

**NOTICE OF FUNDING AVAILABILITY (NOFA)**  
CITY OF SHREVEPORT

**HOME INVESTMENT PARTNERSHIPS PROGRAM (AMERICAN RESCUE PLAN)**

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**DEPARTMENT:** COMMUNITY DEVELOPMENT  
**DATE ISSUED:** FRIDAY, MAY 17, 2024  
**DEADLINE:** WEDNESDAY, JULY 17, 2024 BY 4:30 P.M. CST

**1. INTRODUCTION & AUTHORITY**

On March 11, 2021, President Biden signed ARP into law, which provides over \$1.9 trillion in relief to address the continued impact of the COVID-19 pandemic on the economy, public health, State and local governments, individuals, and businesses. Known as HOME-American Rescue Plan or “HOME-ARP”, this program is designed to address the need for homelessness assistance and supportive services, to be administered through HOME to perform four activities that must primarily benefit qualifying individuals and families who are homeless, at risk of homelessness, or in other vulnerable populations.

The U.S. Department of Housing and Urban Development (HUD) has awarded the City of Shreveport \$3,584,981 through HOME-ARP.

**2. NOFA PURPOSE**

The purpose of this Notice of Funding Availability (“NOFA”) is to solicit proposals from experienced and established agencies. Only responders with demonstrable knowledge and experience in developing affordable housing, operating non-congregate or transitional housing, supportive service programs and having extensive experience with federal policies, procedures, and programs need to apply to this solicitation.

The City of Shreveport will not fund **more than three** qualified entities to provide affordable rental housing development, rehabilitation, to qualified populations based on the eligible uses outlined in The City of Shreveport’s HOME-ARP Allocation Plan approved by the U.S. Department of Housing and Urban Development.

Please note that this is a competitive process by which applicants will be scored and evaluated on the merits of their proposal and application. Submission of an application in no way guarantees an award of funding. Awards of funding are not binding on the City until such time as a formal funding agreement has been executed.

**FUNDING AWARDS UNDER THIS NOFA WILL BE LIMITED TO NO MORE THAN TWENTY-FIVE (25%) OF THE TOTAL PROJECT COST.**

**3. FORM OF ASSISTANCE**

Program funds will be secured by a note, deed of trust, and a declaration of land use restrictive covenants (“restrictions”).

Recipient shall execute the note and record a fully and accurately executed deed of trust and restrictions (the “legal documents”) during the construction phase prior to requesting any draws of funding.

A copy of the recorded deed of trust and restrictions must be submitted to THDA within thirty (30) days of final closing.

#### **4. DISCLAIMERS & NOTICES**

##### **Proposals Subject to Public Records Laws**

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

##### **No Guarantee of Funding**

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 of Shreveport reserves the right to reject any proposal. Future award opportunities are not guaranteed and should not be relied on to support continued program activities. All funding awards are fully contingent upon availability and the City reserves the right to adjust funding awards based on the adequacy of resources.

##### **Extensions & Amendments**

The City has the right to extend the submission deadline should such extension be in the interest of the city. If it becomes necessary to revise any part of the NOFA, all amendments will be provided in writing.

##### **Insurance**

Unless otherwise waived by the City of Shreveport's Risk Management Division, applicants must provide proof of insurance available upon notification of funding. Coverage must be in the amounts and coverage types required by the City, must name the City as an additional insured, must provide for a full waiver of subrogation and must be in full force and effect at all times.

Insurance policy limits as required by the City of Shreveport are provided for in the attached document entitled "City of Shreveport Insurance Requirements and Instructions".

**To avoid unnecessary costs, it is recommended that insurance policies are not purchased until such time as you are officially notified of an award for funding.**

**Final execution of any funding agreement under this application is contingent upon review and final approval of all insurance policies by the City of Shreveport's Department of Risk Management.**

##### **Format**

All applications must be fully 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.

##### **Equal Opportunity Clause**

Applicants may not discriminate on the basis of race, gender, nationality, ethnicity, religion, creed, or disability.

### **Outstanding Obligations to the City**

All outstanding fees, fines and costs due to the City must be satisfied prior to final execution of any agreement for funding. For questions about your status please contact the City of Shreveport's Compliance Department at (318) 673-5900.

### **Indemnification Clause**

By submission of this application for funding, applicant undertakes, agrees and does hereby indemnify, defend and hold City, its officers, agents, servants, employees, contractors and subcontractors, harmless from and against any and all claims, demands, losses, suits, damages, judgments, cost and expenses whether direct, indirect or consequential, and including but not limited to all fees, expenses and charges of attorneys and other professionals, and court cost and expenses, for injury, including death or personal injury and property damage, arising out of, in connection with or resulting from this NOFA selection and review process.

## **5. APPLICABLE FEDERAL REGULATIONS**

The City expects all applicants to be fully informed of all regulations applicable to the HOME-ARP program, and if funded to comply with all applicable regulations. Prior to applying, applicants must be specifically familiar with and knowledgeable of the following regulations and program requirements (Links provided below):

- [\*\*Notice CPD-21-10: Requirements for the Use of Funds in the HOME-ARP Program\*\*](#)
- [\*\*Appendix: Waivers and Alternative Requirements For Implementation of the HOME-ARP Program\*\*](#)
- [\*\*Part 92 of the Code of Federal Regulations\*\*](#)
- [\*\*Part 200 of the Code of Federal Regulations\*\*](#)

**Additional federal regulations applicable to this NOFA include but are not limited to the following:**

### **Cost Elements**

All costs for the project shall be aligned with the Office of Management and Budget (OMB) Cost Principles located 24 CFR Part 200. The cost must be allowable, allocable, necessary, and reasonable.

### **Accessibility**

Housing constructed with HOME-ARP funds must meet the accessibility requirements of 24 CFR part 8, which implements Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), and Titles II and III of the Americans with Disabilities Act (42 U.S.C. 12131–12189) implemented at 28 CFR parts 35 and 36, as applicable. Covered multifamily dwellings, as defined at 24 CFR 100.201, must also meet the design and construction requirements at 24 CFR 100.205, which implements the Fair Housing Act (42 U.S.C. 3601–3619).

### **Lead-Based Paint**

Lead-based paint is prohibited in the construction or rehabilitation of any properties assisted under this NOFA subject to HUD Lead Based Paint Regulations which requires compliance with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. §§4851-4856) and implementing regulations at part 35, subparts A, B, J, K, M and R of this title 24. In the case of a rental property developer shall incorporate ongoing lead-based paint maintenance activities in regular building operations, in accordance with § 35.1355(a).

### **Inherently Religious Activities Prohibited**

Organizations that are directly funded under the HOME-ARP program may not engage in inherently religious activities, such as worship, religious instruction, or proselytize, as part of the assistance funded under this part. If an organization conducts such activities, the activities must be offered separately, in time or location, from the assistance funded under this part, and participation must be voluntary for the beneficiaries of the assistance provided.

**Compliance With Section 3** Compliance with the provisions of Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. §1701u), and all applicable rules and orders of the U.S. Department of Housing and Urban Development issued thereunder prior to the execution of the contract shall be a condition precedent to federal financial assistance being provided to this project.

**The Davis Bacon Act** Pursuant to 24 CFR 92.354 applicant agrees that any contract for construction of this project assisted with HOME-ARP Funds shall contain a provision requiring that not less than the wages prevailing in the locality, as predetermined by the Secretary of Labor pursuant to the Davis-Bacon Act (40 U.S.C. 3141), shall be paid to all laborers and mechanics and such contracts shall also be subject to the overtime provisions, as applicable, of the Contract Work Hours and Safety Standards Act (40 USC§§ 327-332).

