



**CITY OF SHREVEPORT  
2022 STATEMENT OF QUALIFICATIONS (SOQ)  
PROFESSIONAL SERVICES**

---

<b>AGENCY:</b>	City of Shreveport
<b>ACTION:</b>	Professional Services
<b>DATE ISSUED:</b>	Tuesday, May 24, 2022

**ANNOUNCEMENT**

The City of Shreveport, Department of Community Development is seeking firms to develop a HOME-ARP allocation plan for submission to HUD as a substantial amendment to the Participating Jurisdiction's (PJ) Fiscal Year 2021 annual action plan. The allocation plan must meet the requirements established in CPD Notice-21-10 as well as all applicable fair housing, civil rights, and nondiscrimination requirements, including but not limited to those requirements listed in 24 CFR 5.105 (a). This includes, but is not limited to, the Fair Housing Act, Title VI of the Civil Rights Act, section 504 of Rehabilitation Act, HUD's Equal Access Rule, and the Americans with Disabilities Act, as applicable.

The American Rescue Plan (ARP) provides \$5 billion to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability across the country. These grant funds will be administered through HUD's HOME Investment Partnerships Program (HOME).

HOME ARP funds can be used for four eligible activities: 1) Production or preservation of Affordable Housing 2) Tenant-Based Rental Assistance (TBRA) 3) Supportive Services, Homeless Prevention Services, and Housing Counseling 4) Purchase and Development of non-congregate shelters.

**SCOPE OF WORK**

The selected respondent will be expected to coordinate with the City in the following phases of the Allocation Plan Process including:

1. Organizing and compiling all necessary information from the public participating phase of the process;
2. Conducting a needs assessment and gap analysis to evaluate size and demographic composition of qualifying populations to assess unmet needs and identify gaps within current shelter, housing inventory and service delivery systems;
3. Recommending HOME-ARP activities based on the results of the public participation process and needs assessment;
4. Developing the Allocation Plan schedule;

5. Developing the Allocation Plan in compliance with all applicable HOME-ARP regulations and guidance.

**The HOME-ARP allocation plan must include:**

- A summary of the consultation process and results of upfront consultation;
- A summary of comments received through the public participation process and a summary of any comments or recommendations not accepted and the reasons why;
- A description of HOME-ARP qualifying populations within the jurisdiction;
- An assessment of unmet needs of each qualifying population;
- An assessment of the current resources available to assist qualifying populations;
- An assessment of gaps in housing and shelter inventory, homeless assistance and services, and homelessness prevention service delivery system;
- An assessment of priority needs for each qualifying population;
- A summary of the planned use of HOME-ARP funds for eligible activities based on the unmet needs of the qualifying populations;
- An estimate of the number of housing units for qualifying populations the PJ will produce or preserve with its HOME-ARP allocation; and
- A description of any preferences for individuals and families in a particular qualifying population or a segment of a qualifying population. All the above required elements of the HOME-ARP allocation plan shall be part of the FY 2021 annual action plan for purposes of the HOME-ARP program. Consequently, PJs are not required to amend their consolidated plans.

This SOQ must include a brief history of the firm or organization and a resume' of each person in the office who will be assigned to the project; narrative of qualifications resources committed to the project; strategies for public participation or consensus building; strategies and methodologies for managing the study; a listing of sub-consultants (if applicable); references including a listing of governmental bodies for which the respondent has been under contract and a similar project reference list

**Respondents must have a minimum of five (5) years' experience in assisting jurisdictions with comprehensive planning. Those interested must be an independent party, and the agency must not reflect any real or apparent conflict of interest with the City of Shreveport.**

**I. Agency Information**

- A. Name, address, telephone number, facsimile number, contact person
- B. Years of experience
- C. Type of organization
- D. Narrative of firm/team qualifications
- E. Resources (staff, equipment, materials to be committed to this project)
- F. Strategies and methodologies
- G. Project approach and plan

**II. List of Sub-Consultants (if applicable)**

- A. Names, Education, Experience, and Qualifications

**III. References**

- A. A list of governmental agencies for which the respondent has been undercontract
- B. Summary and description of similar projects completed by respondent.

