

**NOTICE OF FUNDING AVAILABILITY (NOFA)**  
**CITY OF SHREVEPORT**  
**HOME INVESTMENT PARTNERSHIPS PROGRAM (AMERICAN RESCUE PLAN)**  
**SUPPORTIVE SERVICES**

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**DEPARTMENT:** COMMUNITY DEVELOPMENT  
**DATE ISSUED:** MONDAY, SEPTEMBER 9, 2024  
**DEADLINE:** MONDAY, SEPTEMBER 30, 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 providing supportive services and having extensive experience with federal policies, procedures and programs need apply to this solicitation.

The City of Shreveport will fund qualified entities to provide eligible supportive services 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 FIFTY PERCENT (50%) OF THE  
TOTAL ACTIVITY COSTS**

**3. LOCATION OF SERVICES**

All supportive services funded under this NOFA must be provided on the site and premises of one of the City’s HOME-ARP affordable housing developments.

## 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.

### **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.

### **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. QUALIFYING POPULATIONS & ELIGIBLE PROGRAM PARTICIPANTS

Supportive services may be provided to individuals and families who meet the definition of a qualifying population and who are not already receiving these services through another program.

Qualifying populations are defined as follows:

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

## 8. SUPPORTIVE SERVICES

HOME-ARP funds may be used to provide a broad range of supportive services to qualifying individuals or families as a separate activity or in combination with other HOME-ARP activities. For the purposes of this NOFA supportive services shall include:

1. **McKinney-Vento Supportive Services:** McKinney-Vento Supportive Services under HOME-ARP are adapted from the services listed in section 401(29) of McKinney-Vento.
2. **Homelessness Prevention Services:** HOME-ARP Homelessness Prevention Services are adapted from eligible homelessness prevention services under the regulations at 24 CFR 576.102, 24 CFR 576.103, 24 CFR 576.105, and 24 CFR 576.106, and are revised, supplemented, and are further identified in a subsequent section of this NOFA.

## 9. ELIGIBLE ACTIVITIES & COSTS

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:

**CASE MANAGEMENT SERVICES** – the costs of assessing, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant(s) are eligible costs. Eligible costs are those associated with the following services and activities:

- a. Labor or supplies and materials incurred in directly providing supportive services to program participants
- b. Salary and benefit packages of staff who directly deliver the services
- c. Conducting the initial evaluation, including verifying and documenting eligibility, for individuals and families applying for supportive services
- d. Developing, securing, and coordinating services
- e. Using a centralized or coordinated assessment system that complies with the requirements of this Notice
- f. Obtaining federal, state, and local benefits
- g. Monitoring and evaluating program participant progress
- h. Providing information and referrals to other service providers
- i. Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking
- j. Developing an individualized housing and service plan, including planning a path to permanent housing stability
- k. Conducting re-evaluations of the program participant's eligibility and the types and amounts of assistance the program participant needs

**FINANCIAL COUNSELING SERVICES** – HOME-ARP funds may pay for credit counseling and other services necessary to assist program participants with critical skills related to household budgeting, managing money, accessing a free personal credit report, and resolving personal credit problems. This assistance does not include the payment or modification of a debt. Eligible costs are those associated with the following services and activities:

- a. Labor or supplies and materials incurred in directly providing supportive services to program participants.
- b. Salary and benefit packages of staff who directly deliver the services
- c. Costs for conducting the initial evaluation, including verifying and documenting eligibility, for individuals and families applying for supportive services;
- d. Costs for securing, and coordinating services
- e. Programmatic Expenses (credit report/scores, training, software, etc.)

## 10. PROHIBITED ACTIVITIES & FEES

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

## 11. REQUIRED POLICIES AND PROCEDURES

- a. **PARTICIPANT SELECTION** - HOME-ARP funds may only be used to provide supportive services to individuals or families that meet the definition of a qualifying population as identified in this NOFA. Applicants must develop and submit policies and procedures for the selection and qualification of eligible program participants for the eligible services provided in this NOFA.
- b. **DOCUMENTATION OF ELIGIBLE COSTS** - Applicants must develop and submit requirements for documenting eligible costs for an individual or family in a qualifying population as McKinney-Vento supportive services or homelessness prevention services.

If a person is homeless, then the person is eligible to be provided the supportive services as McKinney-Vento supportive services for the costs identified in this NOFA.