### **Civil Rights Compliance**

Applicant 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.

### **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. Applicant 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 NOFA.

## **6. THE HOME-ARP ALLOCATION PLAN**

As part of its application for HOME-ARP funding the City was required to develop a HOME-ARP allocation plan (“the Plan”). This process included engaging in consultation and public participation processes to develop a plan that meets the requirements established by HUD. The plan describes how the City intends to distribute its HOME-ARP funds, including how it will use these funds to address the needs of HOME-ARP qualifying populations.

The Plan includes a summary of the consultation activities in developing the plan, a description of the qualified populations within the City, an assessment of unmet needs and service gaps for the qualified populations, and a summary of the planned uses of the program funds for eligible activities. The City’s HOME-ARP Allocation plan can be viewed [here](#).

## **7. ELIGIBLE ACTIVITIES**

Based on the information obtained from the community survey, focus groups and community consultations, HOME-ARP has been elected to fund the following activities under this NOFA:

### **1. Production or Preservation of Affordable Housing**

- a. **New construction or rehabilitation** - of property intended to provided HOME-ARP rental housing for a minimum of 15 years.
- b. **Property acquisition** - must be undertaken only with respect to a particular housing project intended to provide HOME-ARP rental housing for a minimum of 15 years.

- c. **Acquisition of vacant land** - must be undertaken only with respect to a particular housing project intended to provide HOME-ARP rental housing for a minimum of 15 years.

**ANY ABOVE ACTIVITY UNDERTAKEN MUST RESULT IN THE PRODUCTION OF AFFORDABLE HOUSING UNITS DURING THE TERM OF THE AGREEMENT.**

## **8. ELIGIBLE COSTS**

1. **Acquisition** – the costs of acquiring improved or unimproved real property.
2. **Development Hard Costs** - Development hard costs include the actual cost of constructing and rehabilitating housing to meet applicable property standards. Eligible development hard costs may also include on-site improvements such as improvements in keeping with surrounding projects, sidewalks, utility laterals and costs to construct or rehabilitate laundry and community facilities located within the same building as the HOME-ARP housing. Offsite infrastructure is not eligible as a HOME-ARP expense.
3. **Project Related Soft Costs** – including reasonable and necessary costs incurred by the project owner associated with the financing, development, acquisition, or rehabilitation of HOME-ARP rental housing including but not limited to architectural, engineering, or related professional services, appraisals, environmental reviews, costs to process and settle the financing for a project, such as private lender origination fees, credit reports, fees for title evidence, fees for recordation and filing of legal documents, attorneys fees, private appraisal fees and fees for an independent cost estimate, title binders and insurance, legal and accounting fees, including project audit costs, permit fees and affirmative marketing, initial leasing and marketing costs
4. **Builders or Developer Fees** – capped at **ten (10%)** percent of funding award.

## **5. PROHIBITED ACTIVITIES & FEES**

HOME-ARP may not be used for any of the prohibited activities, costs or fees in [24 CFR 92.214](#).

## **6. QUALIFYING POPULATIONS**

HOME-ARP funds must be used to primarily benefit individuals or families from the following qualifying populations:

1. Homeless, as defined in section 103(a) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302(a))
2. At-risk of homelessness, as defined in section 401(1) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(1))
3. Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking, as defined by the Secretary

4. In other populations where providing supportive services or assistance under section 212(a) of the Act (42 U.S.C. 12742(a)) would prevent the family's homelessness or would serve those with the greatest risk of housing instability

Veterans and families that include a veteran family member that meet one of the preceding criteria.

## 7. SUBMISSION DEADLINE & REQUIREMENTS

### Submission Deadline

The City of Shreveport, Department of Community Development, must be in receipt of the proposal complete with all attachments, on or before **WEDNESDAY, JULY 17, 2024 BY 4:30 P.M. CST**

Proposals must be complete at the time of submission. No addendum or supplement will be accepted after the deadline date currently in effect for submission of proposals.

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.

### Submission Options

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

**2024 HOME-ARP NOFA**

**ALL ORIGINAL APPLICATION DOCUMENTS SHOULD BE RETAINED, AS THEY MAY BE REQUESTED FOLLOWING ELECTRONIC SUBMISSION.**

**OPTION 2- HAND DELIVERY:** One original and two (2) copies of application and all attachments may be hand delivered to the attention of Ms. Bonnie Moore, Director, Department of Community Development, **401 TEXAS STREET, SHREVEPORT, LA 71101, (318) 673-5900.**

Applicants who physically deliver their application must have their application logged in. Under no circumstances should any applicant leave a proposal at the office without completing the required log-in procedure.

### Application Format

Each organization is limited to one proposal submission. All applications must be completed using the forms supplied with this NOFA. Please only submit materials that have been requested. The City of Shreveport reserves the right to request additional information pursuant to this application. Proposals must be signed by a person having authority to bind the entity into an agreement or contract.

**ANY APPLICATION NOT FOLLOWING THE PRESCRIBED FORMAT WILL NOT BE CONSIDERED FOR FUNDING.**

## 8. INFORMATIONAL WORKSHOP

An informational workshop between representatives of The City of Shreveport, and prospective applicants under this HOME-ARP NOFA will be held to make certain that the scope of work is fully understood, to provide technical assistance and to answer general questions regarding the completion of the application and the application process. No addendum will be issued at this meeting, but subsequent thereto, the Community Development

Department, if necessary, will issue an addendum(s) to clarify the terms of this NOFA. While attendance at this meeting is not mandatory, applicants will be responsible for all information covered.

**WORKSHOP DETAILS WILL BE ANNOUNCED AT A LATER DATE.**

**9. ELIGIBLE APPLICANTS**

**The City will accept applications from the following qualified and experienced housing development organizations:**

- Not -For-Profit Organizations
- For-Profit Organizations
- Public Agencies
- Partnerships between the same

Entities receiving an award of HOME-ARP 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 Affordability Period as later defined herein.

**In addition to the items listed in the Minimum Eligibility Statement and Requirements, applicant entity must also meet the following criteria:**

1. Be organized and existing to do business in the State of Louisiana, or if organized in another state, must be qualified to do business in the State of Louisiana.
2. Demonstrate at least three (3) years of related housing development and management experience in Louisiana. For the purposes of this program, “related housing experience” means the development, ownership, and management of affordable rental housing.
3. Demonstrate the financial capacity necessary to undertake, complete, and manage the proposed project, as demonstrated by its ability to own, construct, or rehabilitate and manage and operate affordable rental housing. The City will evaluate the experience of the entire proposed team with owning, developing, and managing projects of similar size and scope serving the intended population proposed. Applicants and their development team must undergo an evaluation by the City of their capacity before the applicant may qualify as an eligible (“Recipient”).
4. Have demonstrated understanding of the Federal, State and local housing programs used in conjunction with HOME funds to ensure compliance with all applicable program requirements and regulations.
5. Certify that HOME-ARP Units will comply with Program requirements during the entire period that begins upon selection and ending upon the conclusion of all HOME funded compliance or Affordability Periods.
6. Applicant must not be debarred or excluded from receiving federal assistance prior to selection or entering into the grant contract with the City.

The City will not fund an organization or agency with outstanding disallowed costs, defaulted loans, or any other legal encumbrance, regardless of the merits of the submitted proposal.

**10. COMMUNITY ENGAGEMENT**

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.