A selection committee will review all submissions. All responses will be evaluated on the basis of the information requested. They will be scored and ranked with the highest rating being awarded a contract. Evaluation criteria is as follows:

1. Respondents qualifications, experience and references (15 pts.)
2. Project approach and plan (15 pts.)
3. Cost Proposal (15 pts.)
4. Demonstration of good faith effort to secure Disadvantaged Business Enterprise (DBE) participation, including but not limited to small, minority owned, and women owned businesses (5 pts.)

**TOTAL: 50 PTS.**

In the event of a tie, the most qualified respondent whose SOQ 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.

These funds are administered by the City of Shreveport and made available by the U. S. Department of Housing and Urban Development.

### **ADDITIONAL INFORMATION**

The City reserves the right to award the contract with or without further discussion on the statements submitted. The City also reserves the right to reject and/or accept any and all statements received or parts thereof. The City retains the right to waive any minor irregularities in any statements submitted.

All statements will become public information and part of the official file on this matter without obligation to the city. The statements will be public information.

This solicitation does not commit the City to pay any costs incurred in preparing your response to this solicitation.

### **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.

## **INSURANCE REQUIREMENTS**

Applicants must provide proof of insurance available upon notification of funding.

Coverage must be always in full force and effect. Such insurance at a minimum must include the following coverage and limits of liability:

A. Commercial General Liability	
Combined Single Limit	\$1,000,000
Per Occurrence	\$1,000,000
B. Commercial Auto Liability Insurance	\$ 500,000
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 right of recovery or subrogation against the City, its officers, agents or employees and its insurance companies.

Proof that such insurance coverage exists shall be furnished to the City by means of Certificate of Insurance before any award of funding is disbursed and services are commenced. **The said Certificate shall name the City as an additional insured.**

Note: These insurance limits are subject to change.

## **SUBMISSION REQUIREMENTS**

**DATES: One original completed application must be received by 5:00 p.m., Monday, June 6, 2022. SOQ’s may be submitted by one of the following options:**

Option 1 – Electronic Submission: respondent may submit one (1) complete electronic copy (PDF format only) of their submission via email to the Department of Community Development ([cdproposals@shreveportla.gov](mailto:cdproposals@shreveportla.gov)), with a subject line entitled “SOQ-HOME-ARP Plan”

Option 2 – hand delivered to the attention of Ms. Bonnie Moore, Director, Department of Community Development, 401 Texas Street (First Floor), Shreveport, LA 71101, or mailed to Post Office Box 31109, Shreveport, LA 71130, also to the attention of Ms. Bonnie Moore.

**APPLICATIONS MAY NOT BE SENT BY FACSIMILE (FAX)**

## VI. 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

## 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: (Select all that apply)	<input type="checkbox"/> Architect/Engineer	<input type="checkbox"/> Manufacturer/Producer	<input type="checkbox"/> Distributor	<input type="checkbox"/> MFGR'S Agent
	<input type="checkbox"/> Retailer	<input type="checkbox"/> Service Establishment	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Construction

It is imperative that the commodity codes are listed on your application. These codes can be accessed on the web at [www.shreveportla.gov/2626](http://www.shreveportla.gov/2626). 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

Please check all of the classifications below that apply. Please provide proof of certification with your application.					
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"/>

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 the 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.**

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> 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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is 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 *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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

### Part II Certification

Under penalties of perjury, I certify that:

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

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

- 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>CERTIFICATE OF INSURANCE</b>	<b>City of Shreveport</b>
---------------------------------	---------------------------


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

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

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

CO LTR #	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE \$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG \$
	CLAIMS MADE OCCUR	Coverage included for XCU hazards		Yes No	PERSONAL & ADV INJURY \$
	OWNERS & 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				
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				
	HIRED AUTOS				BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS	Policies endorsed for mandatory 30 day notice provision	Yes	No	
		Policy endorsed for Subrogation Waiver	Yes	No	PROPERTY DAMAGE \$
		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)

# 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.



# 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: \_\_\_\_\_

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

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





**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) \_\_\_\_\_

