

The City of Shreveport

2021  
REQUEST FOR  
PROPOSALS



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(RFP)

## Market Analysis

Start: Tuesday, September 21, 2021

The submission deadline for receipt of an original and four copies of this Request for Proposals is Tuesday, October 19, 2021, at 4:30 p.m.

Submit to:

City of Shreveport  
Department of Community Development  
401 Texas Street  
Shreveport, Louisiana 71101



**CITY OF SHREVEPORT**  
**2021 REQUEST FOR PROPOSALS (RFP)**  
**Market Analysis**

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**CITY OF SHREVEPORT**  
**2021 REQUEST FOR PROPOSALS (RFP)**  
**Market Analysis**

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**AGENCY:** City of Shreveport  
**ACTION:** Market Analysis  
**DATE ISSUED:** Tuesday, September 21, 2021  
**RFP DEADLINE:** Tuesday, October 19, 2021

**ANNOUNCEMENT**

The City of Shreveport, Louisiana is seeking Request for Proposals (RFP) from qualified individuals, firms, or teams with demonstrated experience in conducting a detailed market analysis to assess potential opportunities for franchise development, grocery stores, and other economic development opportunities in the Martin Luther King, Allendale, and North Market areas of Shreveport. Respondents must have at least five (5) years' experience conducting marketing research that identifies and refines strategies for food deserts and the revitalization of low-income and distressed neighborhoods. The agency needs be an independent party and must not reflect any real or apparent conflict of interest with the City of Shreveport.

This RFP can be obtained at the department of Community Development, 401 Texas Street, first floor, Shreveport, Louisiana, 71101, during regular business hours, beginning, Tuesday, September 21, 2021, from 8:30 A. M. to 4:30 P.M., Monday through Friday. The RFP is also posted on the City's website at [www.shreveportla.gov](http://www.shreveportla.gov).

If interested in applying for these professional services, please respond no later than 5:00 p.m., Tuesday, October 19, 2021. All responses shall be mailed to Bonnie Moore, Director, Department of Community Development, Post Office Box 31109, Shreveport, Louisiana, 71130 or hand delivered to 401 Texas Street, Shreveport, Louisiana, 71101, (318) 673-5900. Please mark "Proposal for Market Analysis" on the envelope. **(APPLICATIONS MAY NOT BE SENT BY FACSIMILE (FAX) or BY ELECTRONIC MAIL (E-MAIL)).**

Minority and women-owned firms are encouraged to apply. It is the policy of the city to take affirmative action to ensure that minority and women owned business enterprises (M/WBEs) are given the opportunity to demonstrate their ability to provide professional services and to ensure inclusion in the RFP to the maximum extent feasible.

## **MARKET AREAS**

The City of Shreveport, population of 182,616, has seen significant decline over the past twenty (20) years particularly in inner-city neighborhoods. Like most inner-city neighborhoods in the City of Shreveport, Allendale, and Martin Luther King (MLK) have increasingly experienced blight, elevated crime, poverty, vacancy, abandonment, and a steady decline in population density. The convergence of negative factors effecting the targeted neighborhoods have left residents with a declining tax base and fewer services. Despite the challenges penetrating these areas, there is tremendous opportunity to improve and innovate these communities.

North Market is a major, high traffic commercial thoroughfare in Shreveport. It is largely storefront retail, professional offices, medical and dental clinics, and restaurants. The thoroughfare is located just north of downtown and extends into the Blanchard area. Recent developments in the area have created opportunities for further growth.

The analysis will specifically target the following areas in Council District A:

### ZIP Code: 71103

*Allendale* - Bounded on the north by Cross Bayou, on the south by the Kansas City Southern Railroad and Interstate 20, on the East by Allen Avenue, Ford, Caddo, and Market Streets, and on the west by Hearne Avenue.

### ZIP Code: 71107

*MLK* - Bounded on the north by the city limits, which is an east-west extension of Alladin Lane, on the west by Roy Road, on the southwest by I-220 by-pass, and on the east by McCain Creek.

### ZIP Code: 71107

*North Market* – Bounded by the south end of downtown at Levee and Spring Streets and on the north end at Devereaux and Highway 1.

Maps are available upon request.

## **PROPOSAL PURPOSE**

The city wishes to ensure that the analysis will provide a detailing of franchise development opportunities, food and grocery retailing market opportunities, and business

development in the Martin Luther King, Allendale, and North Market areas of Shreveport. The city recognizes that maintaining a diverse range of economic opportunities is a critical component to the health and wellbeing of the community. The overall purpose of the analysis is to provide a detailed assessment regarding the feasibility of redeveloping three (3) specific market areas; Allendale, Martin Luther King (MLK), and North Market. Each analysis of these areas will take into consideration changes in the economic, demographic, and food desert characteristics of each specific market. The project will include an assessment of consumer needs which should incorporate an analysis of demographics, employment data, buyer preferences and behavior, as well as a comprehensive analysis of crucial driving factors, growth trends, product utilization, key player analysis, and price patterns for the development of a forecast that will appropriately reflect targeted growth opportunities for maximum economic return, area demographic characteristics and trends, and business development needs.

