



CITY OF SHREVEPORT
2022 Notice of Funding Availability (NOFA)
Community Development Block Grant (CDBG)
Public Facilities

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CITY OF SHREVEPORT
2022 Notice of Funding Availability (NOFA)
Community Development Block Grant (CDBG)
Public Facilities and Improvements/Capital Projects
CFDA Number: 14.218
Federal Award Number:

DEPARTMENT: Community Development

ACTION: Notice of Funding Availability (NOFA) Guidelines

DATE ISSUED: **June 13, 2022**

NOFA DEADLINE: **July 1, 2022**

I. INTRODUCTION:

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

Acquisition, construction, reconstruction, rehabilitation and improvements of public facilities that promote a public benefit are eligible activities under this NOFA.

Examples of eligible activities may include the acquisition, construction or rehabilitation of homeless shelters, centers for seniors, persons with disabilities, youth, community, workforce development, child care and healthcare and historic preservation properties. Public facilities improvements may include: security lighting and cameras, greenspace development and other and improvements that have significant public benefit. Housing projects and requests for facility

operating costs will not be eligible for consideration under this NOFA.

The City reserves the right to utilize other funding sources to fund your project, if it is deemed feasible. The funding amount, terms and conditions of assistance provided will vary depending upon the needs outlined in each proposal and the availability of funding.

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

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

- (1) Benefit low-and -moderate-income persons LMI).
 - Area benefit activities (19 targeted neighborhoods);
 - Limited clientele activities;
 - Housing activities; or
 - Job creation or retention activities (limited to facilities only)
- (2) Aiding in the prevention or elimination of slums or blight, or
- (3) Addressing a community development need that threatens the health and welfare of the community which has a particular urgency and for which other financial resources are not available.

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

You may access this NOFA by going to shreveportla.gov and clicking on Government → Community Development → Bids & RFPs (left side).

THE GRANT PERIOD FOR FUNDING IS JULY 1, 2022 THROUGH JUNE 30, 2023.

II. SUBMISSION REQUIREMENTS

DATES: The City of Shreveport, Department of Community Development, must be in receipt of the proposal complete with all attachments, on or before July 1, 2022.

Applications that arrive after the deadline will not be accepted.

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

Diskettes and facsimiles will not be accepted.

**SUBMISSION
OPTIONS:**

OPTION 1- ELECTRONIC SUBMISSION: Respondents may submit one (1) complete electronic copy (PDF format only) of their submission via email to the Department of Community Development (cdproposals@shreveportla.gov), with a subject line entitled:

2022 CDBG – Public Facilities

Original proposal documents should be retained, as they may be requested following submission.

OPTION 2- ORIGINAL SUBMISSION: Three (3) copies of submission and all attachments may be hand delivered to the attention of Ms. Bonnie Moore, Director, Department of Community Development, 401 Texas Street (First Floor), Shreveport, LA 7110, (318) 673-5900 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).

WORKSHOP:

A virtual informational workshop will be held at 3:00 p.m. on **June 24, 2022**. Instructions for joining the virtual workshop will be posted on the City of Shreveport's Department of Community Development's website. Interested organizations are strongly encouraged to participate in the workshop. The workshop is not mandatory, but applicants will be held responsible for all information presented.

AMENDMENTS:

If it becomes necessary to revise any part of the NOFA, all amendments will be provided in writing to all applicants. Requests for additional information related to this NOFA must be made in writing and directed to Cathy Mitchell, Grant Administrator at cathy.mitchell@shreveportla.gov. This will allow issuance of any necessary amendment to the NOFA.

FORMAT:

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

DISCLAIMER:

All proposals submitted become the property of the City of Shreveport. By submittal of a proposal, acknowledges that all proposals may be considered public record in accordance with the Public Records Law of the State of Louisiana. Subject to award of this contract, all or part of any submittal may be released to any person or firm who may request it. Therefore, Respondents shall specify in their proposal response if any portion of their submittal should be treated as proprietary and not

releasable as public information. Proposers should be aware that all such requests may be subject to legal review and challenge. Any information considered proprietary should be indicated as such or not included in the response.

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

III. MANDATORY REQUIREMENTS

A. Eligible Applicant

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

B. Low-to-moderate Income Household

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

2022 HUD Income Guidelines

Family Size	Very Low (50%)	Low (80%)
1	\$22,950.00	\$36,700.00
2	\$26,200.00	\$41,950.00
3	\$29,500.00	\$47,200.00
4	\$32,750.00	\$52,400.00
5	\$35,400.00	\$56,600.00
6	\$38,000.00	\$60,800.00
7	\$40,650.00	\$65,000.00
8	\$43,250.00	\$69,200.00

New income guidelines are expected in June 2022. All CDBG recipients will be required to update any forms used to collect beneficiary information whenever new guidelines become available.