If a person is housed and the supportive services are intended to help the program participant regain stability in the program participant's current permanent housing or move into other permanent housing to achieve stability in that housing then the person is eligible for homelessness prevention services for the costs allowable in Section VI.D.4.c.i below. Housing Counseling services may be provided regardless of whether a person is homeless or currently housed.

- c. **OVERSIGHT OF ELIGIBLE COSTS** - The applicant must establish and submit policies and procedures that will ensure that program participants shall only receive HOME-ARP services needed so there is no duplication of services or assistance in the use of HOME-ARP funds for supportive services. This may include the use of systems such as Homeless Management Information Systems in coordination with local supportive service providers, CoCs, and other nonprofit organizations.
- d. **ASSISTANCE THRESHOLDS** - Applicant must develop and submit policies which set maximum amounts and/or maximum periods for assistance or services, the maximum dollar amount that a program participant may receive for each type of service and/or maximum periods for which a program participant may receive any of the types of assistance or services.
- e. **CONFIDENTIALITY** - Applicant must provide procedures and policies for ensuring all records containing personally identifying information of any individual or family who applies for and/or receives assistance will be kept secure and confidential.
- f. **TERMINATION OF SERVICES** - Applicant must develop and submit policies which define criteria for termination of assistance and the circumstances under which this will occur.

## f. 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 **MONDAY SEPTEMBER 30, 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 SERVICES**

**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.**

**g. 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.**

**h. ELIGIBLE APPLICANTS**

**The City will accept applications from the following qualified and experienced service providers:**

- Not -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 supportive services experience in the City of Shreveport, Louisiana.
3. Demonstrate the capacity necessary to undertake, complete, and manage the proposed activities and management of projects of similar size and scope serving the intended population proposed.
4. Have demonstrated understanding of financial management of Federal, State and local funded programs.
5. Organization must demonstrate possession of leveraged funds or resources in an amount no less than 50% of the total proposed project cost.
6. Organization must be free from being a party to any pending litigation against the City of Shreveport.
7. 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.

#### **i. 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).

#### **j. DISBURSEMENT OF FUNDS**

Disbursement of funds under this award of funding will be paid on a reimbursement basis only in accordance with the terms of a later executed funding agreement. No funds shall be disbursed as advanced payment or for expenses paid with cash regardless of cost eligibility.

**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
DOES YOUR ORGANIZATION POSSESS AT LEAST 3 YEARS' EXPERIENCE PROVIDING THE SERVICE(S) FOR WHICH FUNDING IS BEING REQUESTED UNDER THIS NOFA?		
IS YOUR ORGANIZATION LICENSED TO DO BUSINESS IN THE STATE OF LOUISIANA?		
HAS YOUR ORGANIZATION UNDERTAKEN, COMPLETED AND MANAGED PROJECTS OF THE SAME SIZE AND SCOPE SERVING THE INTENDED POPULATION TO BE SERVICED?		
IS YOUR ORGANIZATION FREE FROM DEBARMENT OR SUSPENSION FROM RECEIVING AWARDS OF FEDERAL FUNDING?		
DOES YOUR ORGANIZATION HAVE A STRONG UNDERSTANDING OF FINANCIAL MANAGEMENT OF FEDERAL, STATE AND LOCALLY FUNDED PROGRAMS?		
DOES YOUR ORGANIZATION POSSESS LEVERAGED FUNDS OR RESOURCES IN AN AMOUNT <u>NO LESS THAN 50%</u> OF THE TOTAL PROPOSED PROJECT COST?		
IS YOUR ORGANIZATION FREE FROM BEING A PARTY TO ANY PENDING LITIGATION WITH THE CITY OF SHREVEPORT?		

**COVER SHEET & APPLICATION APPEAR ON THE FOLLOWING PAGE.**

**COVER SHEET & APPLICATION**

**APPLICANT ORGANIZATION**

<b>LEGAL NAME OF ORGANIZATION:</b>	
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<b>ORGANIZATION ADDRESS:</b>	
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<b>TAX I.D. NUMBER:</b>		<b>FEDERAL UEI NUMBER:</b>	
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<b>If your organization will not have a UEI number at the time of application submission, please check (ü) here.</b>	
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*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.*

<b>NAME OF AUTHORIZED REPRESENTATIVE:</b>	
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<b>PHONE NUMBER:</b>	
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<b>EMAIL ADDRESS:</b>	
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**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"*

<b>NAME OF POINT OF CONTACT:</b>	
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<b>PHONE NUMBER:</b>	
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<b>EMAIL ADDRESS:</b>	
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**PROJECT & ACTIVITIES**