The respondent shall work along with efforts to shape redevelopment strategies for the target areas. This should specifically include, but not be limited to, an evaluation of the market impact of various industry typical incentives, services, amenities, resources, new programming as well as local regulations. A goal of the market analysis is to guide the process of the implementation of goals planned developments should hope to achieve. It should reflect, when applicable, the strategies identified in the comprehensive 2020 Great Expectations Master Plan. It is envisioned that the market research will lead to implementation of catalyst project(s) to spur economic growth and development. The market study should be accomplished in a manner that also attracts a multi-developer approach with strategies for leveraging public and private support.

### **FEDERAL, STATE, AND LOCAL REQUIREMENTS**

The Respondent will comply with all federal, state, and local regulations. Respondents must be willing to comply with local procurement requirements and regulations governing this RFP.

The Respondent promises that it has no interest which would conflict with the performance of services required by this RFP. The Respondent also promises that, in the performance of this RFP, no officer, agent, employee of the City of Shreveport or member of its governing bodies, may participate in any decision relating to this RFP which affects his/her personal interest or the interest of any corporation, partnership or association in which he/she is directly or indirectly interested or has any personal or pecuniary interest.

The Respondent will not discriminate against any employee or applicant for employment because of race, creed, color, sex, sexual orientation, national origin, physical handicap, age, height, weight, marital status, veteran status, religion, and political belief (except as it relates to a bona fide occupational qualification reasonably necessary to the normal operation of the business). The Respondent will take affirmative action to eliminate

discrimination based on sex, race, or a handicap in the hiring of applicants and the treatment of employees. Affirmative action will include, but not be limited to employment; upgrading; demotion or transfer; recruitment advertisement; layoff or termination; rates of pay or other for means of compensation; and selection for training, including apprenticeship.

The Respondent agrees to post notices containing this policy against discrimination in conspicuous places available to applicants for employment and employees. All solicitations or advertisements for employees, placed by or on the behalf of the Consultant, will state that all qualified applicants will receive consideration for employment without regard to race, creed, color, sex, sexual orientation, national origin, physical handicap, age, height, weight, marital status, veteran status, religion, and political belief.

### **PROJECT AWARD & COMPLETION**

The project must begin within ten (10) days after the agreement has been signed. If activities cannot be done in accordance with the approved project timeline, the proposal will be awarded to the next responsive proposal. The project scope of work must be completed within ninety (90) days of the start dates of the agreement.

### **REQUEST FOR PROPOSAL GUIDELINE**

This respondent must adhere to all requirements set forth in the RFP. Proposals are limited to no more than fifteen (15) pages, including the cover page. The font size shall be twelve (12) points/Times New Roman. Please provide an original and four (4) copies of the proposal.

The responses submitted to this request will be assessed on the following:

- I. Cover letter
  - a. The respondent shall provide a cover letter providing a brief overview of its organization's application and an introduction of the organization. This letter must be signed by an individual authorized to commit the respondent's personnel and financial resources to the project's work tasks and to execute legal documents for the organization.
- II. Executive summary and a work plan
  - a. Identify all work tasks, project understanding and approach.
  - b. Provide a detailed breakdown of scope of services.
  - c. Describe the public participation plan.
- III. Agency Information
  - a. Name, Address, Telephone Number, Facsimile Number, Contact Person.
  - b. Type of Organization.

- c. Narrative of Qualifications of the responsible organization, key personnel and consulting and sub consulting team.
- d. Resources (staff, equipment, materials to be committed to this project).

#### IV. Schedule

- a. Comprehensive project schedule and timeline from start to finish, including internal and external meetings, and public participation plan.

#### V. Organization financial information

- a. Furnish a current financial statement, annual report, or other evidence of financial stability.

#### VI. Fee Structure/Budget

- a. Provide proposed fee structure for each market analysis area and budget with specific costs listed for each identified work element.

#### VII. Fair Share/Minority and Minority and Women-owned Businesses Participation

- a. All respondents are required to submit proof showing that good faith efforts have been made to contract with FSC or MBE subcontractors. All efforts must be documented.
- b. The Fair Share Program full text and forms that will be needed are included. Information on the program can be found on the city's web site at [www.shreveportla.gov](http://www.shreveportla.gov).
- c. A list of FSC contractors specializing in the divisions of work identified for subcontracting on this project can be found at the following website: <http://www.shreveportla.gov/2613/Directory>.
- d. The M/WBE program is a program that promotes business opportunities on CITY contracts for minorities and women. The city has established Minority and Women-owned Business Enterprise (MWBE) goals for use when procuring goods or services. These goals reflect the city's objective to obtain a "fair share" of its needs from small, minority and women-owned businesses to the greatest extent feasible. The designation of MWBE is obtained through the submission of a Vendors Application that can be obtained through the Purchasing Office. Vendor Applications may be downloaded at: <http://www.shreveportla.gov/780/Section-800>.
- e. Please call the Fair share office at (318) 673-5009 if you have any questions.