C. Targeted Neighborhoods

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

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

D. Cost Elements

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

E. Match Requirements

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

F. Site Control

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

G. Certified Contractors

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

H. Timeline

All contracts must be executed no later than 30-days after the grant award. All licenses, permits, and inspections must be obtained no later than 60 days of the grant award. The construction phase must begin within 90 days after the implementation of the contract. Construction must be complete within 12 months of the grant award.

IV. PERFORMANCE MEASUREMENT/OUTCOMES:

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

Outcome 1. Availability/Accessibility - This outcome applies to proposals that make services, infrastructure, shelter or jobs available or accessible to extremely low- and low/moderate-income people, including persons with disabilities.

Objective:

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

Outcome 2. Affordability - This outcome applies to proposals which provide affordability in a variety of ways in the lives of extremely low-, very low- and low/moderate- income people.

Objective:

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

Outcome 3. Sustainability/Promoting Livable or Viable Communities - The outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally extremely low-, very low- and low/moderate-income people or by removing or eliminating or blighted areas.

Objective:

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

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

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

V. GENERAL REQUIREMENTS

A. Affirmative Marketing Strategies

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

B. Labor Standards

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

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

C. Conflict of Interest

No employee, board member, officer, agent, consultant, elected official, or appointed official of the recipients or sub-recipients that are receiving funds under a CDBG-assisted project who have responsibilities with respect to the CDBG activities or are in a position to participate in decision making processes or have access to inside information with regard to the activities, can obtain a financial interest or benefit from a CDBG assisted activity during their tenure or for one year thereafter (Federal Regulation 24 CFR 570.611). Agencies should maintain a written code of standards of conduct governing the purchase of materials, product, supplies, services, and awarding and administering sub-recipient contracts.

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

D. Civil Rights Compliance

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

E. Minority and Women-Owned Enterprises

The application will use its best efforts to afford minority and women-owned business

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

F. Employment Restrictions/Prohibited Activity

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

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

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

G. OSHA

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

H. Section 504

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

I. Equal Employment Opportunity

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

J. Relocation

The applicant will take all reasonable steps to minimize the displacement of persons. If the applicant has a project that involves relocation, the cost of relocation must be a part of the project, and the applicant must submit a relocation plan to the City. A displaced person must be provided relocation assistance at the levels described in, and in accordance

with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) (42 U.S.C. 4201-4655) and 49 CFR Part 24.

K. Indemnification

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

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

L. Licenses, Permits, and Compliance

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

M. Environmental

The applicant shall determine the level of clearance required for all projects in accordance with 24 CFR Part 50 and 58. The applicant shall also conduct the environmental reviews and clearances for all program activities in conjunction with all eligible properties.

N. Asbestos Testing

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

O. Section 3

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

P. Insurance

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

- (a) **Commercial General Liability Insurance** in an amount not less than a combined single limit of \$1,000,000 per occurrence and \$1,000,000 annual aggregate. **This policy must be endorsed to name the City as an additional insured.** It is the intent of the City that the policy coverage should not be limited by an annual aggregate limitation. If this policy is to be limited by an aggregate annual limitation, the aggregate limitation shall not be less than \$2 Million otherwise **Subrecipient** must provide a \$1,000,000 per project aggregate applicable for the project specified in this agreement.
- (b) **Commercial Auto Liability Insurance**, including hired, rented or non-owned automobiles, in an amount not less than \$500,000 combined single limit **This policy must be endorsed to name the City as an additional insured.**
- (c) **Workers' Compensation Insurance** as required by the laws of the State of Louisiana and Employer's Liability Insurance in a minimum amount of \$1,000,000. This policy shall contain an Other States Coverage Endorsement. When required by the City, this policy shall also be endorsed to include coverage required by the United States Longshoreman and Harbor Workers' Compensation Act and Maritime Coverage. The certificate of insurance required by section C, below, must have the following statement shown in the remark section: This policy for workers' compensation protects all members of the insured organization, including an employer a sole proprietor, a partner or bona fide officer of the insured organization, and all employees.

