



# REQUEST FOR PROPOSAL

## CITY OF SHREVEPORT

2022 Notice of Funding Availability (NOFA)

The HOME Investment Partnerships (HOME Program)

Special Housing Development Program (SHDP)

**Start: Wednesday, July 20, 2022**

**The submission deadline for receipt of an original and four (4) copies of this proposal is Wednesday, August 17, 2022, by 5:00 p.m.**



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**City of Shreveport  
Department of Community Development  
2022 Notice of Funding Availability (NOFA)  
Special Housing Development Program (SHDP) Application  
The Home Investment Partnerships (HOME) Program**

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**AGENCY:** Community Development

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

**DATE ISSUED:** Wednesday, July 20, 2022

**NOFA DEADLINE:** Wednesday, August 17, 2022

**I. INTRODUCTION**

The HOME Program is administered by the Department of Community Development. Community Development staff is available Monday through Friday, 8:00 a.m. to 5:00 p.m., to provide technical assistance in the development of a viable proposal by explaining the NOFA criteria and HOME rules.

Before an applicant can apply for a new HOME award, any other HOME funds that the applicant has received from Community Development must be 65% expended. An application must score at least 75 points to be included for funding. If an applicant has any unresolved audit or monitoring findings, they may not be considered for funding.

**II. SUBMISSION REQUIREMENTS**

**DATES:** Only one application will be accepted per agency. An original completed application, plus four (4) copies must be submitted to the attention of, Bonnie Moore, Director, City of Shreveport, Department of Community Development, 401 Texas Street (physical address), or mailed to 505 Travis Street, Shreveport, La 71101, or email to [cdproposals@shreveportla.gov](mailto:cdproposals@shreveportla.gov), with the subject line entitled SHDP Application. APPLICATIONS MAY NOT BE SENT BY FAX.

Applications that arrive after the deadline will not be accepted. The proposal is posted on the city's website at

[www.shreveportla.gov](http://www.shreveportla.gov)

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

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

**For additional information regarding this Request for Proposal, contact Thea Scott at (318) 673-5900.**

### III. MANDATORY REQUIREMENTS

#### A. *Purpose and Overview*

The City of Shreveport (“City”), through its Department of Community Development, is currently accepting project proposals for funding consideration under the HOME Investment Partnerships (HOME) Program for eligible Developers. These funds are allocated by the United States Department of Housing and Urban Development (HUD). The Home Investment Partnerships (HOME) Program is authorized by Title II of the Cranston-Gonzalez National Affordable Housing Act, as amended, 42 U.S.C. 12701, *et seq.*, and applicable regulations at Volume 24 of the Code of Federal Regulations (24 CFR, Part 92). ***Community Development Block Grant (CDBG) funding will only be considered if there are not sufficient HOME funds to support the applications. You must meet all the requirements of the CDBG program.***

In releasing this NOFA, the City’s goal is to promote the acquisition, construction, and/or rehabilitation of affordable single family and multifamily housing for very low-income and low-income families. Funding of the projects is subject to the availability of funds. The City reserves the right to utilize other funding sources to fund your project if it is deemed feasible. ***The success of a Developer in accessing funds will be a function of the merits of its proposed project, project feasibility, and the strength of its partnerships.***

The HOME program is designed to provide eligible state and local governments with the resources and incentives to strengthen public-private partnerships, and to expand the supply of decent, safe, sanitary, and affordable housing. The type (grant or loan), amount, terms and conditions of assistance provided will vary depending upon the needs outlined in each proposal and the availability of funding resources.

**All applicants must show how the community has been engaged and informed about the applicant’s project. Community engagement is critical so that interested parties and residents can gain a firm understanding of the project and address any specific concerns. Community engagement can include focus groups, community-wide meetings, open houses, community gatherings, distribution of information, and attending Neighborhood Association meetings.**

#### B. *2019-2023 Consolidated Plan Housing Objectives*

The Consolidated Plan is a document that is submitted to HUD that serves as the planning document (comprehensive housing affordability strategy and community development plan) for the jurisdiction and an application for funding under any of the Community Planning and Development formula grant programs which is prepared in accordance with the process described in 24 CFR Part 91. The City has submitted a five-year planning document that identifies housing and other community development needs, analyzes existing federal resources, and sets

strategies and priorities for addressing the identified needs. Housing ranked as the second funding priority for the City based upon a survey of the public that was collected at public meetings and focus group sessions. Affordable housing for persons in the extremely low-income and low-income populations is the most frequently identified need in this area.

Consolidated Plan Objectives for Housing:

- Improve the condition of housing for low income homeowners;
- Increase the viability for potential homeownership opportunities;
- Increase the number of newly constructed homes available on the affordable housing market in Shreveport;
- Provide Transitional Housing;
- Improve the condition of housing for low-income renters;
- Support the increase of the supply of housing available to low-income renters;
- Expand funding available for affordable housing programs; and,
- Provide Permanent Supportive Housing.

**C. *Eligible Applicants***

Applicants can be private for-profit housing developers, not-for-profit 501 (c) (3), and public housing authorities proposing to provide affordable rental housing opportunities or preserve affordable at-risk housing. Entities receiving an award of SHDP funds must act as the majority/controlling partner, sole owner, or a general partner/sole owner, or a general partner/managing member during the entire construction phase.