#### VIII. Litigation

- a. State whether your firm has been involved in any litigation and/or has been disqualified by any agency, including but not limited to the City of Shreveport, within the past five (5) years, because of your performance.

#### IX. References

- a. A list of governmental agencies for which the respondent has bid under RFP.

- b. Similar projects reference list.

**PAYMENTS DUE THE CITY**

On every contract to which the City is a party and for which written specifications are prepared, the specification shall include the requirement that before the contract is awarded the contractor shall pay all taxes, licenses, fees, and other charges which are outstanding and due to the City.

No contract to which the city is a party shall be awarded to any person who:

- a. Has not paid all taxes, licenses, fees, and other charges which are outstanding and due the city, or
- b. Owns any property which is adjudicated to the city, or which has demolition liens, grass cutting liens, or any other property standards liens on it, or
- c. Owns more than 25% of a legal entity that owns any property which is adjudicated to the city, or which has demolition liens, grass cutting liens, or any other property standards liens on it.

**UNSATISFACTORY WORK**

The City shall not be obligated to pay for unsatisfactory work.

**PROPOSAL EVALUATION**

All responses will be reviewed to determine if they meet the proposal requirements. If the Respondent does not comply with the requirements, they will be deemed “nonresponsive”.

A selection committee will review all submissions. All responses will be evaluated on the basis of the information requested. Responses will be scored and ranked with the highest rating being awarded a contract. In the event of a tie, the most qualified respondent whose RRP is deemed most advantageous to the City of Shreveport with all factors considered will be awarded a contract. The selection of finalists may require verbal presentations.

Listed below are the rating criteria:

<b>EVALUATION CRITERIA</b>	
Thoroughness and Comprehensiveness of Work Plan and Approach	20
Overall Respondent Experience to Include: Past Performance on Similar Projects, Staff Experience, and Team Qualifications	25
Fee Structure and Budget	15
Fair Share and Women-Owned Business Participation	15
Schedule and Availability	10
Organization’s financial strength	15

Bonus: Local presence	10
<b>TOTAL</b>	<b>110</b>

### **OPTION TO REJECT ANY AND ALL PROPOSALS**

The City reserves the right to reject any or all proposals, to waive or not waive informalities or irregularities in proposals or procedures, and to accept or further negotiate cost, terms, or conditions of any proposal determined by the City to be in the best interests of the City even though not the lowest proposal. The City reserves the right to reject incomplete proposals. At its sole discretion, the City reserves the right extend the deadline time for submission.

### **CONTACT INFORMATION**

Questions pertaining to the contents of this RFP should be directed to:

Bonnie Moore, Director  
 Department of Community Development  
 Phone: (318) 673-5901  
 E-mail: [bonnie.moore@shreveportla.gov](mailto:bonnie.moore@shreveportla.gov)

The City of Shreveport is an Equal Employment Opportunity Commission (EEOC) employer. Minorities, women, other socially disadvantaged groups, and agencies are encouraged to apply.

### **INSURANCE REQUIREMENTS**

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

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

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

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

Note: These insurance limits are subject to change.

## ATTACHMENTS

Vendor's Application Checklist

Vendor's Application

Affidavit

W-9 Form

Authorizing Resolution

Certificate of Insurance

Felony Conviction Statement

Compliance Agreement -FSC Form 1

Project Contact Sheet -FSC Form 3

Letter of Intent to Perform as a Prime Contractor and Utilize a subcontractor/subconsultant

## Vendor's Application Checklist

**Please ensure that all of the following are included with your application. Incomplete Vendor's Applications cannot be processed.**

### All Vendors

- Vendor Application ([pages 5-6](#))
- W-9 download the most recent revision here <https://www.irs.gov/forms-pubs/about-form-w-9>
- Affidavit ([page 7](#)), original notarized copy must be mailed to the address on the document.
- Proof of certification for any of the following must be provided if selected.
  - Small Business (SBE)
  - Large Business (LBE)
  - Fair Share Certified (FSC)
  - Disadvantaged Business (DBE)\*
  - Architect or Engineer (AEC)
  - Women Owned Business (WBE)

### Vendors located in Shreveport, LA

- Occupational/Business License
- Certificate of Occupancy

### Vendors Located in Caddo Parish, but outside of Shreveport, LA city limits

- Certificate of occupancy

**Information regarding obtaining or renewing an Occupational License or Certificate of Occupancy can be found here <https://www.shreveportla.gov/1607/Guidelines-for-Opening-a-Business>**



### Vendor's Application

Please email, mail, or fax completed application to:  
 City of Shreveport, Purchasing Division  
 505 Travis St, Suite 610 | Shreveport, LA 71101  
 Phone: (318) 673-5450 | Fax: (318) 673-5408 | Email: [purchasing@shreveportla.gov](mailto:purchasing@shreveportla.gov)  
[www.shreveportla.gov](http://www.shreveportla.gov)