VI. PROJECT SUMMARY/INFORMATION

Name of Project _____

Amount Requested \$ _____ (MINIMUM REQUEST: \$25,000)

Amount of Matching Funds \$ _____

Project Description: _____

Project Address: _____

Legal Name of Agency: _____

Address: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Fax Number: _____

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

*DUNS Number: _____ E-Mail Address: _____

Submitted by: _____ Title: _____

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

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

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

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

PRINTED NAME

TITLE

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

For Internal Use:

Approved or denied _____ Awarded funds \$ _____ Contract award date _____

THE FOLLOWING STEP-BY-STEP GUIDE IS PROVIDED TO HELP APPLICANTS COMPLETE THE PUBLIC FACILITIES PROPOSAL FORM.

VII. PROPOSAL OUTLINE

A. Proposal Format

Your application must be formatted as outlined below. **Proposals that are not submitted in the following format may not be reviewed.**

1. Handwritten applications will not be reviewed.
2. All sections and narrative questions must be labeled.
3. The checklist provided must be completed and submitted with the application.
4. Required and supporting documents and attachments must be labeled.
5. In addition to full completion of all proposal sections, all required attachments must be included at the time of submission.

PROPOSAL SECTIONS

B. General Narrative

1. Clearly and concisely summarize your request for funding, including:
 - a. Total cost of project,
 - b. Funds already committed and the amount requested under this proposal.
 - c. A brief description of the client target population to be served by the project and the total number of persons to be served.
2. Please describe how your project meets one of HUD's national objectives as well as the goals and objectives of the Consolidated Strategy Plan.
3. Describe how CDBG dollars will be utilized for the project. Explain the need for this project; how it will fill a gap in services, and how this project will benefit the overall community.
4. Outcomes and objectives should be results oriented, specific, and measurable. Each outcome and specific objective should include the time frame for the accomplishment of the particular activity.

C. Project Narrative

1. Provide sufficient detail that would allow a fair assessment of the program/project. Please be realistic as to what can reasonably be achieved within one year. ***Limit this narrative to two (2) pages only.***

D. Site/Project Feasibility

1. Describe whether you have site control and identify the location targeted for infrastructure, acquisition, or improvement.
 - a. Attach documentation evidencing ownership of the property(s) such as warranty deed or current earnest money contract, or an Option Agreement to purchase such property(s).
 - b. If the project involves acquisition, include the estimated sales price and whether an appraisal has been obtained.
 - c. The appraisal or other documentation must indicate that the value of the project is at least equal or greater than the amount being requested under this NOFA.
2. Describe the Agency's commitment to provide operational support for the facility now and in future years without the use of additional City awarded CDBG funding.
3. List any and all licenses required to carry out this project and indicate whether the license has been approved or is pending.
4. Provide the site address and indicate the size of the project such as square footage, number of floors, acreage of the land, number of parking spaces, to be constructed, etc.
5. Specify the zoning of the proposed site. What type of zoning is required for the proposed new use, i.e. community center, childcare center, educational facility, etc.? Indicate whether the new use will require rezoning, variance or alley abandonment.
6. Indicate whether the project's parking is adequate for the new use if applicable.
7. Indicate whether an architect has been hired and if the architect developed the project budget using Davis Bacon wages. Please provide the name of the firm and whether any design work has been completed.

E. Applicant Capacity

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

contractors) experience in working with this type of project. Please provide a listing of recent projects and the year they were completed.

5. Provide an executive summary of the agency's accomplishments for the previous twelve (12) months.
6. If you were cited by the City of Shreveport as having a negative monitoring finding for which corrective action was required, include a copy of your response to the City outlining the steps to be taken to correct the finding(s), and describe the steps you have taken to date to correct said findings.

F. Financials

1. Give a detailed breakdown of the total project budget, including major expense line items. Show how the requested CDBG funds will be applied toward the expenses and show the amount and source of any other revenue that you will be using. Total budget expenses should equal the total of CDBG funds plus other revenue.
2. Provide sufficient supporting documentation showing proof of match funding amounts including signed letters of commitment for each funding source. The individual signing all letters of commitment must identify their authority to commit the resources necessary to provide funding to your organization.
3. Please provide a copy of a 2021 year-end financial statement and most recent financial audit. Complete Financial Statements should include a statement of financial position, statement of activities, cash flow statement of changes in net assets and notes to financial statements.
4. All sub grantees getting over \$25,000 must have a certified bookkeeper doing its financial management. If applicable, please describe your organizations accounting protocol's and procedures.

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

G. BUDGET INFORMATION

PUBLIC FACILITY PROGRAM BUDGET SHEET

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

VIII. APPLICANT SELECTION PROCESS

A. MINIMUM REQUIREMENTS FOR REVIEW

1. **Applicant Eligibility:** Applicant must be a governmental entity or a nonprofit organization established by the IRS as a 501(c)3 organization. The agency must be in existence for at least one year and have at least one year of demonstrated experience providing a similar service.
2. **Eligible Population/Target Area to be Served:** The population served must meet the eligibility requirement as identified on pages 6-7.
3. **Eligible Activities:** The activities for which assistance is requested must be consistent with those prescribed on pages 3-4.
4. **Match Requirements:** The applicant has provided proof of ability to furnish 25% match for the project cost.