**11. PRIORITY NEIGHBORHOODS**

Preference will be given to projects located in one of the City’s 19 Priority Neighborhoods which are listed as follows:

Allendale	Greenwood Acres	Lakeside	Queensborough	Sunset Acres
Caddo Heights	Highland	Ledbetter Heights	Reisor	Waterside
Cedar Grove	Hollywood	Martin Luther King	Solo Hood	Werner Park
Cherokee Park	Ingleside	Mooretown	Stoner Hill	

**12. PROJECT REQUIREMENTS**

- IMPORTANT -** The applicant’s proposed development must provide for adequate physical space to house on-site supportive services from a selected third-party agency to assist individuals and families that meet one of the Qualifying Populations identified herein and as further defined in the *CPD Notice: Requirements for the Use of Funds in the HOME- American Rescue Plan Program*.
- Fifteen Year Affordability Period.** Units constructed with HOME-ARP Funds shall be occupied only by families or individuals who meet the qualifications and guidelines throughout the fifteen (15) year Period of Affordability.
- Zoning:** Prior to submission of your application for funding, the proposed project site must be properly zoned or in the alternative a letter must be provided verifying that a request to change current zoning has already been submitted to the City.
- Eligibility and Income Certification:** Projects must confirm potential tenants’ status as a qualifying population and annual household income at initial occupancy. Tenant household income must then be recertified on an annual basis.
- Property Standards:** HOME-ARP rental units must comply with all property standards applicable to rental projects required in 24 CFR 92.251 paragraphs (a) new construction, (b) rehabilitation projects, (c)(1) and (2) acquisition of standard housing, (e) manufactured housing, and (f) on-going property condition standards.
- Disaster mitigation:** Rental units must be constructed to mitigate the impact of potential disasters (e.g., earthquakes, hurricanes, flooding, and wildfires), in accordance with State and local codes, ordinances, or other State and local requirements, or such other requirements as HUD may establish.
- Rental Limitations:** The HOME-ARP rent may not exceed 30 percent of the adjusted income of a household whose annual income is equal to or less than 50 percent of the median income for the area, as determined by HUD (i.e., Low HOME Rents), with adjustments made for number of bedrooms in the unit. HUD will publish the HOME-ARP rent limits on an annual basis.

- 8. Tenant Selection and Referral Methods:** HOME-ARP project grantees will take referrals from multiple sources and will maintain a referral list open to all qualifying populations. Applicants must then be accepted in chronological order regardless type of qualifying population.
- 9. Tenant Selection Plan:** Once awarded, projects must submit a Tenant Selection Plan to the City which will outline how project developers plan on soliciting tenant application from all qualifying populations.
- 10. Development Costs:** Only the eligible development costs of the HOME-ARP units may be charged to the HOME-ARP program. Cost allocation in accordance with 24 CFR 92.205(d)(1) is required if the assisted and non-assisted units are not comparable.
- 11. No Reduction of Units:** After project completion, the number of HOME-ARP units in a project cannot be reduced.
- 12. Minimum HOME-ARP Investment:** The minimum amount of HOME-ARP funds that must be invested in a rental housing project is \$1,000 times the number of HOME-ARP-assisted units in the project.
- 13. Deadline to begin construction:** Construction of any development project funded under this NOFA is required to begin no later than twelve (12) months after the execution of the funding agreement.

### **13. TARGETING AND OCCUPANCY REQUIREMENTS**

**The 70/30 Rule.** HOME-ARP funds can only be invested in units restricted for qualifying households or low-income households as follows:

- **70%** - Not less than 70 percent of the total number of rental units assisted with HOME-ARP funds in a development must be restricted for occupancy by households that are qualifying households at the time of the household's initial occupancy; and
- **30%** - Not more than 30 percent of the total number of rental units in assisted with HOME-ARP funds in a development may be restricted to low-income households. These rental units do not have to be restricted for occupancy by qualifying households, however rental units restricted to low-income households are only permitted in projects that include HOME-ARP units for qualifying households.

**Occupancy Requirements – Qualifying Population Households.** Units restricted for occupancy by qualifying households must be occupied by households that meet the definition of a qualifying population at the time of admission to the HOME-ARP unit. A qualifying household after admission retains its eligibility to occupy a HOME-ARP rental unit restricted for qualifying populations, irrespective of the qualifying household's changes in income or whether the household continues to meet the definition of a qualifying population. As such, a unit restricted for a qualifying household remains in compliance with the HOME-ARP unit restriction as long as the unit is occupied by a qualifying household that met the definition of a qualifying population at the time of admission.

A qualifying household after admission retains its eligibility to occupy a HOME-ARP rental unit restricted for qualifying populations, irrespective of the qualifying household's changes in income or whether the household continues to meet the definition of a qualifying population. As such, a unit restricted for a qualifying household remains in compliance with the HOME-ARP unit restriction as long as the unit is occupied by a qualifying household that met the definition of a qualifying population at the time of admission.

Qualifying households are eligible for admission to HOME-ARP rental units solely by meeting the definition of one of the qualifying populations and are not subject to income restrictions.

**Occupancy Requirements – Low Income Households** - At initial occupancy, units restricted for low-income households must be occupied by households that meet the definition of low-income in 24 CFR 92.2. If a tenant’s income increases above the applicable low-income limit during the compliance period, the unit will be considered temporarily out of compliance.

**14. HOME- ARP INCOME LIMITS**

The HOME-American Rescue Plan Program (HOME-ARP) uses the HOME Income Limits. HUD updates income limits annually. The current HOME-ARP income limits are provided as a supplemental document to this NOFA.

HOME-ARP funds are intended to primarily benefit households based on their status as "qualifying populations," as defined above, without meeting additional criteria (such as additional income criteria).

Unlike the regular HOME Program, which targets HOME-assisted rental units based on tenant income, 70 percent of all HOME-ARP units will serve households based only upon their status as qualifying households.

Up to 30 percent of HOME-ARP assisted units may be restricted to households that are low-income as defined in 24 CFR 92.2 ("low-income households"). Low-income households include families and individuals whose annual incomes do not exceed 80 percent of the median income for the area, as determined by HUD.

2024 HOME-ARP INCOME LIMITS								
	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
<b>30% LIMITS (EXTREMELY LOW INCOME)</b>	\$15,800.00	\$18,050.00	\$20,300.00	\$22,550.00	\$24,400.00	\$26,200.00	\$28,000.00	\$29,800.00
<b>50% LIMITS (VERY LOW INCOME)</b>	\$26,350.00	\$30,100.00	\$33,850.00	\$37,600.00	\$40,650.00	\$43,650.00	\$46,650.00	\$49,650.00
<b>60% LIMITS</b>	\$31,620.00	\$36,120.00	\$40,620.00	\$45,120.00	\$48,780.00	\$52,380.00	\$55,980.00	\$59,580.00
<b>80 % LIMITS (LOW INCOME)</b>	\$42,150.00	\$48,150.00	\$54,150.00	\$60,150.00	\$65,000.00	\$69,800.00	\$74,600.00	\$79,400.00

**MINIMUM ELIGIBILITY STATEMENT & REQUIREMENTS APPEAR ON THE FOLLOWING PAGE.**



# MINIMUM ELIGIBILITY STATEMENT & REQUIREMENTS

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS BEFORE REVIEW OF THE FOLLOWING APPLICATION FOR SUBMISSION.**

**ABSENT AN APPLICABLE EXCEPTION, APPLICANTS SELECTING “NO” TO ANY OF THE CRITERIA BELOW WILL NOT BE CONSIDERED FOR FUNDING.**