**Eligible Uses for SHDP Funding:**

SHDP resources may only be applied in the development budget toward non-related party acquisition, hard costs associated with new construction or rehabilitation, and developer fees associated with the proposed development. If market-rate housing and/or commercial spaces are involved in the proposed development, costs associated with creating the market-rate housing and/or commercial spaces cannot be paid using SHDP funds. Development budget line items that can be paid for using SHDP funds include:

- acquisition of land and /or building(s) (from unrelated parties only);
- demolition (not applicable for preservation projects);
- on-site improvements;
- construction and/or renovation costs including construction fee items, construction contingency, and contractor overhead and profit (excluding costs associated with construction of commercial property); and,
- eligible soft costs.

**D. *Eligible Project Locations***

Bonus points will be awarded to applicants whose project is located within any of the nineteen (19) targeted neighborhoods identified in the attached map, and an area with an approved Neighborhood Revitalization Plan (please provide documentation). Proposed sites for new construction must be approved by the City for meeting HUD regulations relative to site and neighborhood standards in accordance with 24 CFR 92.202.

**E. Eligible Activities**

Eligible projects may involve acquisition, rehabilitation or new construction of rental housing that meets the needs of low and moderate-income households. Projects determined to meet HOME guidelines will be reviewed and evaluated relative to the evaluation criteria found in this packet. Each proposal will be scored by multiple reviewers, and the scores will be averaged to achieve a final score. Subject to HOME funding availability, projects determined to be the most competitive will be selected for assistance through the SHDP Program. Upon receipt of any project proposal, the City reserves the right to request additional information and/or reject any or all proposals.

Eligible activities under the HOME program which will be funded through this proposal include:		
1.	Acquisition	Land or property acquisition to be used in the development of new affordable housing or rehabilitation of single family and multifamily housing units.
2.	New Construction	Newly constructed affordable single family and multifamily housing units.
3.	Rehabilitation	Substantial rehabilitation of substandard unoccupied units
4.	Other Eligible Activities	Certain activities are eligible only when undertaken in conjunction with acquisition or new construction, reasonable and necessary project related soft costs, on-site infrastructure when essential to development of project, site clearance, and site improvements.
5.	Innovative and Creative Housing Concepts	Tiny homes, modular housing, container homes, social and workforce housing, 3-D housing, multi-generational homes etc.

**\*All projects must comply with the city’s zoning requirements.**

**F. Project Description**

The developer will undertake the development of no less than twenty-five (25) rental units and/ or a project that is located within an approved revitalization plan area to be occupied by families at or below eighty percent (80%) of the area median income. The projects can be done in phases approved by the city. The City reserves the right to negotiate the development fee or activity delivery cost. The developer may identify a specific development area within one of the targeted neighborhoods or an approved revitalization area in which to concentrate its level of assistance. A “development area” for the purpose of this proposal is defined as a specific geographic service area to be developed that is located on contiguous lots or an area

that does not exceed six (6) blocks in a square radius.

Projects should be cost effective and should enhance and compliment the surrounding neighborhood. Developers must submit architectural designs that include preliminary concept designs and site plans which needs to include the type of housing and the square footage of each unit? A statement of site control status of proposed projects is required along with this proposal. The specific design and construction related issues will be approved by the City.

Entities receiving an award of SHDP funds must act as the majority or controlling partner, sole owner, or a general partner and sole owner, or a general partner and managing member during the entire construction phase. All projects must begin within six months of award.

**In three pages or less, describe the project including the information listed below:**

- a. In addition to providing an itemized development budget summarize the key financials of the project, clearly indicating total project cost, the amount and intended use of city funds requested, amount and provider of other funding and the stage of those commitments;
- b. Location by street addresses and includes an area map with properties indicated;
- c. Type of structure (multi-family or single-family), square footage, number, and size of units;
- d. If there are existing structures, provide documentation from the taxing authority or other third-party source indicating the year the structure was built;
- e. Proposed tenants including number and type of individuals to be served and yearly income relative to 30%, 50%, 60% or 80% AMI. If the project will serve families with special needs, describe the population to be served and the outreach or referral plan that will be used to publicize the availability of housing and/or supportive services;
- f. Units reserved for Section 8 families;
- g. Units accessible and adaptable for persons with mobility, sight, or hearing disabilities;
- h. Whether the project is occupied at the time of proposal submission;
- i. Supportive services to be provided such as chemical dependency counseling, education and training, employment referral, health services, tenant counseling, etc.; and,
- j. Compatibility with current city consolidated plan or any approved plans of UPC, etc., (if applicable).

**G. *Home Program Income Limits***

The HOME program has income targeting requirements for HOME-funded projects. Projects must benefit families whose annual incomes do not exceed 80 percent of the median income for the area, as determined by HUD with adjustments for smaller and larger families. The 2022 income limits are listed below but are updated annually.