SCORING CRITERIA ON THE FOLLOWING PAGE.

B. CORE SELECTION CRITERIA:

CATEGORY	POSSIBLE POINTS	SCORE
<i>General Narrative (25 PTS.)</i>		
Does the general narrative clearly and concisely summarize the need for funding?	5	
Does the project meet one of HUD's national objectives as well as meet the goals and objectives of the Consolidated Strategy Plan?	5	
Are project outcomes and objectives clearly stated and measurable?	5	
Does the applicant clearly describe its target population?	5	
Does the applicant clearly describe how this project will benefit the overall community?	5	
<i>Project Narrative (10 PTS.)</i>		
Does the Project Narrative clearly and concisely describe the project?	5	
Does the project include a realistic timeline for completion?	5	
<i>Site/Project Feasibility (20 PTS.)</i>		
Does the applicant possess site control?	5	
Is there a commitment to provide operational support for the facility now and in the future?	5	
Are all required licenses for the project approved or pending?	5	
Has the applicant sufficiently described the site address, location of the project, size of the project, and acreage of land (if applicable)?	5	
<i>Applicant Capacity (25 PTS.)</i>		
Does the applicant demonstrate readiness and ability to immediately begin and complete the proposed project?	5	
Does the applicant possess qualifications, expertise, personnel and resources to successfully complete the proposed project?	5	
Has the applicant demonstrated good faith effort to secure participation from minority and or women owned businesses?	5	
Rating of accomplishments and previous projects of the applicant for the previous twelve (12) months.	5	
There have been no negative monitoring findings for the applicant by the City of Shreveport within the past three (3) years.	5	
<i>Financials (20 PTS.)</i>		
Has the applicant has provided a detailed breakdown of the total project budget including a showing of the amount and sources of any other funding to be used.	5	
Has the applicant provided a favorable 2021 year-end financial statement, as well as a favorable recent financial audit?	5	
Has the applicant secured a certified bookkeeper?	5	
Has the applicant adequately described its organization's accounting protocol's and procedures?	5	
BONUS: Proposed project is located in a Targeted Neighborhood.	5	
TOTAL	105	

IX. LIST OF REQUIRED ATTACHMENTS

NOTE: If submitting electronically, all documents requiring notarization must also be hand delivered or mailed to the City of Shreveport.

ATTACHMENT	NAME	
	Cover Sheet	A cover sheet should be included as page 1 for all proposals.
A	Vendor's Application (ONLY REQUIRED FOR NEW APPLICANTS)	These forms are attached below, but may also be found on the City of Shreveport's website (Purchasing Division) or by clicking here: shreveportla.gov
B	Authorization for Direct Deposit	
C	W-9 Form	
D	Affidavit of No Adjudicated Property	
E	Authorizing Resolution	Sample included below. <i>*Note: will remain in effect at all times until delivery of written revocation to the City of Shreveport.</i>
F	Certificate of Insurance	Sample included below.
G	Felony Conviction Affidavit	
H	Most Current Financial Statements or Audit	Not to exceed two (2) years old.
I	Proposed Agency Budget for Fiscal Year	
J	Proof of Match Funding	The individual signing all letters of commitment must identify their authority to commit the resources necessary to provide funding to your organization.
K	Listing of Board of Directors and their affiliations	
L	List of Staff Members and Positions	
M	A copy of your current IRS tax exempt statement	Must evidence that you are not a private Foundation and should include an explanation of any changes to your IRS status.
N	Articles of Incorporation and Bylaws	
O	Evidence of Zoning Approval	
P	Evidence of Occupational License	
Q	Certification of Utilization of HMIS System	(Applicable to Homeless Providers Only)

ATTACHMENT A

INSTRUCTIONS FOR OBTAINING A
VENDOR'S APPLICATION
AND COMMODITY CODES
FOR THE CITY OF SHREVEPORT
WEB SITE ADDRESS: WWW.SHREVEPORTLA.GOV
TO OBTAIN AN APPLICATION

You may download a Vendor Application on the City's web site: <https://www.shreveportla.gov/vendorapplication>

Email, fax or mail the application back to us. **The original affidavit must be mailed to us.**

You may see all of our current formal solicitations at <https://www.shreveportla.gov/140/Bids-RFPs>. If you have any questions, you can call 318-673-5450.

