

# REQUEST FOR PROPOSALS

## CITY OF SHREVEPORT FINANCIAL EMPOWERMENT CENTER NONPROFIT PROVIDER



Shreveport  
Financial  
Empowerment  
Center

Free One-on-One  
Financial Counseling



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**COVER SHEET & APPLICATION  
RESPONDENT ORGANIZATION**

<b>FULL LEGAL NAME OF ORGANIZATION:</b>			
<b>ORGANIZATION ADDRESS:</b>			
<b>TAX I.D. NUMBER:</b>		<b>FEDERAL UEI NUMBER:</b>	
<b>If your organization will not have a UEI number at the time of application submission, please check (✓) here.</b>			
<p align="center"><i>NOTE – The Federal government stopped using DUNS numbers on April 4, 2022, which was replaced by the Unique Entity Identifier (UEI) Number. <b>UEI numbers must be obtained and provided to the City prior to any award for federal funding.</b></i></p> <p align="center"><i>FOR MORE INFORMATION OR TO OBTAIN A UEI NUMBER, PLEASE VISIT <a href="http://www.sam.gov">www.sam.gov</a>.</i></p>			
<b>AUTHORIZED REPRESENTATIVE</b>			
<i>The authorized representative is the party who has been granted authorization to execute documents on behalf of the organization.</i>			
<b>NAME OF AUTHORIZED REPRESENTATIVE:</b>			
<b>PHONE NUMBER:</b>			
<b>EMAIL ADDRESS:</b>			
<b>POINT OF CONTACT</b>			
<i>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"</i>			
<b>NAME OF POINT OF CONTACT:</b>			
<b>PHONE NUMBER:</b>			
<b>EMAIL ADDRESS:</b>			
<b>MATCH</b>			
<b>MATCHING FUNDS AMOUNT:</b>	\$		
<b>SOURCE OF MATCHING FUNDS:</b>	\$		



**CITY OF SHREVEPORT  
2025 REQUEST FOR PROPOSALS (RFP)  
Financial Empowerment Center (FEC)  
Nonprofit Provider**

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**AGENCY:** City of Shreveport

**ACTION:** Financial Empowerment Center, Nonprofit Provider

**DATE ISSUED:** Thursday, January 16, 2025

**RFP DEADLINE:** Friday, February 7, 2025

**I. ANNOUNCEMENT**

The City of Shreveport's Department of Community Development is seeking proposals from community organizations ("Nonprofit Providers") to manage and implement the City of Shreveport's Financial Empowerment Center (FEC). The Financial Empowerment Center model provides free, professional, one-on-one financial counseling and coaching to residents. With support from the Cities for Financial Empowerment (CFE) Fund, and various funders, the City of Shreveport will provide a key public service to support financially vulnerable residents.

The Nonprofit Provider must demonstrate a commitment to adhering to all policies, procedures, and guidelines associated with the Cities for Financial Empowerment (CFE) model. This includes compliance with the CFE's established standards for program delivery, client services, and operational practices. The Nonprofit Provider is expected to ensure that all financial empowerment initiatives are implemented in alignment with the CFE's best practices and strategic objectives.

As part of the Financial Empowerment Center (FEC) model, the City of Shreveport will partner with a qualified community organization to develop and manage the FEC. This partnership will involve responsibilities related to the delivery of financial counseling, supervision of financial counselors, database operations, community partnerships, and program deliverables.

**FEC Model:**

- Professional, one-on-one and free public service.
- Systematically track data and outcomes for client management and evaluation.
- Connects to a range of local government and nonprofit service delivery systems.
- Prioritizes sustainability efforts to become a permanent service in the locality.

**Operations:**

- Programmatic design and implementation are led and overseen by the Local Government Program Manager.
- The core responsibilities of the Nonprofit Provider consist of supporting the programmatic design and implementation of the initiative as well as supervision of the Counselors.
- Counselors conduct financial triage with clients to determine the nature of their financial situation, set goals, and establish a specific plan of action with each client focused in four five primary areas: banking, savings, debt, and credit, and legacy planning.
- Client retention, critical to outcome achievement, is prioritized as counselors work with clients to make progress on their action plan.
- All Non-Profit Program Providers and Counselors must be trained based on the CFE Fund's training standards and pass a CFE Fund-administered final exam.

The core responsibilities of the Nonprofit Provider consist of supporting the programmatic design and implementation of the initiative; supervising the financial counselors at the FEC; collecting and prepare any programming reports for the Local Government Manager, funder, and partners, etc; and ensure the FEC is compliant with program protocols, outcomes, and other requirements. The Nonprofit Provider must possess a combination of leadership, financial literacy expertise, community outreach experience, and nonprofit management skills to effectively lead and manage the program. The Nonprofit Provider should also successfully complete and pass counselor training.