Initial Application       Revision

Vendor/Contractor Business Name:			Federal Tax ID or S. S. Number:			Date of Application:		
Web Site Address:								
Sales (Order) Address:					Remittance Address:			
Street Address					Street Address			
City			State	ZIP	City		State	ZIP
Phone		Fax			Phone		Fax	
Email					Email			
Type of Organization: <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation DCB Ownership    % <input type="checkbox"/> Minority Ownership    %								
Type of Business or service: <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Manufacturer/Producer <input type="checkbox"/> Distributor <input type="checkbox"/> MFGR'S Agent								
(Select all that apply) <input type="checkbox"/> Retailer <input type="checkbox"/> Service Establishment <input type="checkbox"/> Wholesaler <input type="checkbox"/> Construction								
It is imperative that the commodity codes be listed on your application. These codes can be accessed on the web at <a href="http://www.shreveportla.gov/2626">www.shreveportla.gov/2626</a> . 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	
17	18	19	20	21	22	23	24	
25	26	27	28	29	30	31	32	
<b>Please check all of the classifications below that apply. Please provide proof of certification with your application.</b>								
Small Business (SBE) <input type="checkbox"/>		Large Business (LBE) <input type="checkbox"/>		Fair Share Certified (FSC) <input type="checkbox"/>		Disadvantaged Business (DBE)* <input type="checkbox"/>		Architect or Engineer (AEC) <input type="checkbox"/>

Initial Below

\_\_\_\_\_ I understand that I will need to watch for the City's ads in the legal section of *The Shreveport Times* and/or on Bidsync/Periscope 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.  
 Revised 05/17/21

Person authorized to sign bids and contracts in your name (If an agent, so specify):				Person authorized to sign bids and contracts in your name (If an agent, so specify):			
Name		Title		Name		Title	
Street Address				Street Address			
City		State	ZIP	City		State	ZIP
Phone		Fax		Phone		Fax	
Email				Email			

Person to contact on matters concerning bids and contracts:				Person to contact on matters concerning bids and contracts:			
Name		Title		Name		Title	
Street Address				Street Address			
City		State	ZIP	City		State	ZIP
Phone		Fax		Phone		Fax	
Email				Email			

**Additional Contacts**

Name		Title		Name		Title	
Street Address				Street Address			
City		State	ZIP	City		State	ZIP
Phone		Fax		Phone		Fax	
Email				Email			
Name		Title		Name		Title	
Street Address				Street Address			
City		State	ZIP	City		State	ZIP
Phone		Fax		Phone		Fax	
Email				Email			



**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

(Name) \_\_\_\_\_ authorized representative of:  
(Business Name) \_\_\_\_\_ with a Federal Tax Identification Number (EIN) of:  
(Tax ID) \_\_\_\_\_ and with a current email address of:  
(Email Address) \_\_\_\_\_ 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 05-17-2021 \*\*

Form <b>W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer                  Identification Number and Certification</b> ▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	<b>Give Form to the                  requester. Do not                  send to the IRS.</b>
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Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>																													
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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width: 25%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table> </td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 25%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table> </td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 20%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table> </td> </tr> <tr> <td colspan="5" style="text-align: center;">or</td> </tr> <tr> <td colspan="5" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 25%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table> </td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 25%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table> </td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 20%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table> </td> </tr> </table>	<b>Social security number</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table>		-	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table>		-	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table>		or					<b>Employer identification number</b>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table>		-	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table>		-	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table>	
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<b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																													

<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<b>Certification instructions.</b> 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 for Part II, later.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

### AUTHORIZING RESOLUTION

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

Be it resolved by the Board of Directors or \_\_\_\_\_ 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						
	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	\$
			Policy endorsed for Subrogation Waiver	Yes	No	DISEASE-POLICY LIMIT	\$
						DISEASE-EACH EMPLOYEE	\$
	OTHER						\$
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:		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

## FELONY CONVICTION STATEMENT

This document should be furnished with your proposal. Failure to submit at the specified time may result in the proposal being declared as non-responsive.

Bid Number: \_\_\_\_\_

**By signing this document in accordance with La. R.S. 38:2227, the appearer, as a proposer on the above project, does hereby attest that:**

1.0 No sole proprietor or individual partner, incorporator, director, manager, officer, organizer, or member who has a minimum of a ten percent (10%) ownership in the bidding entity named below has been convicted of, or has entered a plea of guilty or nolo contendere to any of the following state crimes or equivalent federal crimes:

1.1 Public bribery (R.S. 14:118)

1.2 Extortion (R.S. 14:66)

1.3 Corrupt influencing (R.S. 14:120)

1.4 Money laundering (R.S. 14:23)

2.0 Within the past five years from the project proposal date, no sole proprietor or individual partner, incorporator, director, manager, officer, organizer, or member who has a minimum of a ten percent (10%) ownership in the proposing entity named below has been convicted of, or has entered a plea of guilty or nolo contendere to any of the following state crimes or equivalent federal crimes, during the solicitation or execution of a contract or proposal awarded pursuant to the provisions of Chapter 10 of Title 38 of the Louisiana Revised Statutes:

2.1 Theft (R.S. 14:67)

2.2 Identity Theft (R.S. 14:67.16)

2.3 Theft of a business record (R.S.14:67.20)

2.4 False accounting (R.S. 14:70)

2.5 Issuing worthless checks (R.S. 14:71)

2.6 Bank fraud (R.S. 14:71.1)

2.7 Forgery (R.S. 14:72)

2.8 Contractors; misapplication of payments (R.S. 14:202)

2.9 Malfeasance in office (R.S. 14:134)

If evidence is submitted substantiating that a false attestation has been made and the project must be readvertised or the contract cancelled, the awarded entity making the false attestation shall be responsible to the public entity for the cost of rebidding, additional costs due to increased cost of proposal and any and all delay costs due to the readvertisement or cancellation of the contract.

**And, executes this document as:**

Company Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

By: \_\_\_\_\_

Signature of Authorized Owner or Representative

Title

Date

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Fax to: 318-673-5408

OR Email to:

(12-05-17)

## CITY OF SHREVEPORT

### Section 40-Fair Share Requirements (Revised 11-10-2020)

Applies to IFB, RFP, RFS, and RFQ Documents except when a Commodity Purchase or if for the Airport.

- 1.0 **DEFINITIONS**
- 1.1 **Bid**-shall mean bid for IFBs, proposal for RFPs, and quote for RFQs.
- 1.2 **Contractor**-shall mean prime contractor for IFBs, RFPs, and RFQs. For RFSs, **Contractor** shall mean Prime Consultant.
- 1.3 **Offeror**-shall mean a person who submits an RFP.
- 1.4 **Subcontractor**-shall mean subcontractor for IFBs, and RFQs. For RFSs, Subcontractor shall mean Sub consultant.
- 1.5 **FSC**-is Fair Share Certified (specific to City-Funded Projects and included in the Fair Share computation). **Fair Share Certification applications may be obtained as follows:**
- 1.6 Contact Jeanetta Scott... 318-673-5060
- 1.6.1 Fair Share Office
- 1.6.2 505 Travis Street, Suite 260
- 1.6.3 Shreveport, LA 71101
- 1.6.4 FSC Application Affidavits maybe downloaded at::  
[http://www.shreveportla.gov/fair\\_share/pdf/Fairshare\\_download.pdf](http://www.shreveportla.gov/fair_share/pdf/Fairshare_download.pdf)
- 1.7 **DBE-is** Disadvantaged Business Enterprise (specific to Federally-funded Projects - generally FAA, DOTD or FTA projects).
- 1.8 **S/DBE-is** Small Disadvantaged Business Enterprise (again, specific to Federally-Funded Projects - a group that is defined by the Government as "presumptively disadvantaged" by provisions of CFR 49). **DBE applications may be obtained as follows:** <http://www8.dotd.louisiana.gov/UCP/UCPdownloads.aspx>
- 1.9 MBE-is Minority Business Enterprise. The designation of MBE is obtained through the submission of a Vendor's Application that can be obtained through the Purchasing Office. Vendor Applications may be downloaded at: <http://www.shreveportla.gov/bid/section800.htm>
- 2.0 PURPOSE OF THE PROGRAM
- 2.1 The City of Shreveport has implemented this program to ensure that their **construction and service** contracts provide employment and growth opportunities for small disadvantaged businesses.
- 2.2 Therefore, when the goal has not been met, prime contractors are required to submit proof showing that good faith efforts have been made to contract with FSC, S/DBE or DBE subcontractors.
- 2.3 All efforts must be documented.
- 2.4 Direct commodity purchases made by the City are exempt from the program.
- 3.0 FAIR SHARE CONTRACT CLAUSES
- 3.1 The following Fair Share Contract Clauses and Good Faith Effort Requirements are only a small part of the Fair Share Program.
- 3.1.1 The Fair Share Program full text and forms that will be needed are posted in the Purchasing Office, or available upon request, or available on our web site at [www.shreveportla.gov](http://www.shreveportla.gov), and are incorporated by reference in all solicitation documents with the same force and effect as if set forth in full text.
- 3.1.2 ANY DEVIATIONS FROM THE FAIR SHARE REQUIREMENTS LISTED HEREIN MUST BE CLEARLY IDENTIFIED WITH EACH SOLICITATION RESPONSE.
- 3.1.3 PLEASE CALL THE FAIR SHARE OFFICE AT (318) 673-5060 OR THE PURCHASING DIVISION AT (318) 673-5450 IF YOU HAVE ANY QUESTIONS.
- 3.2 Prompt Payment Clause