AND/OR:

You may download/view information about our solicitations at [Bidsync by Periscope Holdings](#). Bidsync/Periscope is the official source for downloading solicitations.

ELECTRONIC BIDS/BID NOTICES

Bid/Proposal notices are no longer mailed to vendors/contractors by the Purchasing Office. The City of Shreveport's listing of current bids (IFB), requests for quotes (RFQ), requests for proposals (RFP), and statements of qualifications (RFS) (hereinafter "bids") will be posted at [Bidsync by Periscope Holdings](#) and at www.shreveportla.gov/Solicitations. To view the general bid information and **receive bid notices by email**, register with BidSync/Periscope. **Registration is free.** Vendors/Contractors (vendors) have the option to submit their bids & bid bonds, electronically or by paper copy [R.S. 38-2212(A) (1) (F) and R.S. 2212.1(B) (4)]. If you wish to view/download the entire bid package and submit electronic bids, check with BidSync for the cost of the subscription.

The City will only be allowed to view the vendor's prices after the time has passed for the receipt of bids.

Vendors who decide to pay the annual fee to BidSync will be able to submit electronic bids to every agency in the State of Louisiana that signs up with BidSync. Submitting bids electronically can save thousands of dollars in express mail fees, plan fees/deposits, travel, postage, labor, and the cost of paper. To register please go to:

<https://www.periscopeholdings.com/s2g/pricing>. If you need help registering, with training, or with completing an e-bid, please call **800-990-9339 (M-F)** 8 AM to 7 PM (CST).

Vendors/Contractors who decide to submit e-bids will also have to pay an annual fee and go through the set up process for a digital signature as required by state law.

Vendors/Contractors who submit e-bonds will need to pay an annual fee to <http://surety2000.com/> for electronic bid bonds.

Revised 05/17/21

ATTACHMENT B



CITY OF SHREVEPORT AUTHORIZATION AGREEMENT FOR VENDOR DIRECT DEPOSIT (ACH CREDIT)

(One form must be completed for each VENDOR)

I hereby authorize the City of Shreveport, hereafter called THE CITY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking Savings account (select one) indicated below and the depository named below, hereinafter called The DEPOSITORY BANK, to credit and/or debit the same to such account.

DEPOSITORY BANK _____ **BANK**

ADDRESS _____

CITY _____

TRANSIT/ROUTING NO. _____ **ACCOUNT NO.** _____

EMAIL _____ **PHONE** _____

This authority is to remain in full force and effect until THE CITY has received written notification from me of its termination in such manner as to afford THE CITY and The DEPOSITORY BANK a reasonable opportunity to act upon it.

BANK ACCOUNT INFORMATION

NAME _____ **TAX ID** _____

SIGNATURE _____ **DATE** _____

Attach a check marked "VOID" to this form and return to:

CITY OF SHREVEPORT
PURCHASING DIVISION
505 TRAVIS STREET, SUITE 610
SHREVEPORT, LA 71101

PLEASE NOTE: This authorization must be received 7 days before your invoice is processed in order to process your request through banking channels, beginning with a pre-notification procedure. During this procedure, your first check will be a paper check, and your next check will be automatically posted to your bank account.

Revised 02/03/20

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

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

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

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

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

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

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

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

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

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

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

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

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

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

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

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

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

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

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

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

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

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

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

Part II. Certification

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

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

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

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

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

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

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

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

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

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

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

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

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/identitytheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

ATTACHMENT D



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 **

ATTACHMENT E

AUTHORIZING RESOLUTION

BE IT RESOLVED by the Board of Directors or Members of _____, an entity organized and existing under the laws of the State of _____ and domiciled in, _____ that _____ is hereby authorized to sign any and _____
(Name of Authorized Party)
all contracts and/or agreements with the City of Shreveport and to do any and all things necessary to execute the contracts and/or agreements on behalf of this corporation.

That I, _____, _____, hereby
(Name) (Position of Authority)

certify that the above and foregoing resolution is a true and correct copy of a resolution of the Board of Directors of this corporation 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 corporation, has not been rescinded or modified and remains in full force and effect on this date.

Further, it is acknowledged by Signer that this Resolution shall remain in full force and effect, and the City of Shreveport may rely on it until written notice of its revocation is delivered to and received by the City via certified mail to the Department of Community Development, P.O. Box 31109, Shreveport, La 71130, ATTN: Director.

Dated this _____ day of _____, 20 _____.

