



CITY OF SHREVEPORT SPECIAL PROGRAM APPLICATION

I. INTRODUCTION

This application announces the availability of funding under the City of Shreveport, City Council Surplus Fund to enhance the living environment for the citizens in the City of Shreveport. This is a one-time funding opportunity. Only organizations, with a 501(c) (3) nonprofit status and a minimum of one (1) year experience providing one of the related services are qualified to apply. The city is in search of quality of life programs that will enhance livability.

II. SUBMISSION REQUIREMENTS

One original completed application plus three (3) copies must be received by 4:30 p.m., Thursday, December 1, 2022, hand-delivered to the attention of Ms. Bonnie Moore, Director, City of Shreveport, Department of Community Development, 401 Texas Street, First Floor, or mailed to PO Box 31109, Shreveport, Louisiana 71130. The application can also be sent by email to cdproposals@shreveportla.gov, with the subject line Special Program Application.

All applications must be completed using the forms supplied with this application. 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. Your application must not exceed three pages, 12 font, single space, Times New Roman.

III. MANDATORY REQUIREMENTS

A. Background and Program Overview

1. Provide the organization's Mission Statement.
2. Give a brief overview of your project and activities involved.
3. Identify the goals and outcomes that you are trying to achieve.
4. Explain how your project addresses community challenges.
5. What is the public benefit of the project?
6. Include information on outreach initiative and information partnerships with other organizations that will enhance the program or project.
7. If there are similar services in your targeted area, how is your program different or enhance existing services?

B. Need and Impact

1. Identify the need you are addressing? (Validate with credible information)
2. Describe why your project or program is needed.
3. How does this project address this need?

C. Capacity

1. Demonstrate why your organization is best suited to carry out this activity.
2. Give a brief overview of your staff capacity to administer the program.
3. List the names, qualifications, and experience of your staff.

D. Budget

1. Provide a budget of how you will use the funds. No match is required for this grant. However, consideration will be given to applicants with matching funds.

APPLICATION INFORMATION

Name/Agency: _____

Contact Person: _____

Funding Request: _____

Mailing Address: _____

Physical Address: _____

Phone No. _____ Fax No. _____ Email: _____

Website: _____

EIN (Federal Tax ID Number): _____

Council District: _____

Check Which Best Applies to Your Request:

- City Wide Community Enhancement
- Economic Development
- Health and Human Services

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

SIGNATURE OF AUTHORIZED REPRESENTATIVE **DATE**

For Internal Use: Approved or denied _____ Awarded funds _____ Contract award date _____

CHECKLIST OF REQUIRED DOCUMENTS

- A Listing of Board of Directors or Members (include which ones are community residents) (1) _____
- A copy of current IRS 501(c)(3) tax exempt statement indicating that you are not a private foundation and an explanation of any changes in your IRS status (if applicable) (2) _____
- Authorizing Resolution by Board of Directors or Officers to Apply for City funds (3) _____
- Articles of Incorporation and Bylaws (if a nonprofit organization) and Certificate from Secretary of State (4) _____
- Vendor's Application (*Upon award*) (5) _____
- List of Project Leaders and Team Members (6) _____
- W-9 Form and Copy of Occupational License (*Upon award*) (7) _____
- Affidavit (*Upon award*) (8) _____