There will also be 3 full-time financial counselors. The core responsibilities of the financial counselors will include:

- Assess client needs and develop individual financial action plans with each client;
- Provide individualized financial counseling sessions (including both initial and follow-up sessions) and achieve client outcomes;
- Make appropriate referrals and integrate other wraparound supports (i.e. benefits, tax preparation) into counseling to achieve greater results;
- Engage in ongoing follow-up with clients;
- Collect, track and report required data using client management database;
- Participate in initial trainings and ongoing professional development trainings;
- Aid the Nonprofit Provider and Local Government in marketing the program as necessary; and,
- Successfully complete and pass counselor training.

To ensure the performance of the FEC Center and the effectiveness of services rendered, the Nonprofit Provider and FEC Counselors will adhere to the following performance measures:

- At a minimum, a full-time counselor in their first year of performance should conduct 480 sessions and 500 – 600 in all subsequent years.
- At a minimum, a full-time counselor in their first year of performance should accomplish 100-150 outcomes and 200-250 outcomes in all subsequent years.

The City of Shreveport will consider proposals from organizations with proven experience in the delivery of social services in the community and the ability to implement high-volume, quality, one-on-one financial counseling services to residents in the City of Shreveport. The Nonprofit Provider(s) will be expected to develop referral systems with a range of other programs and organizations to drive traffic to the FEC, as well as be responsive to potential strategic partnerships initiated by the City of Shreveport to ensure that goals are being met.

Questions pertaining to the RFP can be directed to Marcia Nelson at [marcia.nelson@shreveportla.gov](mailto:marcia.nelson@shreveportla.gov). Phone inquiries are not permissible. Responses will be sent to all parties expressing an interest in the RFP.

## II. SCHEDULE OF EVENTS

NOTIFICATIONS	DATE
Request for Proposals Release Date	January 16, 2024
Proposal submission due date	February 7, 2025
Anticipated Notification of selection	February 21, 2025
Anticipated contract date	April 1, 2025
Anticipated program start date	July 1, 2025

## III. PROPOSAL OUTLINE & NARRATIVE

Please ensure that the submitted proposal covers the questions below in detail.

### A. Organizational Capability

- Provide a description of the organization, including its mission.
- Provide a narrative of the overall organizational capacity including any recent growth or contractions, and changes in strategic directions in recent years.

- Explain how the Respondent has the organizational capability (financial and operational) to perform the administrative and programmatic responsibilities related to the delivery of the proposed services; the increased level of supervision and management activity required to ensure that benchmarks and core service outcomes set forth in this RFP are achieved.
- Describe the role that senior managers will play in the development, implementation and oversight of the project.
- Explain how this contract would extend the capacity of your existing efforts in the arena of financial empowerment.
- Highlight any experience with data tracking and reporting to government agencies and/or private funders.
- Describe the Respondent's approach to human resources management, including hiring, supervision, and professional development. Provide the turnover rate, explain how it is calculated, and describe the approach to reducing turnover.
- Detail any experience managing financial or other counselors. Submit a copy of Respondent's most recent IRS letter indicating the Respondent's tax- exempt status. If the Respondent does not have 501c3 status, submit the IRS letter for the tax- exempt fiscal sponsor.
- Submit Respondent's most recent annual report, if available.

## **B. Financial Capacity**

- List all local, state, and federal government contracts held by the Respondent at any time during the past three years, including the Respondent's project name, contract name and number, contract purpose, total contract amount (cumulative over five years), government contracting agency, and agency contact person.
- Provide financial statements, audited if available, showing statement of activities (revenue and expense) and financial position (balance sheet) for the most recent complete fiscal year and the two years prior.
- Provide the most recent IRS Form 990.
- If the FEC will be part of the Respondent's larger anti-poverty strategy, describe that strategy's other components, how the FEC will relate to them operationally, and how they are funded. If the Respondent intends to raise additional funds to expand the FEC beyond the level of city funding, list the other potential funders

and explain how the expansion will operate. In particular, if any other funder requires different deliverables or tracks different outcomes, explain how the Respondent will manage blended operations and reporting.

- If financial counseling is an entirely new undertaking for the Respondent, describe start-up costs and how they are included in the budget. If the FEC is an expansion of related work already underway by the Respondent, explain how resources will be shared by or reassigned to the FEC.
- If the Respondent intends to subcontract any of the FEC operations, describe subcontracting plans in detail.

**Additional Information:** Attach a chart showing where, or an explanation of how, the proposed services will fit into the Respondent's organization.