Maximum Income as of June 15, 2022, depends on the number of people in your household not including fulltime caregivers.					
FAMILY SIZE	MEDIAN INCOME	30% LIMITS	50% VERY LOW	60 % LIMITS	80% LOW**
1	\$45,900	\$13,800	\$22,950	\$27,540	\$36,700
2	\$52,400	\$15,750	\$26,200	\$31,440	\$41,950
3	\$59,000	\$17,700	\$29,500	\$35,400	\$47,200
4	\$65,500	\$19,650	\$32,750	\$39,300	\$52,400
5	\$70,800	\$21,250	\$35,400	\$42,480	\$56,600
6	\$76,000	\$22,800	\$38,000	\$45,600	\$60,800
7	\$81,300	\$24,400	\$40,650	\$48,780	\$65,000
8	\$86,500	\$25,950	\$43,250	\$51,900	\$69,200

\*\*NOTE: If household income exceeds the 80%, applicant does not qualify.

#### H. *Home Match Requirements and Leveraging of Funds*

A premise of the National Affordable Housing Act, which authorized the HOME Program, is that providing affordable housing to low-income persons is the responsibility of all levels of government. Therefore, matching contributions are required as the state and local government’s stake in the HOME Program. The matching contributions add to the resources available for HOME-assisted or HOME-eligible projects. The purpose of this section is to provide guidance to Developers in identifying eligible sources of matching contributions, determining the point at which a contribution may be recognized as match, how to meet the match obligations, and tracking matching contributions. Each Developer is required to have a cash match of 25% and 7% leverage for the cost of the project.

#### **Matching Funds Requirements**

**Match** is the contribution by the Developer toward eligible costs of the project in the form of cash, in-kind, or donated materials. The City will require each Developer that is awarded HOME funds to make contributions equaling twenty five percent (25%) of the HOME funds it expends for housing activities and one hundred percent (100%) for Home or CDBG operating funds. These contributions must be permanent contributions from non-federal public and private sources. All Developers must structure their proposal based on the 25% matching requirement.

#### **Eligible forms of match**

The match obligation may be met with any of the following specific sources:

- Cash or cash equivalents from a non-federal source;
- Value of waived taxes, fees or charges associated with HOME projects;
- Value of donated land through payment-in-lieu of tax (Pilot) arrangements through the Shreveport Home Mortgage Authority or real property.

- Cost of infrastructure improvements associated with HOME projects;
- A percentage of the proceeds of single-or multi-family housing bonds issued by state, state instrumentality or local government;
- Value of donated materials, equipment, labor and professional services;
- Sweat equity;
- Direct costs of supportive services to residents of HOME projects; and,
- Direct cost of homebuyer counseling to families purchasing homes with HOME assistance.

Match counted for other Federal programs **cannot** be counted as HOME match.

### Meeting the match obligation

Meeting the match obligation poses a challenge to many Developers. That is why it is important to have strategy for managing the match. Developers need to:

**Written itemized documentation of all proposed match contributions must be provided, such as, financial commitments and letters of support, or other appropriate documentation for matching funds must be submitted with the proposal.**

- Plan ahead to meet match needs;
- Be creative when looking for matching contributions; and,
- Set up a system for tracking both match obligations.

### Leveraging of Funds

Leveraging resources come from outside entities (other than Federal government or the SHDP). They may come from public or private entities. They must not be Federal funds from another source. Leverage resources are additional resources donated or provided to a project that help reduce the amount of HOME funds required. To qualify as leverage, resources must provide a cost beneficial financial impact on the project and reduce total development costs. ***Resources used as match cannot also be counted as leverage.***

## I. *Qualifications as Affordable Housing*

### Rental Housing Projects

Pursuant to 24 CFR 92.252, the HOME-assisted units in a rental housing project must be occupied only by households that are eligible as low-income families and must meet additional requirements to qualify as affordable housing. These requirements include rent limitations, initial rent schedule and utility allowances, and nondiscrimination against rental assistance subsidy holders. Ninety (90) percent of the units must be occupied by households making 60 percent or less of area median. In rental projects with five or more HOME units, 20 percent of the HOME-assisted rental units must be occupied by households making no more than 50 percent of area median income.

The HOME-assisted units must meet the affordability requirements for not less than

the applicable period specified in the following table, beginning after project completion.

<b>RENTAL HOUSING ACTIVITY</b>	<b>AFFORDABILITY PERIOD</b>
Rehabilitation or acquisition of existing housing per unit amount of HOME funds under \$15,000	<i>Five (5) years</i>
\$15,000 to \$40,000	<i>Ten (10) years</i>
Over \$40,000 or rehabilitation involving refinancing	<i>Fifteen (15) years</i>
New construction or acquisition of newly constructed housing	<i>Twenty (20) years</i>

**J. *Recapture of Funds***

All rental projects are subject to an affordability period as defined in *Section I* (Qualifications as Affordable Housing) of this document. The recipient is subject to recapture provisions through a recorded lien and mortgage.

**K. *Program Income***

**Program income may include, but not be limited to the following:**

- (1) Income from the disposition by sale or lease of real property purchased or improved with HOME funds;
- (2) Interest from HOME loans; and,
- (3) Income from the disposition of equipment purchased with HOME funds.

The City reserves the right to retain 50% of any program income for additional housing activities to be approved by the City. Funds recaptured because housing no longer meets affordability requirements are not considered income and are subject to the requirements governing program income.

**L. *Insurance Requirements***

Developers 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
  - Annual Aggregate \$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)
- E. Builder’s Risk Insurance and may additional bonding as required per project

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

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

Note: These insurance limits are subject to change.