WITNESSES:

1) _____ Signature: _____

Print: _____ Print: _____

2) _____ Federal Tax I.D. # _____

Print: _____

IF YOUR COMPANY IS NOT A CORPORATION COMPLETE BELOW:

Company Type (Circle One) LLC / Sole Proprietorship: _____

Signature of Authorized Representative: _____ Print: _____

Title of Authorized Representative _____ SSN or Federal Tax I.D.# _____

ATTACHMENT F – CITY OF SHREVEPORT MUST BE NAMED AS ADDITIONAL INSURED ON ALL POLICIES

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:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">COMPANIES AFFORDING COVERAGE</th> <th>A. M. BEST RATING</th> </tr> <tr> <td>COMPANY A</td> <td></td> <td></td> </tr> <tr> <td>COMPANY B</td> <td></td> <td></td> </tr> <tr> <td>COMPANY C</td> <td></td> <td></td> </tr> <tr> <td>COMPANY D</td> <td></td> <td></td> </tr> <tr> <td>COMPANY E</td> <td></td> <td></td> </tr> </table>	COMPANIES AFFORDING COVERAGE		A. M. BEST RATING	COMPANY A			COMPANY B			COMPANY C			COMPANY D			COMPANY E		
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 R	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)				LIMITS	
				Y	M	D	Y		
	GENERAL LIABILITY							GENERAL AGGREGATE	\$
	COMMERCIAL GENERAL LIABILITY							PRODUCTS-COMP/OP AGG	\$
	CLAIMS MADE OCCUR		Coverage included for XCU hazards	Y	s		No	PERSONAL & ADV INJURY	\$
	OWNER'S & CONTRACTOR'S PROT		Policies endorsed for mandatory 30 day notice provision	Y	s		N	EACH OCCURRENCE	\$
			Policy endorsed for Subrogation Waiver	Y	s		N	FIRE DAMAGE (Any one fire)	\$
			Policy endorsed to specify the City of Shreveport as an additional insured	Y	s		N	MED EXP (Any one person)	\$
	AUTOMOBILE LIABILITY							COMBINED SINGLE UNIT	\$
	ANY AUTO							BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS							BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS								
	HIRED AUTOS								
	NON-OWNED AUTOS		Policies endorsed for mandatory 30 day notice provision	Y	s		N		\$
			Policy endorsed for Subrogation Waiver	Y	s		N	PROPERTY DAMAGE	\$
			Policy endorsed to specify the City of Shreveport as an additional insured	Y	s		N		\$
	GARAGE LIABILITY							AUTO ONLY-EA ACCIDENT	\$
	ANY AUTO		Policies endorsed for mandatory 30 day notice provision	Y	s		N	OTHER THAN AUTO ONLY:	
			Policy endorsed for Subrogation Waiver	Y	s		N	EACH ACCIDENT	\$
			Policy endorsed to specify the City of Shreveport as an additional insured	Y	s		N	AGGREGATE	\$
	EXCESS LIABILITY								
			Policies endorsed for mandatory 30 day notice provision	Y	s		N	EACH OCCURRENCE	\$
	UMBRELLA FORM		Policy endorsed for Subrogation Waiver	Y	s		N	AGGREGATE	\$
	OTHER THAN UMBRELLA FORM		Policy endorsed to specify the City of Shreveport as an additional insured	Y	s		N		\$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY							STATUTORY LIMITS	
			Policies endorsed for mandatory 30 day notice provision	Y	s		N	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	Y	s		N	DISEASE-POLICY LIMIT	\$
	OTHER							DISEASE-EACH EMPLOYEE	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

	CERTIFICATE HOLDER: City of Shreveport P.O. Box 31109 Shreveport, LA 71130	SIGNATURE: _____ NAME: _____ MAILING ADDRESS: _____ CITY/STATE/ZIP: _____ PHONE: _____	DATE: _____
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As an authorized representative, I certify that the above fairly represents the policies in force: (revised 11-18-03)

ATTACHMENT G

**City of Shreveport
FELONY CONVICTION/E-VERIFY AFFIDAVIT**

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.

By signing this document in accordance with La. R.S. 38:2227, the appearer, as a Bidder 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 bid 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 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, during the solicitation or execution of a contract or bid 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)

3.0 By signing this document in accordance with La. R.S. 38:2212.10, the appearer, as a Bidder on the above project, does hereby attest that:

- 3.1 The private employer is registered and participates in a status verification system (E-Verify) to verify that all employees in the state of Louisiana are legal citizens of the United States or are legal aliens.
- 3.2 The private employer shall continue, during the term of the contract, to utilize a status verification system to verify the legal status of all new employees in the state of Louisiana.
- 3.3 The private employer shall require all subcontractors to submit to the employer a sworn affidavit verifying compliance with Paragraphs (3.1) and (3.2) of this Subsection.