<b>PROJECT NAME:</b>	
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<b>PROJECT ADDRESS:</b>	
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**AMOUNT OF FUNDING REQUESTED**

<b>Amount of HOME-ARP Funds Requested:</b>	
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<b>Amount of Leveraging Funds:</b>	
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<b>Total Project Amount:</b>	
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<b>Source of Funds Leverage:</b>	
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ACTIVITY TYPE - CHECK (✓) ONE			
CASE MANAGEMENT		FINANCIAL COUNSELING	
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)			

**ALL QUESTIONS AND INQUIRIES RELATIVE TO THIS NOFA MUST BE SUBMITTED TO  
CDPROPOSALS@SHREVEPORTLA.GOV**

**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 & NARRATIVE**

- Please describe your request for funding, including the program activities and how they will be accomplished.
- Describe the population and area to be served by this request for funding.
- Provide a clear timeline for commencement, implementation and completion of your proposed activities.

### **PROBLEM STATEMENT**

- Describe the need to be addressed by your proposed project. Specifically define the problem and clearly document the needs to be met or problems to be solved by the proposed project. You must determine the extent of the problem in the geographic area that you will target with your program.
- The need should be related to the purpose of your proposed activities and documented, using sound and reliable data (statistics, survey findings, expert advice, studies, student data, and test results). You are encouraged to link the documentation of need to data identified in the city's Consolidated Plan. To obtain a copy of the Consolidated Plan, go to [www.shreveportla.gov](http://www.shreveportla.gov)

### **PROGRAM EVALUATION**

- Identify and describe one or more performance measures your project will meet including but not limited to the number of persons to be assisted by each proposed activity and the specific outcomes, impacts and benefits your activities will have on the targeted qualifying population.
- Describe the specific tools you will use to track output and outcome as well as the methodology you will use to measure your success in meeting your stated goals.
- Describe how you will make the services provided accessible, affordable and sustainable.

### **PROGRAM MANAGEMENT**

Please provide the following policies and procedures as more fully identified above:

- **PARTICIPANT SELECTION POLICY** - for the selection and qualification of eligible program participants for the eligible services provided in this NOFA.

- **DOCUMENTATION OF ELIGIBLE COSTS POLICY** - Outlining requirements for documenting eligible costs for an individual or family in a qualifying population as McKinney-Vento supportive services or homelessness prevention services.
- **OVERSIGHT OF ELIGIBLE COSTS POLICY** - Which will ensure that program participants shall only receive HOME-ARP services needed so there is no duplication of services or assistance in the use of HOME-ARP funds for supportive services.
- **ASSISTANCE THRESHOLDS POLICY** – Establishing maximum amounts and/or maximum periods for assistance or services, the maximum dollar amount that a program participant may receive for each type of service and/or maximum periods for which a program participant may receive any of the types of assistance or services.
- **CONFIDENTIALITY POLICY** – Establishing how all records containing personally identifying information of any individual or family who applies for and/or receives assistance will be kept secure and confidential.
- **TERMINATION OF SERVICES POLICY** – Defining the criteria for termination of assistance and the circumstances under termination can occur.

#### **APPLICANT CAPACITY**

- Briefly describe your organization’s purpose, mission, and goals.
- 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 activities if funded.
- Provide a summary of your organization’s relevant experience in managing grants and similar programs.
- Please provide a listing of recent projects and the year they were completed in the last twelve (12) months.
- 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.

#### **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.

## **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 description of the cost-effectiveness, reasonableness and feasibility of the project's budget.
- 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.

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



**HOME -ARP PROGRAM - SUPPORTIVE SERVICES  
BUDGET FORM**

**Organization Name:** \_\_\_\_\_

**The budget must be completed listing by line item the projected expenditures for the funds requested. In addition, list the amounts, types and source of match.**

LINE-ITEM	FUNDING AMOUNT			TOTAL AMOUNT	SOURCE/DESCRIPTION
	HOME-ARP Amount	Other Cash Contributions	In-Kind Amount		
<b>TOTAL</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>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 copy of your 2023 year-end financial statement</b>		
<b>A copy of your most recent financial audit</b>		
<b>Participant Selection Policy</b>		
<b>Documentation of Eligible Costs Policy</b>		
<b>Oversight of Eligible Costs Policy</b>		
<b>Assistance Thresholds Policy</b>		
<b>Confidentiality Policy</b>		
<b>Termination of Services Policy</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>	