***M. Audit Requirements***

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 and 24 CFR part 200.501. Non-federal entities that expend \$750,000 or more of federal funds in a year shall have a single audit.

***N. Labor Standards***

**Davis Bacon Act**

The Grantee agrees if the Project consists of twelve (12) or more HOME-assisted units that are to be constructed under one (1) construction contract in excess of two thousand dollars (\$2,000), the contract shall be subject to the provisions of the Davis Bacon Act (40 U.S.C. §3141), and shall comply with federal requirements pertaining to such contracts and with the applicable requirements of the regulations of the Department of Labor under 29 CFR, parts 3, 1, 5 and 7 governing the payment of wages and ratio of apprentices and trainees to journeymen; provided, that if wage rates higher than those required under the regulations are imposed by state or local law, nothing hereunder is intended to relieve the Grantee of its obligation, if any, to require payment of the higher wage. The Grantee shall cause or require to be inserted in full, in all such contracts subject to such regulations, provisions meeting the requirements of this paragraph.

Prior to the solicitation of proposals for any construction work for this Project, Grantee shall notify Grantor of the pending solicitation and shall provide Grantor with sufficient information to enable Grantor to obtain an appropriate Wage Rate Determination from the federal government. Grantee shall not solicit construction proposals without reference in such solicitation documents as to the contracting and labor standards requirements of this Agreement. Grantee shall cause all contracts and/or subcontracts for Project construction to include required compliance with all applicable federal provisions, including the wage determination issued specific to this Project. Grantee shall cause no construction

**Section 3**

Compliance with the provisions of Section 3, the regulations set forth in 24 CFR Part 135, and all applicable rules and orders issued hereunder prior to the execution of this Agreement, shall be a condition of the federal financial assistance provided under this

Agreement and binding upon the Grantee and any contractor/subcontractor. Failure to fulfill these requirements shall subject the Grantee and any contractors/subcontractors, their successors, and assigns, to those sanctions specified by the agreement through which federal assistance is provided. The Grantee certifies and agrees that no contractual or other disability exists which would prevent compliance with these requirements.

The Grantee further agrees to comply with these "Section 3" requirements and to include the following language in all solicitations of proposals/bids and in all subcontracts executed under this Agreement: "The work to be performed under this contract is a project assisted under a program providing direct federal financial assistance from HUD and is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701. Section 3 requires that to the greatest extent feasible opportunities for training and employment be given to lower income residents of the project area and contracts for work in connection with the project be awarded to business concerns which are in or owned in substantial part by persons residing in the areas of the project."

#### **IV. 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. If the project contains 5 or more HOME-assisted units, it is required pursuant to 24 CFR 92.351 to adopt affirmative marketing procedures and requirements for rental and homebuyer projects. In an effort of ensuring that affordable housing being built in inner city targeted neighborhoods is properly marketed for sale or rent, the following are suggested affirmative marketing strategies:

- Sponsor housing fairs;
- Advertise housing units in local news media;
- Set-up TV talk shows, etc.;
- Work with specific housing counselors and homebuyer education providers;
- Sponsor and/or host open houses;
- Assign and/or list property for sale with local real estate broker if the property has enough funds to pay real estate fee;
- Work with mortgage companies to sponsor homebuyer seminars targeting potential homebuyers; and,
- Work with the City to ensure that maximum efforts are extended to successfully market homes.

##### **B. *Civil Rights Compliance***

The Contractor agrees to comply with Title VI 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.

**C. *M/WBE***

The M/WBE program is a program that promotes business opportunities on City contracts for minorities and women. The city has established Minority and Women-owned Business Enterprise (MWBE) goals for use when procuring goods or services. These goals reflect the city's objective to obtain a "fair share" of its needs from small, minority and women-owned businesses to the greatest extent feasible. The designation of MWBE is obtained through the submission of a Vendors Application that can be obtained through the Purchasing Office. Vendor Applications may be downloaded at: <http://www.shreveportla.gov/780/Section800>.

The Contractor 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 covered by this Agreement. As used in this Agreement, 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 this definition, "minority group members are African Americans, Spanish-speaking, Spanish surnamed or Spanish-heritage Americans, Asian Americans, and American Indians.

**D. *Employment Restrictions/Prohibited Activity***

The Contractor 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.

**E. *OSHA***

Where employees of the Contractor 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.

**F. *Section 504***

The Contractor agrees to comply with any federal regulations issued pursuant to compliance with Section 504 of the Rehabilitation Act of 1973, (29 U.S.C. 706) which prohibits discrimination against the handicapped in any federally assisted program. LHFA shall provide the Contractor with guidelines necessary for compliance with that portion of the Regulations in force during the term of this Agreement.

**G. *Equal Employment Opportunity***

In all hiring or employment made possible by or resulting from this contract 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 Contractor's employees are treated during employment without regard to race, color, religion, sex, national origin, handicap, age, or veteran status.

