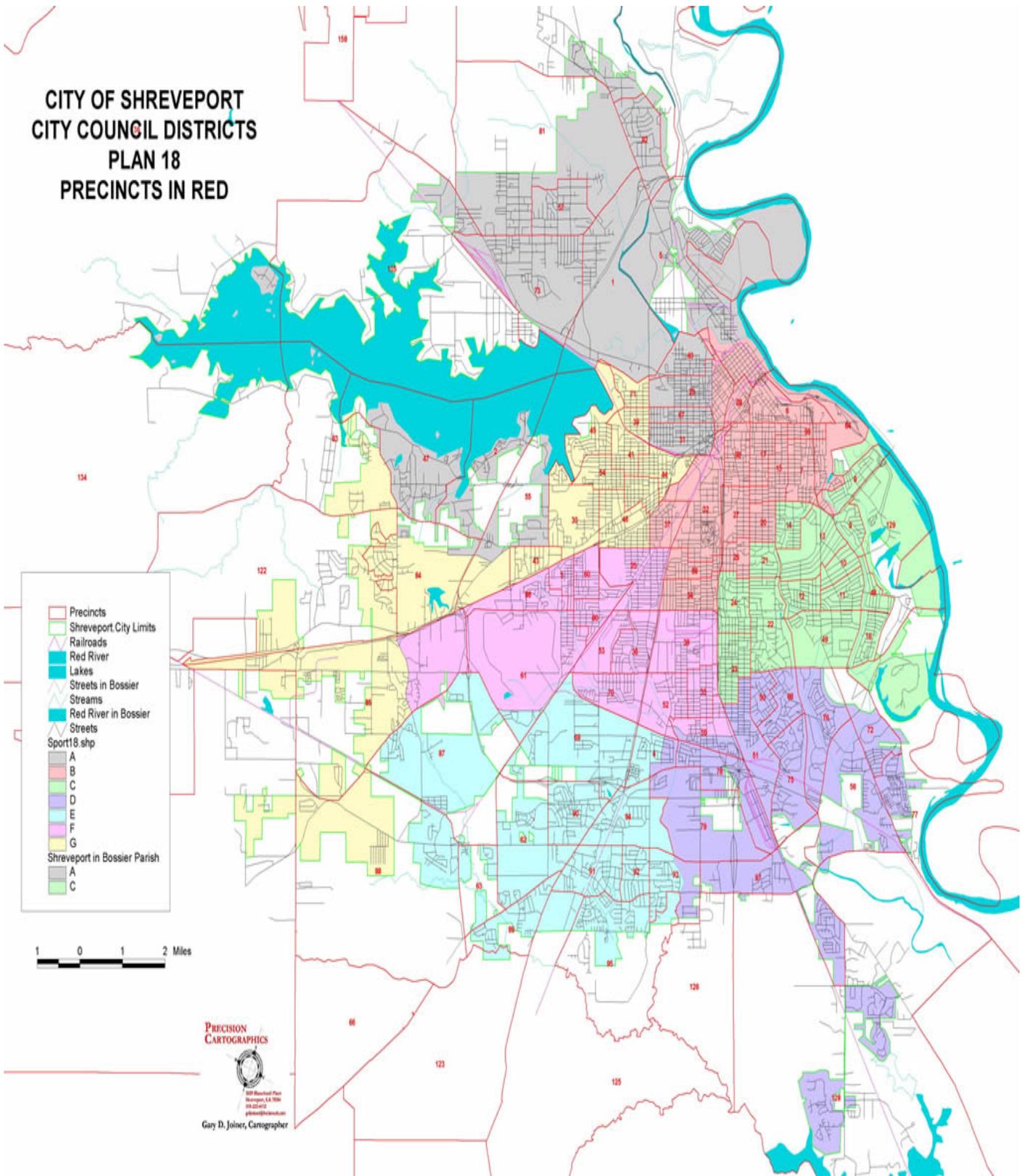
Cover Sheet	(1)
Proposal Outline	(2)
A Listing of your Board of Directors and their affiliations	(3)
A copy of your current IRS 501(c)(3) tax exempt statement evidencing that you are not a private foundation and an explanation of any changes in your IRS status	(4)
Most Current Financial Statement or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

# IX. MAPS

## City of Shreveport



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



**PRECISION  
CARTOGRAPHICS**  
101 Woodland Place  
Bossier, LA 70601  
907.233.6112  
precision@precisioncart.com  
 Gary D. Joiner, Cartographer