	YES	NO
<p><b>DOES YOUR ORGANIZATION POSSESS AT LEAST 3 YEARS’ EXPERIENCE OF RELATED HOUSING DEVELOPMENT AND MANAGEMENT EXPERIENCE IN LOUISIANA?</b></p> <p><i>For the purposes of this program, “related housing experience” means the development, ownership, and management of affordable rental housing.</i></p>		
<p><b>IS YOUR ORGANIZATION LICENSED TO DO BUSINESS IN THE STATE OF LOUISIANA?</b></p>		
<p><b>IS YOUR PROPOSED PROJECT SITE OUTSIDE OF AN AREA DESIGNATED AS A FLOOD ZONE?</b>  <i>Exception: If you have a flood mitigation plan for a project site located in a flood zone you may select “yes” to this statement.</i></p>		
<p><b>IS YOUR ORGANIZATION FREE FROM DEBARMENT OR SUSPENSION FROM RECEIVING AWARDS OF FEDERAL FUNDING?</b></p>		
<p><b>DOES YOUR ORGANIZATION POSSESS LEVERAGED FUNDS OR RESOURCES IN AN AMOUNT <u>NO LESS</u> THAN 75% OF THE TOTAL PROPOSED PROJECT COST?</b></p>		
<p><b>IS YOUR ORGANIZATION FREE FROM BEING A PARTY TO ANY PENDING LITIGATION WITH THE CITY OF SHREVEPORT?</b></p>		
<p><b>WILL THE NUMBER OF UNITS DEVELOPED FOR YOUR PROJECT RANGE BETWEEN 50-125 UNITS?</b></p>		
<p><b>WILL YOUR PROPOSED PROJECT PROVIDE FOR ADEQUATE PHYSICAL SPACE TO FOR ON-SITE SUPPORTIVE SERVICES?</b></p>		
<p><b>IS YOUR PROPOSED PROJECT SITE PROPERLY ZONED? IF NOT, HAS A REQUEST TO CHANGE ZONING BEEN SUBMITTED TO THE CITY PRIOR TO YOUR SUBMISSION OF THIS APPLICATION?</b></p>		

# COVER SHEET & APPLICATION

## APPLICANT ORGANIZATION

LEGAL NAME OF ORGANIZATION:

ORGANIZATION ADDRESS:

TAX I.D. NUMBER:

FEDERAL UEI NUMBER:

If your organization will not have a UEI number at the time of application submission, please check (✓) here.

*NOTE – The Federal government stopped using DUNS numbers on April 4, 2022 which was replaced by the Unique Entity Identifier (UEI) Number. **UEI numbers must be obtained and provided to the City prior to any award for federal funding.** FOR MORE INFORMATION OR TO OBTAIN A UEI NUMBER, PLEASE VISIT [www.sam.gov](http://www.sam.gov).*

### AUTHORIZED REPRESENTATIVE

*The authorized representative is the party who will be granted authorization to execute documents on behalf of the organization.*

NAME OF AUTHORIZED REPRESENTATIVE:

PHONE NUMBER:

EMAIL ADDRESS:

### POINT OF CONTACT

*The listed point of contact is the party who will be contacted in the event of questions or requests regarding the submitted application. If the same as the Authorized Representative, please indicate "SAME AS ABOVE"*

NAME OF POINT OF CONTACT:

PHONE NUMBER:

EMAIL ADDRESS:

## PROJECT & ACTIVITIES

PROJECT NAME:

PROJECT ADDRESS:

LEGAL DESCRIPTION OF PROPOSED PROJECT SITE:

### AMOUNT OF FUNDING REQUESTED

Amount of HOME-ARP Funds Requested:

Amount of Leveraging Funds:

Total Project Amount:

Source of Funds Leverage:

DEVELOPMENT TYPE - CHECK (✓) ONE			
<b>RENTAL</b>			
✓			
PROJECT TYPE - CHECK (✓) ONE			
	✓		✓
New Construction		Rehabilitation only	New Construction & Rehabilitation
New Construction with Acquisition		Rehabilitation with Acquisition	
BUILDING STYLE - CHECK (✓) ONE			
Single Story Multifamily		Multifamily 2-5 stories, elevator	Multifamily 2-5 stories, non-elevator
Townhouse/Duplex		Single Family Detached	If other, please describe below:
<b>OTHER:</b>			

POPULATION TO BE SERVED - CHECK (✓) ALL THAT APPLY			
	✓		✓
<b>Homeless</b> (as defined in section 103(a) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302(a)))		<b>At-Risk of Homelessness/ Housing Instability</b> (as defined in section 103(a) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302(a)))	
<b>Domestic Violence</b> (persons fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking)		<b>Other Populations</b> (where providing supportive services or assistance under section 212(a) of NAHA (42 U.S.C. 12742(a)) would prevent the family's homelessness or would serve those with the greatest risk of housing instability)	
<b>Veterans</b> (includes veterans and families that include a veteran family member that meet one of the qualifying population criteria)			

AFFORDABILITY MIX							
<i>Reminder: Not less than 70% of the total number of rental units assisted with HOME-ARP funds in a development must be restricted for qualifying households and not more than 30% of the total number of rental units assisted with HOME-ARP funds may be restricted to low-income households.</i>							
	EFF.	1-BDRM	2-BDRM	3-BDRM	4-BDRM	5-BDRM+	TOTAL
HOME UNITS							
OTHER AFFORDABLE							
MARKET RATE							
TOTAL							
Will the HOME rental units be Fixed or Floating? (check (✓) only one)						<b>FIXED</b>	<b>FLOATING</b>

**PLEASE CONTINUE TO THE NEXT PAGE FOR PROPOSAL OUTLINE AND INSTRUCTIONS.**

# PROPOSAL OUTLINE

**This portion of the application must be formatted as outlined herein. Proposals that are not submitted in the following format will not be reviewed.**

- **This section shall not exceed TEN (10) pages double spaced in 12 font.**
- **No handwritten submissions will be accepted.**
- **Each section shall be clearly labeled and identifiable.**
- **The following items below must be fully and completely addressed.**

## **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.
- 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 current Consolidated Plan and HOME-ARP Allocation Plan/Amendment, as well as how HOME-ARP dollars will be utilized.
- Describe how long-term affordability for the project will be met.
- Describe the demands and needs for this type of housing through credible data or a market analysis.
- Fully describe the qualifying population to be served, incomes of families/population to be served (\$ range and \$ median income), type of housing and your organization's role (owner, developer, property manager, joint venture with more experienced developer).
- 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:
  - Total number of households in the project and number to be permanently or temporarily displaced.
  - Description of households to be displaced (include family size and ages of individuals).
  - Circumstances under which the displacement is necessary.
  - Description of the assistance to be provided and a schedule for assistance.
  - Source(s) of funds to be used for relocation assistance.
  - Procedures/methods by which those who are displaced will be advised of their rights and available assistance.

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

- Describe whether you have site control and list the properties targeted for rehabilitation or the lots to be constructed on.
- Include evidence of site control such as warranty deed, option to purchase 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 loan were to be made.

### **Applicant Capacity & Experience in Housing Construction**

- 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.
- 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). Pictures of the proposed project site are requested in the list of additional required documents.
- Describe the current zoning status of the project. Include a letter from the City of Shreveport's Metropolitan Planning Commission 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.
- Fully describe the number of units and all per unit costs.
- Describe the overall benefit to the community and goals and objectives for this project.
- Describe your strategy for ensuring that this project remains operating and sustainable throughout the 15-year period of affordability.

### **Financials**

- Give a detailed narrative breakdown of the total budget, including major expense line items.
- Give a detailed narrative breakdown of how the requested HOME-ARP funds will be applied toward the expenses and show the amount and source of any other revenue that you will be using as detailed in your completed sources and uses statement.
- Provide a copy of a 2023 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 recipients receiving over \$25,000 must have a certified bookkeeper doing its financial management. Please provide the name and contact information of your certified bookkeeper.