- 1.1.1 The City of Shreveport will, after acceptance of goods or services and the receipt of a proper invoice from the contractor, process request for payment, said payment to be paid within thirty (30) days.
- 1.1.2 Prime contractors shall then be required to ensure payment is made to any designated small or disadvantaged business (subcontractors), within fifteen (15) business days of receipt of payment to the prime contractor from the City.
- 1.1.3 Upon satisfactory completion of a contract, the City and/or prime contractor will ensure that any retainage payments are returned within thirty (30) business days.
- 1.1.4 Failure to comply with the terms of this requirement may be grounds for termination of the contract by the City.
- 1.2 **Affirmative Action Clause**
- 1.2.1 The contractor, sub recipient, or subcontractor shall not discriminate on the basis of race, color, national origin, or sex in the performance of this contract.
- 1.2.2 The contractor shall carry out applicable requirements of the appropriate funding guidelines for each contract. Failure by the contractor to carry out these requirements is a material breach of the contract which may result in the termination of this contract or such other remedy as the City deems appropriate.
- 1.3 **Participation of Small Disadvantaged Business Concerns**
- 1.3.1 It is the policy of the City of Shreveport that all prime contractors and service providers utilize qualifying small disadvantaged business concerns.
- 1.3.2 The City has set a goal of 25% for participation of these said business concerns in all City-let contracts and/or purchases.
- 1.3.3 Specific goals are set on federally funded contracts as determined by the regulating federal agency and language to that effect shall be included in those contracts.
- 1.3.4 Failure by a contractor or service provider to include these designated businesses could constitute breach of contract and result in remedial action.
- 1.3.4.1 Assurance of utilization of FSC, S/DBE, and DBE subcontractors is given through FSC FORM 4, Letter of Intent.
- 1.4 **Subcontractor Payment Certification**
- 1.4.1 Every contract by the City for the performance of work will contain a provision requiring the prime contractor to certify in writing that all subcontractors and suppliers have been paid for work and materials from previous progress payments received (less any retainage) by the prime contractor prior to receipt of any further progress payments.
- 1.4.2 In the event a contractor is unable to pay subcontractors or suppliers until it has received a progress payment from the City, the prime contractor shall pay all subcontractors or suppliers funds due, from said progress payments within forty-eight hours of receipt of payment from the City.
- 1.4.3 During the contract and upon completion of the contract, the City may request documentation to certify payments to subcontractors or suppliers. This provision in no way creates any contractual relationship between any subcontractor and the City or any liability on the City for the contractor=s failure to make timely payment to the subcontractor.
- 1.5 Fair Share Certified (FSC), S/DBE or DBE PARTICIPATION-GOOD FAITH EFFORT REQUIREMENTS
- 1.6 PRE-BID EFFORTS REQUIRED REGARDING S/DBEs or DBEs
- 1.7 Bidders are **required** to contact, and make good faith efforts to contract with City and Louisiana Unified Certification Program (LAUCP) Certified FSC, S/DBE or DBE firms for each division of work identified in these documents which will be performed by a subcontractor.
- 1.8 A list of FSC, S/DBE or DBE contractors specializing in the divisions of work identified for subcontracting on this project can be found at the following Web Sites...City Projects: <http://www.shreveportla.gov/Forms/Fairshare/index.asp> Federal Projects: <http://www8.dotd.louisiana.gov/ucp/>
- 1.9 These requirements are contractual obligations and are included in all contracts.
- 1.10 Failure to comply may result in a finding of breach of the contract, disqualification of the bidder to bid on future contracts, or a claim for damages.