**H. *Maximum per Unit Subsidy Amount and Subsidy Layering***

- (a) Maximum per-unit subsidy amount. The amount of HOME funds that a participating jurisdiction may invest on a per-unit basis in affordable housing may not exceed the per-unit dollar limits established under section 221(d)(3)(ii) of the National Housing Act (12 U.S.C. 1751(d)(3)(ii) for elevator-type projects that apply to the area in which the housing is located. If the participating jurisdiction's per-unit subsidy amount has already been increased to 210% as permitted under section 221(d)(3)(ii) of the National Housing Act, upon request to the Field Office, HUD will allow the per-unit subsidy amount to be increased on a program-wide basis to an amount, up to 240% of the original per unit limits.
- (b) Subsidy layering. Before committing funds to a project, the participating jurisdiction must evaluate the project in accordance with guidelines that it has adopted for this purpose and will not invest any more HOME funds, in combination with other governmental assistance, than is necessary to provide affordable housing.

**I. *Relocation***

The City discourages projects that require relocation and takes all reasonable steps to minimize the displacement of persons. If the Developer has a project that involves relocation, the cost of relocation must be a part of the project, and the Developer 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.

**Tenant Relocation**

If the project is occupied at the time of proposal submission, include a Tenant Relocation Plan. The developer is responsible for providing tenant relocation assistance should the proposed project require or result in the temporary or permanent displacement of current tenants. The Plan must include, at a minimum, the following:

- a. Total number of households in the project and number to be permanently or temporarily displaced;
- b. Description of households to be displaced (include family size and ages of individuals);

- c. Circumstances under which the displacement is necessary;
- d. Description of the assistance to be provided and a schedule for assistance;
- e. Source(s) of funds to be used for relocation assistance; and,
- f. Procedures/methods by which those who are displaced will be advised of their rights and available assistance.

***J. Zoning***

Include a letter from the City of Shreveport, Zoning Office, verifying that the current zoning of the site for the proposed project is compatible with the anticipated use, or include documentation verifying that a request to change current zoning has been submitted to the city. Should the project receive funding approval, appropriate zoning must be in place prior to execution of loan documents.

***K. Litigation***

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

***L. Payments Due the City***

- A. 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.
- B. No contract to which the city is a party shall be awarded to any person who has not paid all taxes, licenses, fees, and other charges which are outstanding and due to the City of Shreveport.

**CITY OF SHREVEPORT  
DEPARTMENT OF COMMUNITY DEVELOPMENT  
SPECIAL HOUSING DEVELOPMENT PROGRAM (SHDP) PROJECT INFORMATION**

<b>Applicant Organization Name:</b>		
<b>Physical Address:</b>		
<b>Mailing Address:</b>		
<b>Phone: (    )</b>	<b>Fax:</b>	<b>Fed: Tax ID No:</b>
<b>Email Address:</b>		
<b>Mailing Address:</b>		
<b>Executive Director:</b>		
<b>Contact Person Name &amp; Title:</b>		
<b>Name of Proposed Project:</b>		
<b>Street Address of Proposed Project:</b>		
<b>Census Tract and Group Number:</b>		
<b>Brief Statement of Project Activity:</b>		

Type of Project (Select One):

- Project A: New Construction for Rental Housing**
- Project B: Acquisition**
- Project C: Acquisition and Substantial Rehabilitation**

Amount of HOME Funds Requested:	\$
Amount of Leveraging Funds:	\$
Total Activity/Project Amount:	\$
Amount of Matching Funds:	\$
Source of Matching Funds and Leverage:	\$

Funding Amount:        \$ \_\_\_\_\_

Gap Financing:         \$ \_\_\_\_\_

Other:                    \$ \_\_\_\_\_

## V. PROPOSAL OUTLINE

### **Core Selection Criteria**

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

### **Project Summary**

This summary should identify the applicant and briefly describe your purpose, mission, and goals. Describe whether you have site control and list the properties targeted for rehabilitation or the lots to be constructed on. Attach documentation evidencing ownership of the property(s) in question or evidencing an Option Agreement to purchase such property(s). Clearly and concisely summarize your request for funding, including total cost of project, funds already committed, and the amount requested under this proposal. Please describe how your project meets the goals and objectives of the 2019-2023 Consolidated Plan and how HOME dollars will be utilized for the project and how long-term affordability will be met.

### **Site Control and Demonstration of Value**

Include evidence of site control such as warranty deed or current earnest money contract and provide a real estate appraisal or current tax documentation that substantiates the value of the project. The appraisal or other documentation must indicate that the value of the project is at least 80% of the total debt including any new debt incurred if this HDP loan were to be made.

### **Applicant Capacity**

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

### **Experience in Housing Construction**

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

### **Strategy for Development**

Describe the location of the project (development area), the number of units; per unit costs; the overall benefit to the community; goals and objectives. Also, describe the population to be served (family, special needs, etc.); incomes of families/population to be served (\$ range and \$ median income); type of housing (rental, homeownership); organization's role (owner, developer, property manager, joint venture with more experienced developer). Define the demands for this type of housing through credible data or a market analysis. Does your organization have staff devoted to housing or development activities? Describe whether you have site control and list the properties targeted for rehabilitation or the lots to be constructed on. Attach documentation evidencing ownership of the property(s) in question or evidencing an Option Agreement to purchase such property(s).

### **Financials**

Give a detailed breakdown of the total budget, including major expense line items. Show how the requested HOME 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 HOME funds plus other revenue. Please provide a copy of a 2019 year-end financial statement and most recent financial audit. Complete Financial Statements should include a statement of financial position, statement of activities, cash flow statement of changes in net assets and notes to financial statements. All subgrantees getting over \$25,000 must have a certified bookkeeper doing its financial management.