### **Leveraging Resources**

- Please fully describe all resources that your organization has secured or is able to secure beyond those requested under this NOFA, 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 provide supporting evidence of leveraged resources consisting 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.

**A REQUIRED SOURCES AND USES STATEMENT AND PROJECT BUDGET APPEARS ON THE FOLLOWING PAGES.**



## PROJECT BUDGET

Total budget expenses should equal the total of HOME-ARP funds plus all other sources of revenue.

<b>Developer Name:</b>			
<b>Project Name:</b>			
<b>Project Address:</b>			
<b>Acquisition Costs &amp; Predevelopment</b>			
Land Costs		\$	
Demolition		\$	
Existing Structures / Debt:		\$	
<b>SUBTOTAL</b>		<b>\$</b>	
<b>Pre-Development Costs</b>			
Property Appraisal		\$	
Market Study		\$	
Environmental Reports		\$	
Soil Borings		\$	
Tax Credit Application Fee		\$	
Survey		\$	
Boundary and Topographical Survey		\$	
Sound Testing		\$	
Insurance		\$	
<b>SUBTOTAL</b>		<b>\$</b>	
<b>Site Improvement</b>			
		\$	
<b>Construction</b>	<b>Total Gross Square Feet</b>		
Unit Construction Cost		\$	
<b>SUBTOTAL Building &amp; Materials</b>		<b>\$</b>	
<b>Contractor Services</b>	(%)	(\$)	
Builders Overhead			
Builder Profit			
General Requirements			
Payment and Performance Bond Premium (deduct from General Req.)			
<b>SUBTOTAL</b>			
<b>Total Building Costs</b>			
<b>Total Construction Costs</b>		<b>\$ _____ /GSF</b>	
Construction Contingency:	%	\$	
<b>TOTAL HARD COSTS</b>		<b>\$ _____ /GSF</b>	<b>\$</b>
<b>SOFT COSTS</b>			
Architectural Fee-Design		\$	
Architectural & Lender Supervision		\$	
Engineering		\$	
Landscape Design		\$	
Material Testing		\$	
Interior Design Fees		\$	

Borrower's Legal		\$
Accounting		\$
Building Permits		\$
Impact Fees & Plan Check Fees		\$
Water Tap Fees		\$
Sewer Tap Fees		\$
Real Estate Taxes		\$
Accessibility Consultant		\$
	(Other)	\$
<b>SUBTOTAL</b>		<b>\$</b>
<b>Financing Fees</b>		
<b>SUBTOTAL</b>		<b>\$</b>
<b>Equity Costs</b>		
<b>SUBTOTAL</b>		<b>\$</b>
<b>Start Up and Reserves</b>		
<b>SUBTOTAL</b>		<b>\$</b>
<b>Other Costs</b>		
<b>SUBTOTAL</b>		
<b>Total Project Costs</b>		<b>\$</b>
<b>Developers Fee</b>		%
Is there an identity of interest? (yes or no)		\$
<b>Total Development Costs</b>		<b>\$</b>

**A CHECKLIST OF ALL REQUIRED DOCUMENTS APPEARS ON THE FOLLOWING PAGES**

**LIST OF REQUIRED ATTACHMENTS AND DOCUMENTS**

If providing document copies, all original documents must be maintained by the organization and must be provided at any time as requested by the City of Shreveport.

NAME	DESCRIPTION	✓
<b>Fully Completed Application and Proposal Outline</b>		
<b>Vendor’s Application</b>	Only required for new applicants who have not previously received funding from the City.	
<b>Authorizing Resolution</b>	Sample provided. You may complete and submit the sample provided or submit your organization’s executed resolution.	
<b>Insurance Instructions</b>	Sample provided. For review only at this time. To avoid unnecessary cost, it is recommended that insurance coverage not be obtained for HOME-ARP funds until an official notice of award is provided.	
<b>Leveraged Resources Supporting Documentation</b>		
<b>Evidence of Zoning Approval or request to change zoning</b>		
<b>Evidence of Occupational License</b>		
<b>Proof of good standing with the Louisiana Secretary of State</b>	Proof of current status of good standing with the Louisiana Secretary of State ( <a href="http://www.sos.la.gov">www.sos.la.gov</a> )	
<b>Personal profiles of the key person(s) who will be assigned to and responsible for the day-to-day operation of the project</b>		
<b>A listing of recent projects and the year they were completed</b>		
<b>Supporting documentation and evidence of site Control</b>		
<b>Full color photos of the proposed project site.</b>		
<b>Appraisal or other documentation evidencing the value of the project</b>		
<b>A copy of your 2023 year-end financial statement</b>		
<b>A copy of your most recent financial audit</b>		
<b>HOME-ARP Income Limits</b>	Provided for review.	

**APPLICATION CERTIFICATION APPEARS ON THE FOLLOWING PAGE.**

**CERTIFICATION MUST BE SIGNED BY THE AUTHORIZED REPRESENTATIVE IDENTIFIED HEREIN**

## **APPLICATION CERTIFICATION**

**By my signature below, I certify and acknowledge that:**

1. I am authorized to submit this application on behalf of the named organization.
2. The information provided herein is true and correct.
3. Any funds approved under this proposal shall be used solely in accordance with the uses described herein.
4. Any misrepresentation or intentional omission of information that leads to the improper allocation and expenditure of public funds may result in legal action against the organization for retrieval of any such funds as well as any applicable or appropriate penalties as provided for under local, state or federal laws and regulations.

<b>SIGNATURE OF AUTHORIZED REPRESENTATIVE:</b>	
<b>NAME:</b>	
<b>TITLE:</b>	
<b>DATE:</b>	

# Vendor's Application Checklist

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

## All Vendors

- Vendor Application ([pages 5-6](#))
- ACH Deposit Form (REQUIRED FOR ALL VENDORS) ([page 7](#))
- W-9 download the most recent revision here <https://www.irs.gov/forms-pubs/about-form-w-9>
- Affidavit ([page 8](#)), original notarized copy must be mailed to the address on the document.
- Proof of certification for any of the following must be provided if selected.
  - Small Business (SBE)
  - Large Business (LBE)
  - Fair Share Certified (FSC)
  - Disadvantaged Business (DBE)\*
  - Architect or Engineer (AEC)
  - Women Owned Business (WBE)

## Vendors located in Shreveport, LA

- Occupational/Business License
- Certificate of Occupancy

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

- Certificate of occupancy

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

# CITY OF SHREVEPORT-PURCHASING DIVISION

505 TRAVIS St Suite 610, SHREVEPORT, LA 71101-3042  
Phone 318-673-5450 Web Site: <http://www.shreveportla.gov> Fax: 318-673-5408

To: All Prospective Bidders

The City of Shreveport welcomes you as a potential bidder for any goods and/or services. Please complete the enclosed Vendor Application form and return it to the Purchasing Division. If your firm is a small, disadvantaged, woman or minority owned business, please complete/download the Fair Share Application online at [www.shreveportla.gov/138/Office-of-Fair-Share](http://www.shreveportla.gov/138/Office-of-Fair-Share). You may contact The Office of Fair Share at (318) 673-5009 or visit the office located 505 Travis Street, Suite 260, Shreveport, LA 71101. DBE/SBE certifications are approved by the Compliance Office in Baton Rouge — (225) 379-1382 or (225) 379-1363.