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 bids and any and all delay costs due to the rebid 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: _____ E-Mail Address: _____

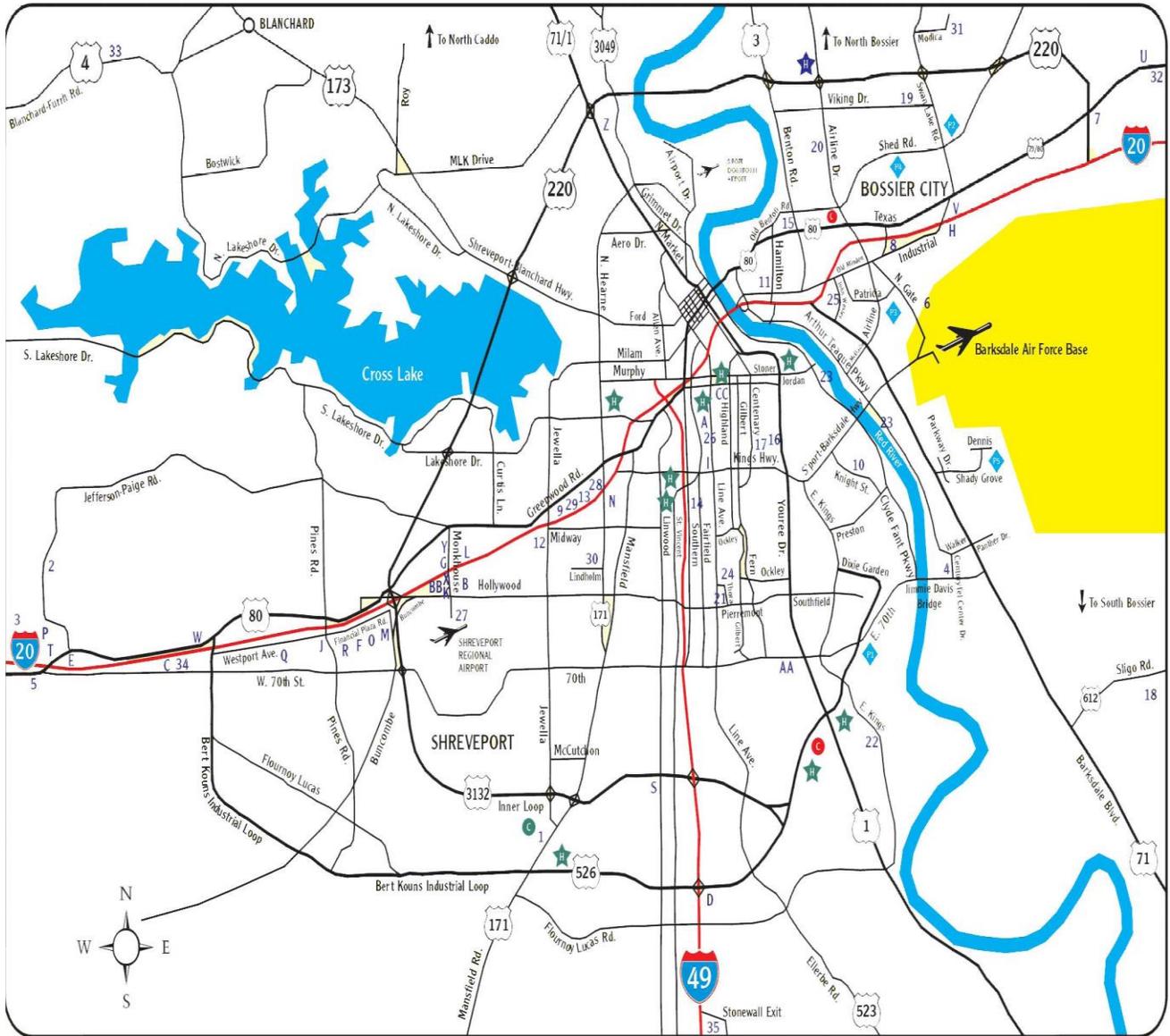
Fax to: _____ OR E-Mail to: _____ (10-13-21)