### **Leveraging Resources and Match**

The applicant must demonstrate the ability to secure resources beyond those provided under this grant award, including private, other public, and mainstream resources. Leveraging resources may include cash, cash equivalent, (i.e., other federal, state, and local grant awards) and in-kind contributions, such as services, donations, or equipment. Please be sure to document your resources. Your evidence may consist of copies of documents such as signed and dated letters of funding certifications from the funding source(s) that provide funds to the proposed activity/project. These statements should include the amount of funds available, and the period the funds will be available for use. If there are multiple funding sources, please ensure that your budget indicates the name of the source and the amount of funds awarded. The HOME dollars require a 25% match of non-federal funds. Please list source you will use to meet this match requirement.

## **VI. APPLICANT SELECTION PROCESS**

### **A. *Review***

Only one application will be accepted per funding cycle. Applications will be reviewed to ensure that they meet the following requirements.

- **Applicant eligibility.** The applicant must be a for-profit organization, nonprofit organization (IRS 501(c) 3 status, faith-based organizations).
- **Eligible population/target area to be served.** The population to be served must meet the eligibility requirements for the HOME program. Housing activities must

be located within the nineteen (19) targeted neighborhoods or an approved revitalization area.

- **Eligible activities.** The activities for which assistance is requested must be consistent with those prescribed in this application.
- **Federal, State, and Local Assurances.** Organizations that receive assistance through the funding process must follow applicable federal, state, and local laws, and executive orders.
- **Match Requirements.** The applicant must furnish sources of matching contributions for both Home and CDBG Set-Aside projects and operating funds.

**B. Standards for Review**

Category	Maximum Points (110)	BONUS (10 Points for each category)
Project Summary	10	<b><u>Coordination and Collaboration</u></b> (Applicant must include support and/or commitment letters, as applicable)
Applicant Capacity	20	
Experience in Housing Construction	10	<b><u>Very low-income population</u></b> (Applicant must set forth the percentage of homes that will be targeted to persons whose income does not exceed 60% or below the median area income)
Strategy for Development	15	
Financials/Budget	20	
Leveraging Resources and Match	15	
<b>Bonus Points</b>	20	Projects within any of the 19 targeted neighborhoods identified in the attached map, and an area with an approved Neighborhood Revitalization Plan.

**C. Additional Selection Criteria**

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

## VII. 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: <a href="http://shreveportla.gov">shreveportla.gov</a>
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	Public Facilities Only
P	Evidence of Occupational License	
Q	Certification of Utilization of HMIS System	(Applicable to Homeless Providers Only)

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](http://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 A



### 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 be listed on your application. These codes can be accessed on the web at <a href="http://www.shreveportla.gov/2626">www.shreveportla.gov/2626</a> . Click on the three digit code and the five digit codes will be shown. All of the 900 range commodity codes are for services & construction. Please list all commodity codes that apply. Use the back if more space is needed. When working on City property see Section 600 on the web for Insurance Requirements.									
1	2	3	4	5	6	7	8		
9	10	11	12	13	14	15	16		
17	18	19	20	21	22	23	24		
25	26	27	28	29	30	31	32		
<b>Please check all of the classifications below that apply. Please provide proof of certification with your application.</b>									
Small Business (SBE)		Large Business (LBE)		Fair Share Certified (FSC)		Disadvantaged Business (DBE)*		Architect or Engineer (AEC)	Women Owned Business (WBE)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initial Below

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

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

\_\_\_\_\_  
 Signature of Person Authorized to Sign

\_\_\_\_\_  
 Name and Title of Person Authorized to Sign for this Firm

\*Defined as those who are socially disadvantaged by Small Business Administration that includes Black Americans, Hispanic Americans, Native Americans, Asian Pacific Americans and Subcontinent Asian Americans. Place actual percentage of ownership from 0% to 100%. Women are not included in this definition of minority unless they fit into one of these categories.  
 Revised 05/17/21

**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 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

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

<sup>2</sup> 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](http://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](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://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](http://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), ABLE 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 <sup>1</sup>
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 <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
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 <sup>4</sup>
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(f)(2)(i)(B))	The trust

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

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

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "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.