Completing the enclosed Vendor's Application form gives us all the information that we need to activate your firm as a vendor/contractor, if you happen to be the lowest responsive and responsible bidder for a particular item/service. It is up to you to keep in touch with the Purchasing Division. **VENDOR IS RESPONSIBLE FOR INFORMING THE PURCHASING DIVISION OF CHANGES IN THEIR NAME, TAX ID NUMBER, ADDRESS, TELEPHONE, FAX NUMBERS AND EMAIL ADDRESS.** By checking for our advertisements in the legal section of *The Shreveport Times*, or by visiting [Bidsync by Periscope Holdings](#) you will know what bid/proposal documents are available. Vendors/Contractors have the option to submit their responses, electronically through Bidsync/Periscope or by paper copy. Registration is free and you can sign up now. If you wish to submit electronic responses, you may do so for a small annual fee paid to Bidsync/Periscope. For electronic bidding a small annual fee for a digital signature is required and must be in place prior to bidding. Vendors/Contractors who plan to submit their bids electronically will have to make arrangements with their insurance company for electronic bid bonds.

The City of Shreveport's purchasing policies and procedures require that all purchases of goods and services have a purchase order issued. For those purchases of \$1,000 or less, the initiating department may provide a verbal purchase order number as authority to process an order. For purchases exceeding \$1,000, an **approved purchase order** must be issued by the Purchasing Division and forwarded to the vendor.

**AN AFFIDAVIT ATTESTING THAT VENDOR/CONTRACTOR, LEGAL ENTITIES OF VENDOR/CONTRACTOR DO NOT OWN ADJUDICATED OR LIEN PROPERTY MUST BE MAILED TO THE PURCHASING OFFICE. PLEASE SEE APPENDIX 2, AS ENCLOSED.**

The City does not fill out credit applications; however, the following information is furnished so that you may open an account for the City: In accordance with Act No. 1029 of the Louisiana Regular Legislative session, the City is exempt from all state and local sales and use taxes. Also, the City does not pay federal excise tax. Our registration number for tax-free transactions under Chapter 32 of the Internal Revenue Code is 72-790477-K. Our Federal ID number is 72-6001326.

1. The City will pay the vendor/contractor upon presentation of a properly executed invoice after goods have been received, inspected and accepted. Invoices will be paid within thirty (30) days of receipt of complete and satisfactory delivery, or receipt of a properly executed invoice, whichever is later. Payment will be made on the basis of unit price as listed in the contract; such price and payment will constitute full compensation of furnishing and delivering the contract commodities and/or services performed.

Invoices should be mailed to: City of Shreveport, P.O. Box 31109, Shreveport, La 71130-1109, Attn: Accounting Division.

## 2. References are:

(a)The Times	222 Lake Street, Shreveport, LA 71130	318-459-3410
(b)The Shreveport Sun	2224 Jewella Avenue, Shreveport, LA 71133	318-631-6222
(c)Bath Business Services	610 Market Street, Shreveport, LA 71101	318-221-7141
(d)Xerox Corporation	800 Carillon Parkway, St. Petersburg, FL 33716	800-822-2200

We appreciate your business as it is important to us. It is also very important that you follow the City of Shreveport's policies and procedures. If the procedures are not followed, your payment may be delayed or you may not be paid because the purchase has not been authorized. Call 318-673-5450 if you have any questions or concerns about bid specifications or the procurement process. You may also wish to contact us by fax at 318-673-5408 or by email address which is [renee.anderson@shreveportla.gov](mailto:renee.anderson@shreveportla.gov).

Sincerely,  
Renee Anderson  
Interim Purchasing Agent  
Revised 05/17/21

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

## CITY OF SHREVEPORT-QUICK REFERENCE TO PURCHASING REGULATIONS (revised 05-18-21)

The Fair Share Ordinance has a goal of 25% of certified Fair Share (DBE/FSC) Vendors/Firms. Use of Fair Share Vendors/Firms is strongly encouraged. The City of Shreveport's listing of current bids is posted on [Bidsync by Periscope Holdings](#) and the City's web site [www.shreveportla.gov/Solicitations](http://www.shreveportla.gov/Solicitations). The official source of solicitation documents shall be BidSync/Periscope.

- 1.0 **COMMODITIES**-Amounts must be based upon the aggregate total by Commodity that all City Departments need for one budget year. It is against the law to split purchases in order to avoid the requirement of receiving quotes or advertising for public bidding.
  - 1.1 Purchases -\$1,000 or less.
  - 1.2 Non-recurring purchases, items not stocked in the storeroom or not on a contract. Department uses PO, Invoice Batch or Procurement Card (P-card).
  - 1.3 \$1,001 to \$9,999-PO in LOGOS, required. Purchasing issues PO after approvals in LOGOS.
  - 1.4 [\\$10,000 to \\$19,999-Requisition and quotes in LOGOS, required.](#)
  - 1.5 [\\*\\$20,000 to \\$24,999-Solicitation Request \(Cityform\) for RFQ, required. PO in LOGOS, required. Purchasing must issue RFQ with written specifications. Award other than to the lowest vendor must be approved by the Purchasing Agent. Enter in Contracts when there is a written contract. Purchasing issues PO after approvals in LOGOS.](#)
  - 1.6 [\\*\\$25,000 plus-Solicitation Request for IFB, required. Purchasing must issue IFB with written specifications & advertise for minimum of 10 days \(excluding holidays\). Requires a PO in LOGOS & must be entered in Contracts if there is a written contract. Purchasing issues PO after approval in LOGOS.](#)
  - 1.7 \*Note: Exceptions to the City policy & public bid law for quotes (\$20,000 to \$24,999) & bid requirements (\$25,000+) are: State Contract Items, State Contract Local match items as negotiated by Purchasing (**R.S. 39:1710**). Cooperative Purchasing Agreements & Invoice Batch Items as listed under Exemptions in the Purchasing Manual. For listing of State Contracts see: <http://doa.louisiana.gov/osp/osp.htm>. Verify that you are referencing the current Purchasing Manual which is located on the Intranet at: <http://city.cos>.
- 2.0 **CONSTRUCTION**-Amounts must be based upon each site per budget year. It is against the law to split projects in order to avoid the requirement of a State Contractors License or to avoid public bidding. Any contractor/vendor working on City property must provide an insurance certificate for approval of the Risk Manager. State Contractors license required when cost per site for the budget year will be \$50,000+. **For residential home improvement projects a State license is required when \$7,500 or more.**
  - 2.1 Procurement Card Purchases 1,000 or less. Department uses a PO, Invoice Batch or Procurement Card (Pcard).
  - 2.2 \$1,001 to \$4,999-PO in LOGOS, required. Purchasing issues PO after approved in LOGOS.
  - 2.3 \$5,000 to \$29,999-PO in LOGOS, written (R.S. 38:2241) contract (if an emergency, written contract required when \$50,000+) entered in Contracts. Purchasing issues P.O. after Contracts is approved.
  - 2.4 **\*\*\$30,000 to \$149,999-Solicitation Request for RFQ, required. Purchasing must issue Request for Quote (RFQ) with written specifications. P.O. in LOGOS, written recorded contract entered in Contracts is required. 10% Two-Year Maintenance/Warranty Bond is required @ \$20,000+, when applicable. 50% Payment Bond required when in excess of \$30,000 (R.S. 38:2241). State Contractors License & 100% Performance Bond required @ \$50,000+. Purchasing issues P.O. after Contract is approved in LOGOS. When amount is in excess of \$30,000 the vendor/contractor is required to record the contract with the bonds at the Parish Courthouse.**
  - 2.5 \$150,000 plus-Solicitation Request for IFB, required. Purchasing must advertise for minimum of 25 days (excluding holidays) & issue Invitation for Bid (IFB) with written specifications. PO in LOGOS, written recorded contract entered in Contracts is required. State Contractors License, 5% Bid Bond, & all bonds listed above are required. Purchasing issues P.O. after Contract is approved in LOGOS.
- 3.0 **ARCHITECTURAL/ENGINEERING SERVICES**-Architectural, engineering, interior design, construction management, land surveying & landscape architectural services.
  - 3.1 Contracts less than \$10,000-PO in LOGOS, required (No RFS). Purchasing issues PO after approved in LOGOS.
  - 3.2 \$10,000 plus-Solicitation Request for RFS, required. PO in LOGOS, written contract entered in Contracts is required. Purchasing must advertise for minimum of 25 days (excluding holidays) & issue Request for Statement of Qualifications (RFS). Purchasing issues PO after approved in LOGOS.
- 4.0 **REQUEST FOR PROPOSALS**-can only be used as shown below & for services not covered in the Public Bid Law.
  - 4.1 When practical-Services-\$10,000 to \$29,999-Solicitation Request (Cityform) for RFQ, required - same as Commodities. When practical-Services-\$30,000 plus-Solicitation Request for RFP, required. Purchasing normally advertises RFPs for minimum of 30 days (excluding holidays) & issues Request for Proposals (RFP) with written specifications. PO in LOGOS, written contract entered in Contracts is required. Purchasing issues P.O. after approved in LOGOS. Exception: Any service can be an exception if not covered in the Public Bid Law and if approved by the Purchasing Agent.
  - 4.2 For items listed below, when less than \$25,000, same as Commodities.
  - 4.3 TELECOMMUNICATIONS/D.P. EQUIPMENT-\$25,000 plus-Solicitation Request for RFP, required. Purchasing must advertise for minimum of 10 days (excluding holidays) & issue Request for Proposals (RFP) with written specifications. PO in LOGOS & is required. Purchasing issues PO approved in LOGOS. Can also use IFB with 15 day advertisement for this equipment if note that RFP process is not applicable.
  - 4.4 Used Fire & Emergency Response Vehicles \$25,000 plus-Solicitation Request for RFP, required. Purchasing must advertise for minimum of 25 days (excluding holidays) & issue Request for Proposals (RFP) with written specifications. PO in LOGOS Purchasing issues P.O. after approved.
  - 4.5 Shared Energy Savings (Contractors License Required)-Solicitation Request for RFP, required. Purchasing must advertise for minimum of 42 days (excluding holidays) & issue Request for Proposals (RFP) with written specifications. PO in LOGOS, written recorded contract. Purchasing issues PO after approved in LOGOS. RS 33:4547.2