- 1.1 Who to contact
- 1.1.1 For each division of work identified in these documents that will be performed by a subcontractor, Bidders must contact:
- 1.1.2 Every FSC, S/DBE or DBE firm that attended the pre-bid meeting (if one was held) which specializes in a division of work that will be subcontracted, and
- 1.1.3 In addition to the above, a minimum of five (5) other FSC, S/DBE or DBE firms.
- 1.1.4 If there are less than 5 firms listed for a particular division of work, all of the subcontractors in that division must be contacted.
- 1.2 When to contact
- 1.2.1 All Bidders must provide project information to FSC, S/DBE, or DBE firms in sufficient time to permit the firm to have an equal opportunity to compete for work that the successful bidder will subcontract together with the date and time that subcontractor's bids are due.
- 1.2.2 The first documented contact with each FSC, S/DBE, or DBE firm must be at least seven (7) working days before bid opening.
- 1.3 How to contact
- 1.3.1 First contact: Bidders shall contact FSC, S/DBE or DBE subcontractors by letter or fax to advise them of potential subcontracting opportunities.
- 1.3.2 Follow-up: Bidders shall follow up with telephone calls to each FSC, S/DBE, or DBE firm contacted to determine if a bid will be submitted or if further information is required.
- 1.3.3 A firm need not be contacted if that firm responds to the first contact with a statement that the firm will not bid on this project.
- 1.4 What information must be provided
- 1.4.1 **The apparent lowest construction/service provider bidder shall be required to complete/submit Fair Share Forms 1 through 4 within 72 hours after notification. If additional information is needed, it must be turned in within 24 hours or the bid will be declared as non-responsive when additional time is not approved by the Fair Share office.**
- 2.0 **ADDITION/REPLACEMENT OF SUBCONTRACTORS AFTER SUBMISSION**
- 2.1.1 The successful bidder will not be permitted to add or replace a subcontractor without the consent of the DBE Compliance Manager and/or the Fair Share Office and the Originating Department.
- 2.1.2 If any subcontractor is added or replaced after the contract award, the contractor shall make good faith efforts to contract with another FSC, S/DBE, or DBE for the work to be performed by that subcontractor.
- 2.1.3 Documentation of these efforts is required, and must be submitted to the Purchasing Agent and the Fair Share Office **on FSC FORM 2.**
- 3.0 **DOCUMENTATION OF GOOD FAITH EFFORTS**
- 3.1 **FAIR SHARE DOCUMENTS TO BE SUBMITTED BY THE APPARENT LOWEST CONSTRUCTION/SERVICE PROVIDER BIDDER.**
- 3.1.1 **COMPLIANCE AGREEMENT-FSC FORM 1.** Submit completed **FSC FORM 1.**
- 3.1.2 **UTILIZATION/CONTRACT TRACKING-FSC FORM 2.** Submit **FSC FORM 2** showing all subcontractors/all sub-subcontractors to be used on this contract and use for any changes also. **Note:** Construction Bidders, including 100% Fair Share/DBE, must turn in this form showing all subcontractors to be used on this contract.
- 3.1.3 **PROJECT CONTACT SHEET-FSC FORM 3.** Submit **FSC FORM 3** showing a completed log of contacts with FSC, S/DBE, or DBE firms.
- 3.1.4 **LETTER OF INTENT-FSC FORM 4.** Submit a signed **FSC FORM 4**, Letter of Intent indicating FSC, S/DBE and DBE Subcontractors and Sub-Subcontractors along with the scope of work to be performed and price/cost of goods or services to be performed by the Subcontractor. There must be a separate Letter of Intent for each FSC, S/DBE or DBE Subcontractor or Sub-subcontractor. This **letter of Intent** must be submitted within 72 hours of the bidder being designated as "the apparent lowest construction/service provider bidder", or his/her bid **will** be declared non-responsive.

- 1.1.1 Failure to submit these documents shall make a bid non-responsive and the apparent lowest bidder ineligible to receive an award of the contract.
- 1.1.2 The Purchasing Agent and/or the DBE Compliance Manager and/or the Fair Share Office shall have the right to seek clarification to assure good faith effort compliance.
- 2.0 **DOCUMENTS TO BE SUBMITTED AFTER CONTRACT AWARD.**
- 2.1.1 **MONTHLY SUBCONTRACTOR PAYMENT UTILIZATION REPORT-FSC FORM 5:** All subcontractors (including FSC, S/DBE, or DBE firms) and second tier subcontractors shall be reported on the FSC FORM 5as well as contract amounts and payments.
- 2.1.2 **Copy of letter or fax sent to FSC, S/DBE, or DBE firms:** *When requested, provide one copy of the letter or fax sent to FSC, S/DBE or DBE firms to solicit bids for this project. If more than one form of letter or fax was sent, submit a copy of each form sent.*
- 2.2 **Optional Good Faith Efforts**
- 2.2.1 Contractors should consider efforts such as:
- 2.2.2 Did the contractor advertise in general circulation, trade association, and small disadvantaged-focus media concerning subcontracting opportunities?
- 2.2.3 Did the contractor provide written notice to a reasonable number of specific FSC, S/DBEs, or DBEs that interest in the contract was being solicited, in sufficient time to allow the FSCs, S/DBEs, or DBEs to participate effectively? (NOTE: It is recommended that certified mail be used to provide documentation).
- 2.2.4 Did the contractor follow up initial solicitations of interest by contacting FSC, S/DBEs or DBEs to determine certainty whether the FSCs, S/DBEs or DBEs were interested?
- 2.2.5 Did the contractor select portions of the work to be performed by FSCs, S/DBEs, or DBEs, including, where appropriate, breaking down contracts into economically feasible units to facilitate participation?
- 2.2.6 Did the contractor provide interested FSCs, S/DBEs, or DBEs with adequate information about the plans, specifications, and requirements of the contract?
- 2.2.7 Did the contractor negotiate in good faith with interested FSCs, S/DBEs, or DBEs, not rejecting them as unqualified without sound reasons based on a thorough investigation of their capabilities?
- 2.2.8 Did the contractor make efforts to assist interested FSCs, S/DBEs, or DBEs in obtaining bonding, lines of credit, or insurance required by the recipient or contractor?
- 2.2.9 Did the contractor effectively utilize the services of available community organizations; contractors' groups; local, state, and federal business assistance offices; and other organizations that provide assistance in the recruitment and placement of FSCs, S/DBEs, or DBEs?