<sup>4</sup> 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](mailto: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](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://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 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:				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 NUM- BER	POLICY EF- FECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		LIMITS	
	<b>GENERAL LIABILITY</b>						GENERAL AGGREGATE	
		COMMERCIAL GENERAL LIABILITY					PRODUCTS-COMP/OP AGG	
		CLAIMS MADE	OCCUR	Coverage included for XCU hazards	Yes	No	PERSONAL & ADV INJURY	
		OWNER'S & CONTRACTOR'S PROT		Policies endorsed for mandatory 30 day notice provision	Yes	No	EACH OCCURRENCE	
				Policy endorsed for Subrogation Waiver	Yes	No	FIRE DAMAGE (Any one fire)	
				Policy endorsed to specify the City of Shreveport as an additional insured	Yes	No	MED EXP (Any one person)	
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE UNIT	
		ANY AUTO					BODILY INJURY (Per person)	
		ALL OWNED AUTOS					BODILY INJURY (Per accident)	
		SCHEDULED AUTOS					PROPERTY DAMAGE	
		HIRED AUTOS						
		NON-OWNED AUTOS		Policies endorsed for mandatory 30 day notice provision	Yes	No		
			Policy endorsed for Subrogation Waiver	Yes	No			
			Policy endorsed to specify the City of Shreveport as an additional insured	Yes	No			
	<b>GARAGE LIABILITY</b>						AUTO ONLY-EA ACCIDENT	
		ANY AUTO					OTHER THAN AUTO ONLY:	
				Policies endorsed for mandatory 30 day notice provision	Yes	No	EACH ACCIDENT	
				Policy endorsed for Subrogation Waiver	Yes	No	AGGREGATE	
			Policy endorsed to specify the City of Shreveport as an additional insured	Yes	No			
	<b>EXCESS LIABILITY</b>							
				Policies endorsed for mandatory 30 day notice provision	Yes	No	EACH OCCURRENCE	
		UMBRELLA FORM		Policy endorsed for Subrogation Waiver	Yes	No	AGGREGATE	
		OTHER THAN UMBRELLA FORM		Policy endorsed to specify the City of Shreveport as an additional insured	Yes	No		
	<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>						STATUTORY LIMITS	
				Policies endorsed for mandatory 30 day notice provision	Yes	No	EACH ACCIDENT	
		This Worker's Compensation Policy provides coverage for all members of the insured organization, including an employer, a sole proprietor, a partner or bona fide officer of the organization and all employees.		Policy endorsed for Subrogation Waiver	Yes	No	DISEASE-POLICY LIMIT	
		OTHER					DISEASE-EACH EMPLOYEE	
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:</b>								
	<b>CERTIFICATE HOLDER:</b> City of Shreveport P.O. Box 31109 Shreveport, LA 71130		SIGNATURE:					
			NAME:					
			MAILING ADDRESS:				DATE:	
			CITY/STATE/ZIP:					
			PHONE:					
As an authorized representative, I certify that the above fairly represents the policies in force. (revised 11-18-03)								

**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:**

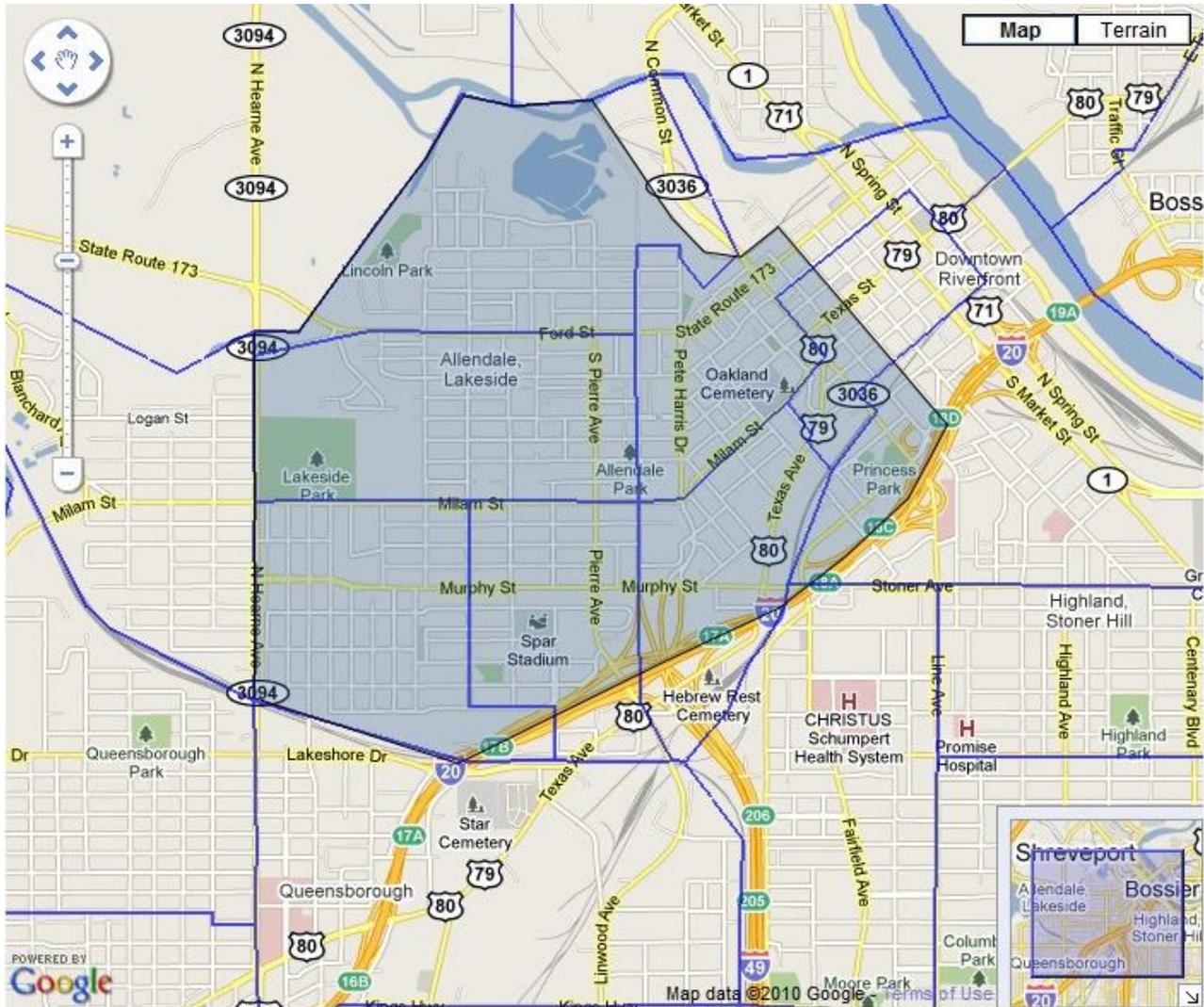
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_  
By: \_\_\_\_\_  
Signature of Authorized Owner or Representative Title Date