\*\*Note: Exception to the quote requirements would be to use City employees for construction projects including for new buildings when the total cost, is less than \$150,000 (including City employee labor, materials and rented equipment).



# Vendor's Application

Please email, mail, or fax completed application to:

City of Shreveport, Purchasing Division

505 Travis St, Suite 610 | Shreveport, LA 71101

Phone: (318) 673-5450 | Fax: (318) 673-5408 | Email: [purchasing@shreveportla.gov](mailto:purchasing@shreveportla.gov)  
[www.shreveportla.gov](http://www.shreveportla.gov)

Initial Application       Revision

Vendor/Contractor Business Name:	Federal Tax ID or S. S. Number:	Date of Application:
----------------------------------	---------------------------------	----------------------

Web Site Address:

Sales (Order) Address:				Remittance Address:			
Street Address				Street Address			
City	State	ZIP		City	State	ZIP	
Phone		Fax		Phone		Fax	
Email				Email			

Type of Organization:	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation DCB Ownership _____ %	<input type="checkbox"/> Minority Ownership _____ %
Type of Business or service: (Select all that apply)	<input type="checkbox"/> Architect/Engineer	<input type="checkbox"/> Manufacturer/Producer	<input type="checkbox"/> Distributor	<input type="checkbox"/> MFGR'S Agent
	<input type="checkbox"/> Retailer	<input type="checkbox"/> Service Establishment	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Construction

It is imperative that the commodity codes are listed on your application. These codes can be accessed on the web at [www.shreveportla.gov/2626](http://www.shreveportla.gov/2626). **Click on the three digit code and the five digit codes will be shown. All of the 900 range commodity codes are for services & construction.** Please list all commodity codes that apply. Use the back if more space is needed. **When working on City property see Section 600 on the web for Insurance Requirements.**

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32

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

Small Business (SBE) <input type="checkbox"/>	Large Business (LBE) <input type="checkbox"/>	Fair Share Certified (FSC) <input type="checkbox"/>	Disadvantaged Business (DBE)* <input type="checkbox"/>	Architect or Engineer (AEC) <input type="checkbox"/>	Women Owned Business (WBE) <input type="checkbox"/>
--	--	--	---	---	--

Initial Below

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

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

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

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

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

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

**Additional Contacts**

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



# 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.



**AFFIDAVIT**

**ATTESTING THAT ENTITY OR PERSON  
DOES NOT OWN ADJUDICATED OR LIEN PROPERTY AND  
DOES NOT OWE OUTSTANDING DEBT TO CITY**

**\*\* This affidavit is submitted to document compliance with Shreveport City Code 26-211. \*\***

BEFORE ME, the undersigned Notary Public duly qualified and commissioned, came and appeared

(Name) \_\_\_\_\_ authorized representative of:  
(Business Name) \_\_\_\_\_ with a Federal Tax Identification Number (EIN) of:  
(Tax ID) \_\_\_\_\_ and with a current email address of:  
(Email Address) \_\_\_\_\_ who does hereby state as follows, to-wit:

- 1 Business Entity or Person does not own any property which is adjudicated to the City of Shreveport, Louisiana or which has demolition liens, grass cutting liens, or any other Property Standards liens on it. For purposes of this subsection, the term "own" shall mean to be the last record owner of the property prior to a tax sale or adjudication.
- 2 Business Entity or Person does not own more than twenty-five percent (25%) of a legal entity that owns any property which is adjudicated to the City or which has demolition liens, grass cutting liens, or any other Property Standards liens on it.
- 3 Business Entity or Person has paid all taxes, licenses, fees, fines and other charges which are outstanding and due to the City. E.g. false alarm fees, property standard fines, over-due water bills.
- 4 Business Entity or Person will provide written notification to the City's Purchasing Agent no later than the next work day after any of the above statements becomes invalid.
- 5 Upon request of the Purchasing Agent the City reserves the right to require a newly dated/issued Affidavit.

BY: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**SWORN TO AND SUBSCRIBED BEFORE ME**, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Identification Number or LA Bar Roll Number  
\*\*\*\*\*

Mail original affidavit via U.S. mail to: *OR* Deliver via other carrier or hand-delivery to:  
Purchasing Division Purchasing Division  
P.O. Box 31109 | Shreveport, LA 71130 505 Travis St., Suite 610 | Shreveport, LA 71101

**Affidavit must be on file in the Purchasing Office before a contract, purchase order or check is issued.**

\*\* Form Revised 05-17-2021 \*\*



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(b)(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.

**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.

**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 SIGN ABOVE AND COMPLETE BELOW:**

Company Type (Select One)                      LLC                      Sole Proprietorship

**CITY OF SHREVEPORT**  
**INSURANCE REQUIREMENTS and INSTRUCTIONS**

UNLESS WAIVED BY THE RISK MANAGER FOR THE CITY OF SHREVEPORT, EVIDENCE OF ALL APPROPRIATE AND APPLICABLE INSURANCE COVERAGE CARRIED BY THE FIRM, AGENCY OR ORGANIZATION DURING THE FULL TERM OF ANY CONTRACT OR AGREEMENT.