---

END

## City of Shreveport

# COMPLIANCE AGREEMENT-FSC FORM 1

Bid Number: \_\_\_\_\_ (Revised 9-10-07)

**By signing this document, the bidder hereby certifies, understands, and affirms that:**

- 1.0 It has not discriminated against any FSC, S/DBE, or DBE firms in awarding subcontracts for this project.
- 2.0 The good faith efforts requirements are contractual obligations that must be fulfilled whether or not listed on these forms.
- 3.0 **The apparent lowest construction/service provider bidder shall be required to complete/submit Fair Share Forms 1 through 4 within 72 hours after notification. If additional information is needed, it must be turned in within 24 hours or the bid will be declared as non-responsive when additional time is not approved by the Fair Share office.**
- 4.0 Failure to provide information may result in a loss of the bidder's bid bond.
- 5.0 Replacement of a subcontractor during contract performance without: a) obtaining the prior written consent of the DBE Compliance Manager and/or the Fair Share Office and the originating department; and b) subsequent good faith efforts in selection of a replacement; is prohibited and a breach of contract. **See UTILIZATION/CONTRACT TRACKING-FSC FORM 2 AS REQUIRED FOR ALL SUBS/SUB of SUBS.**
- 6.0 Consideration was given to waiving bonding requirements for FSC, S/DBE, or DBE subcontractors.

**And, Executes this Compliance Agreement as:**

Company Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

By: \_\_\_\_\_  
Signature of Authorized Owner or Representative                      Title                      Date

Print Name: \_\_\_\_\_

**City of Shreveport**  
**PROJECT CONTACT SHEET-FSC FORM 3**  
 (Revised 8-30-07)

Name of Project: \_\_\_\_\_ Bid Number: \_\_\_\_\_  
 \_\_\_\_\_

Bidder's \_\_\_\_\_ Name: \_\_\_\_\_  
 \_\_\_\_\_

Bidders should record their contacts with potential FSC or DBE subcontractors through use of this log. Additional forms may be copied if needed.

Name of Subcontractor	Type of Contact(s)	Date & Time of Contact	Person making/receiving call or other communications	Contact made? Yes/No	Quote received Amount (\$)	Quote accepted Or rejected?	Comments



**Bid # \_\_\_\_\_ PROJECT# \_\_\_\_\_ FSC FORM 4**

**Fair Share / Disadvantaged Business Enterprise Compliance Management**

**LETTER OF INTENT TO PERFORM AS A PRIME CONTRACTOR AND  
UTILIZE A SUBCONTRACTOR/SUBCONSULTANT**

[NOTE: Pursuant to the City of Shreveport's Fair Share Program for Equal Business Opportunity, established by Ordinance No. 105, 1999, 7-27-99, DBE firms participating in the Program must have current certification status prior to award of a contract where they are counted towards subcontracting participation. If the City of Shreveport determines that a firm is not an eligible DBE firm, that firm is advised to immediately submit a completed certification application to the State of Louisiana, Department of Transportation and Development, LAUCP Section, P.O. Box 94245, Baton Rouge, LA 70804-9245 for consideration on subsequent projects.

1. Name of Project \_\_\_\_\_
2. Name of offeror/prime contractor \_\_\_\_\_
3. The undersigned is prepared to perform the following described work and/or supply the material listed in connection with the above project (where applicable specify "supply" , "install" or "perform particular services"):  
\_\_\_\_\_

\_\_\_\_\_ at the price of \$ \_\_\_\_\_

\_\_\_\_\_  
(Name of DBE/FSC Firm) (Date)

\_\_\_\_\_  
Circle one (Owner/Authorized Agent of DBE/FSC firm) Type or Print Name (Signature of Owner or Authorized Agent of DBE /FSC Firm)

\_\_\_\_\_  
(Phone Number) (Fax Number)

**AFFIDAVIT OF PRIME CONTRACTOR**

I HEREBY DECLARE AND AFFIRM that I, \_\_\_\_\_ am the duly authorized representative of  
(Circle one-Owner/Authorized Agent)

\_\_\_\_\_ and that I have personally reviewed the material and  
**Name of Prime Contractor**

facts set forth in this Letter of Intent to Perform. To the best of my knowledge, information, and belief, the facts in this form are true, and no material facts have been omitted.

Pursuant to the City of Shreveport Ordinance, No. 105, 1999, 7-27-99, Sec. 2-414, Intentional failure by a contractor or service provider to include these designated businesses could constitute breach of contract and result in remedial action. Further, any person [entity] who makes a false or fraudulent statement in connection with participation of a **DBE** or **FSC** in any City of Shreveport contract may be referred for debarment procedures from subsequent contracts with the City of Shreveport.

I do solemnly swear or affirm that the signatures contained herein and the information provided by the Prime Contractor are true and correct, and that I am authorized on behalf of the Prime Contractor to make this affidavit.

\_\_\_\_\_  
Circle One (Owner/ Authorized Agent) Type or Print Name (Name of Prime Contractor company/firm -Print or Type)

\_\_\_\_\_  
(Signature of Owner or Authorized Agent) (Date)

\_\_\_\_\_  
(Phone Number) (Fax Number) (Revised 8-30-07)