X. CHECKLIST OF REQUIRED DOCUMENTS

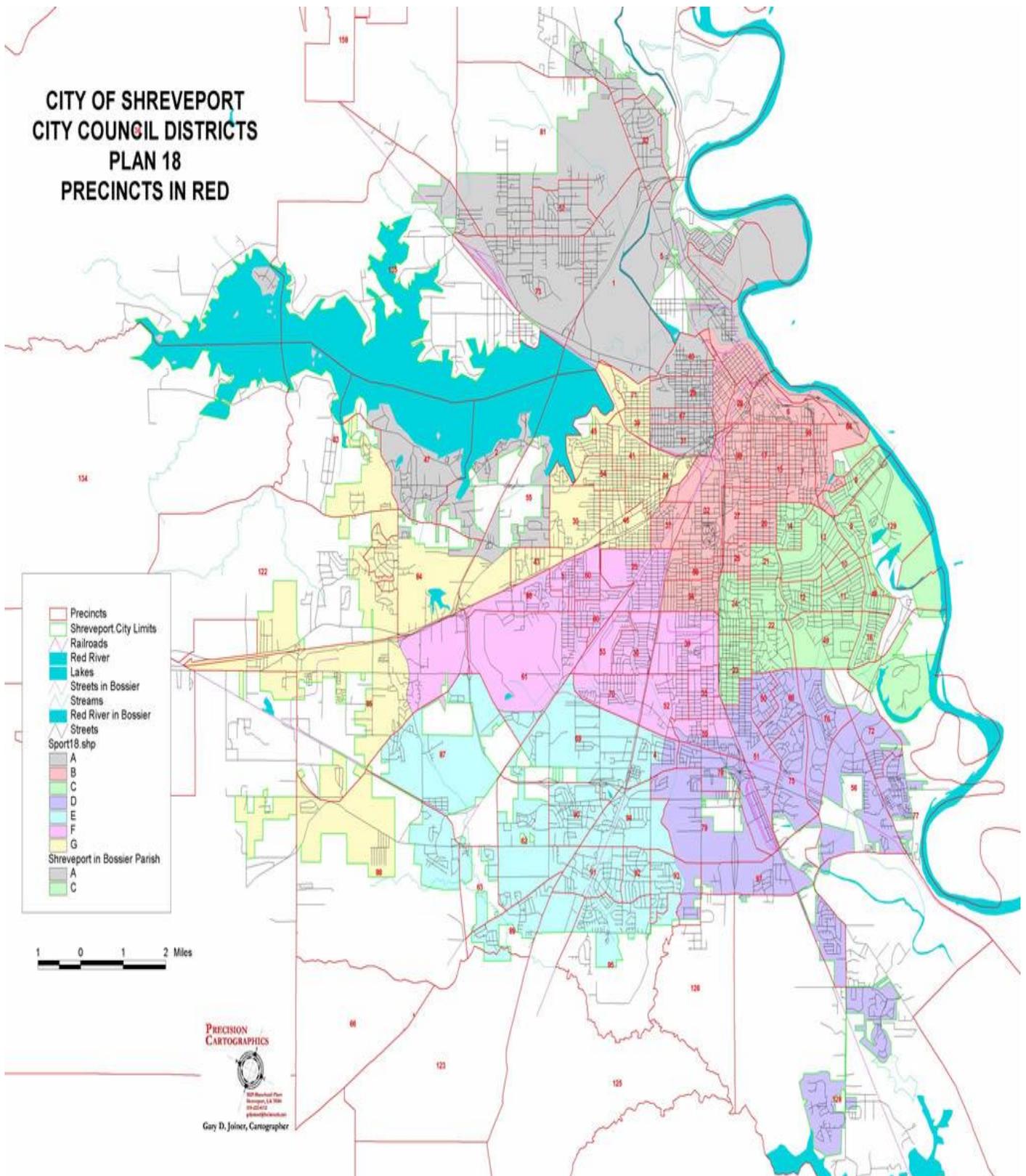
1. Cover Sheet
2. Project Summary/Information.....
3. Fully Completed Proposal Outline
4. Vendor Application
5. Authorization for Direct Deposit Form
6. W-9 Form
7. Affidavit of No Adjudicated Property
8. Authorizing Board Resolution.....
9. Certificate of Insurance (city must be listed as additional insured)
10. Felony Conviction Affidavit.....
11. Most Current Financial Statements or Audit (not to exceed 2 years old).....
12. Proposed Agency Budget for Fiscal Year
13. Proof of 25% Match Funding
14. List of Board of Directors and their affiliations.....
15. List of Staff Members and Positions
16. A copy of your current IRS tax exempt statement
17. Articles of Incorporation and Bylaws.....
18. Evidence of Zoning Approval
19. Evidence of Occupational License.....
20. Certification of Utilization of HMIS system (Homeless providers only)

MAPS

City of Shreveport



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



**PRECISION
CARTOGRAPHICS**
101 Woodland Place
Bossier, LA 70601
504.733.1111
precision@precisioncart.com
Gay D. Joiner, Cartographer