**All applicable policies MUST:**

- A. Be endorsed to name the City as an additional insured.**
- B. State that all right of recovery or subrogation against the City, its officers, agents or employees and its insurance companies is waived.**

Funding recipients and contractors shall furnish the City of Shreveport with certificates of insurance showing that the following insurance is in force at all times. Each certificate must name the organization or agency contracting with the city as the policy holder and should contain the following coverages and limits of liability:

**Commercial General Liability Insurance** - in an amount not less than a combined single limit of \$1,000,000 per occurrence and \$1,000,000 annual aggregate. It is the intent of the **City** that the policy coverage should not be limited by an annual aggregate limitation. If this policy is to be limited by an aggregate annual limitation, the aggregate limitation shall not be less than \$2 Million otherwise **Subrecipient** must provide a \$1,000,000 per project aggregate applicable for the project specified in this agreement.

**Commercial Auto Liability Insurance** - including hired, rented or non-owned automobiles, in an amount not less than \$500,000 combined single limit.

**Workers' Compensation Insurance** - as required by the laws of the State of Louisiana and Employer's Liability Insurance in a minimum amount of \$1,000,000. This policy shall contain an Other States Coverage Endorsement. When required by the **City**, this policy shall also be endorsed to include coverage required by the United States Longshoreman and Harbor Workers' Compensation Act and Maritime Coverage. The certificate of insurance required by section C, below, must have the following statement shown in the remark section: This policy for workers' compensation protects all members of the insured organization, including an employer a sole proprietor, a partner or bona fide officer of the insured organization, and all employees.

**IN ADDITION TO THE ABOVE, THE FOLLOWING REQUIREMENTS MAY APPLY TO PUBLIC FACILITIES AND/OR CONSTRUCTION PROJECTS FOLLOWING AN ASSESSMENT BY THE CITY OF SHREVEPORT'S RISK MANAGER.**

**Builders' Risk Insurance** - for the mutual benefit of the Vendor/Contractor and the City, to be provided in a reporting policy form or other form acceptable to the City. This policy shall be written on an "all-risk" basis providing coverage for the building structure and construction machinery and equipment. This policy shall be endorsed to name the City as an additional insured.

**Performance Bond** - issued by a qualified Surety in favor of **City**, as obligee, which guarantees that **City** will be indemnified for any loss occurring from the failure of **Contractor**, as obligor, to perform the work according to the Agreement, plans and specifications. This bond shall be in an amount equal to 100% of the Agreement amount. This bond will be required on any agreement amount exceeding \$50,000. This bond will be waived on any agreement amount less than \$50,000 providing the aggregate amount of any such Agreements concurrently in effect does not exceed \$50,000. Any agreement which causes the aggregate amount to exceed \$50,000 will be bonded for the entire amount of the agreement in question.

This bond will be waived on any agreement amount less than \$7,000, regardless of the aggregate amount on any such agreements concurrently in effect. There will be no more than three (3) agreements concurrently in effect for any one (1) contractor.

**Payment Bond** - issued by a qualified Surety in favor of City, as obligee, which guarantees that bills incurred Contractor, as obligor, for labor and materials will be fully paid at the completion of the project. This bond shall be written in an amount equal to 50% of the Agreement amount. This bond will be required on any agreement amount exceeding \$25,000. This bond will be waived on any agreement amount less than \$25,000 providing the aggregate amount of any such agreements concurrently in effect does not exceed \$25,000. Any agreement which causes the aggregate amount to exceed \$25,000 will be bonded for the entire amount of the agreement in question. This bond will be waived on any agreement amount less than \$7,000, regardless of the aggregate amount on any such agreements concurrently in effect. There will be no more than three (3) agreements concurrently in effect for any one (1) contractor.

**Maintenance Bond** - issued by a qualified Surety in favor of City, as obligee, which guarantees that the completed work is free from defects and that faulty work will be corrected and/or defective material will be replaced for a period of one (1) year. This bond shall be written in an amount equal to 10% of the agreement amount. This bond will be required on any agreement amount exceeding \$20,000, This bond will be waived on any agreement amount less than \$20,000 providing the aggregate amount of any such agreements concurrently in effect does not exceed \$20,000. Any agreement which causes the aggregate amount to exceed \$20,000 will be bonded for the entire amount of the agreement in question. This bond will be waived on any agreement amount less than \$7,000, regardless of the aggregate amount on any such agreements concurrently in effect. There will be no more than three (3) agreements concurrently in effect for any one (1) contractor.

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#### ADDITIONAL REQUIREMENTS

- 1) All coverage provided shall be effective under insurance policies issued by solvent insurance carriers qualified to do business in the State of Louisiana and having an A. M. Best Company rating of **B+VII** or better. This rating requirement will be waived for the workers' Compensation coverage only.
- 2) The **City** reserves the right to inspect any and all insurance policies required pursuant to this Agreement, prior to commencement of the services specified in the Agreement and anytime thereafter. Failure to provide adequate evidence of insurance or failure to maintain the insurance as required by this paragraph shall be grounds for terminating this Contract at the option of the City.
- 3) Proof that such insurance coverage exists shall be furnished to the **City** by means of Certificate of Insurance form provided by the **City** before any part of the service specified by this Agreement are commenced. **The said Certificate shall name the City as an additional insured as indicated in subsection a. and include a provision that in case of cancellation or any material change in the coverage stated above the City shall be notified thirty (30) days prior to such change or cancellation.** Said provision shall include cancellation for nonpayment of premium. **Subrecipient** shall be liable for its subcontractors' insurance coverage of the types and in the amounts stated above, and shall furnish the **City** with copies of such Certificates of Insurance.
- 4) The **City** will give **Subrecipient** prompt notice in writing of the institution of any suit or proceeding and permit **Subrecipient** to defend same, and will give all needed information, assistance, and authority to enable **Subrecipient** to do so. **Subrecipient** shall similarly give the **City** immediate notice of any claim arising out of the performance of the agreement. **Subrecipient** shall furnish immediately to the **City** copies of all pertinent papers received by **Subrecipient**.
- 5) **Subrecipient** shall be responsible for compliance with all safety rules and regulations of the Federal Occupational

Safety and Health Act of 1970 and those of all applicable State Acts, Laws or Regulations during the conduct of **Subrecipients** performance of the Agreement. **Subrecipient** shall indemnify the **City** for fines, penalties and corrective measures that result from the acts of commission or omission of **Subrecipient**, its subcontractors if any, agents, employees and assigns and their failure to comply with such safety rules and regulations.

- 6) If any part of the services specified by this agreement is sublet, similar insurance shall be provided by or on behalf of the subcontractor to cover their operations, and evidence of such insurance, satisfactory to the **City**, shall be furnished to the **City** by **Subrecipient**.
- 7) The payment of any deductible specified by such insurance policies shall be the responsibility of the Contractor and will be paid solely by the Contractor. If any of the insurance policies referred to above do not have a flat premium rate and such premium has not been paid in full, such policy must have a rider or other appropriate endorsement or waiver sufficient to establish that the issuer of the policy is entitled to look only to the Contractor for premium payment and has no right to recover premium payment from the City.

**FOR QUESTIONS RELATED TO INSURANCE COVERAGE REQUIREMENTS FOR YOUR SPECIFIC PROJECT, PLEASE CONTACT THE CITY OF SHREVEPORT'S RISK MANAGEMENT DIVISION AT (318) 673-5540.**