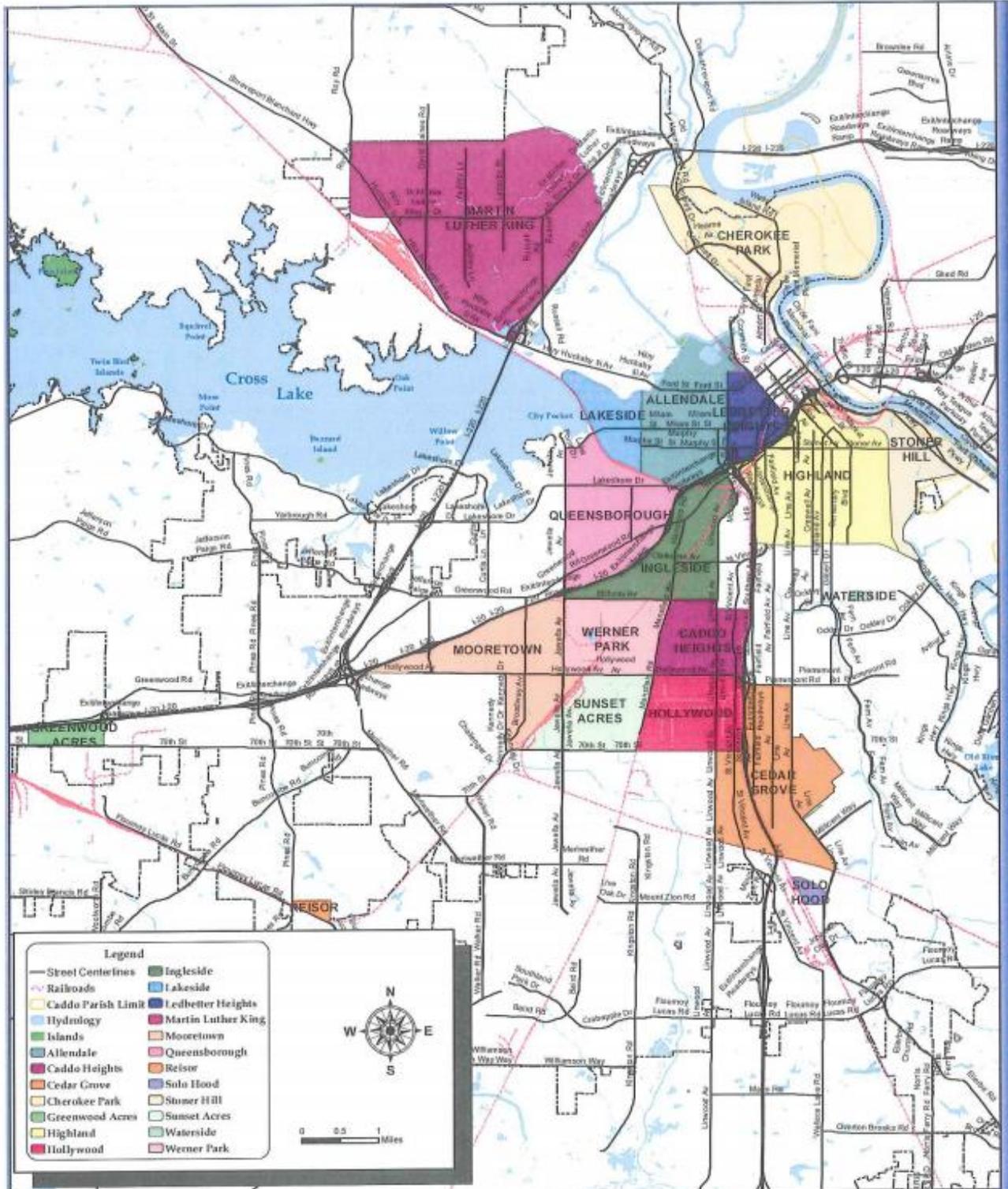
Print Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Fax to: \_\_\_\_\_ OR E-Mail to: \_\_\_\_\_ (10-13-21)

## VIII. 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. List of Board of Directors and their affiliations .....
14. List of Staff Members and Positions .....
15. A copy of your current IRS tax exempt statement .....
16. Articles of Incorporation and Bylaws .....
17. Evidence of Zoning Approval (Public Facilities Only) .....
18. Evidence of Occupational License.....
19. Certification of Utilization of HMIS system (Homeless providers only) .....

# IX. MAPS





# Targeted Neighborhoods



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