### C. Proposed Approach

- Program Manager: Name of the Program Manager, including a resume and brief bio.
- Delivery of Service: Provide a detailed plan on the organization will meet the City of Shreveport's FEC Framework and the Scope of Work. Be as detailed as possible with regard to operational issues and specifically address the following:
  - a. Explain the organization's approach to counseling with a particular emphasis on describing the client experience. This may include a detailed description of a typical counseling session, relevant materials used during sessions, and any additional information that will fully explain the Respondent's plans for achieving client outcomes.
  - b. Describe Respondent's staffing recruitment plan for a program manager and financial counselors.
  - c. Affirm that the Respondent will collect, manage, and track data using the CFE Fund's national FEC data system.
  - d. Indicate the key tasks and key milestones associated with start-up and implementation, specifically activities leading up to the anticipated program start date.
- Coordination with other services: Identify the possible approaches to forge programmatic partnerships with City/County agency or community organizations referenced in Attachment X: FEC Model. In addition, please detail initial thoughts on ways to monitor and assess the viability of these partnerships.
- External Referrals: Detail plans for referrals from the FEC to other supportive

services (employment, housing, access to benefits, legal, etc.)

- Subcontractors: If subcontractors are proposed, describe in detail on each one will be trained, how the quality of the service will be assessed and ways in which oversight will be conducted.
- Marketing and Outreach: Detail existing organizational communications opportunities to promote the FEC and any other outreach opportunities.

#### **D. Market Assessment**

- Provide a brief description of any suggested community/communities or target population(s) to be served through the proposed Financial Empowerment Center. Articulate the justification for doing so, including the key financial challenges.
- List and provide a brief description of any suggested locations where the FEC counselors can be housed.

#### **E. Proposed Budget & Financial Information**

- Provide a detailed budget for the program using the attached budget template. The City anticipates that awards will cover the full cost of program implementation, however, Respondents should make proposals realistic based on the available funds outlined herein.
- If applicable, Respondents should include a list of any additional anticipated sources of income toward the project, actual and prospective with amounts.
- Submissions should include the following information:
  - a. Direct Personnel Expenses
  - b. Personnel Fringe Expenses
  - c. Other Than Personnel Services (OTPS)
  - d. Expenses (credit report/scores, training, software, etc.)
  - e. Administrative Expenses (supplies, equipment, rent, etc.)
  - f. Indirect costs
  - g. Current expense budget anticipated for the project or currently used on similar projects.
  - h. List each staff line separately and include percent of the time anticipated for this project or currently spent on a similar project.
  - i. Organization budget for the current fiscal year.

## **F. Relevant Experience**

- Detail and describe any experience with the delivery of financial counseling or coaching to adults with demonstrable outcomes (If the organization does not have experience in financial counseling or coaching, then it must provide a staff training plan and timeline to ensure adequate capacity.
- Detail and describe experience working in one or more low-income communities in the City of Shreveport, with a preference for those with a high concentration of working poor adults, established community relationships and partnerships highly desirable.
- Detail capacity and flexibility to meet a continuum of financial needs of low-income, multilingual residents in a variety of stages of financial need and crisis.
- Detail experience with conducting effective client outreach. Preference will be given to Respondents with specific experience using multiple marketing and outreach tools to build a high- volume client base and leveraging partnerships with community leaders and activities to drive traffic.
- List at least two relevant references, including the name of the reference entity, a brief statement describing the relationship between the Respondent, and the reference entity, and the name, title, and telephone number of a contact person at the reference entity, for the Respondent and each proposed sub-contractor if any.
- Provide program staffing chart identifying for each position that will be working with or at the FEC, the job responsibilities, level of skills and expertise. For each key staff position please provide a brief bio (and attach a resume) and/or description of the qualifications that will be required for the positions to be hired. All key management positions, including Executive Director, Managing Director, Director of Operations, Director of Programs, Program Manager, or similar positions, should be identified with specific people assigned to key tasks.

## **IV. MATCH REQUIREMENTS**

The nonprofit organization must provide 25% of the required match for the budget. The match must be cash or a cash equivalent, (i.e. shared staff cost, use of a facility). For example, if the total budget amount is \$300,000.00 the required match is \$75,000.

## V. INSURANCE REQUIREMENTS

Respondents must provide proof of adequate insurance coverage upon notification of funding. Coverage must be in the amounts and coverage types required by the City as outlined in the attachment entitled “City of Shreveport Insurance Requirements & 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. Please note that the insurance requirements are subject to change.

## VI. CORE SELECTION CRITERIA

CATEGORY	MAXIMUM POINTS
Organizational Capacity	15
Financial Capacity	10
Proposed Approach	15
Market Assessment	10
Proposed Pricing	15
Relevant Experience	15
Matching Resources	20
<b>TOTAL:</b>	<b>100</b>

## VII. ADDITIONAL SELECTION CRITERIA

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

## VIII. PROPOSAL FORMAT & SUBMISSION OPTIONS

All applications must be completed using the forms supplied with this Notice of Funding Availability. Any application not following the prescribed format will not be considered for funding. **\*All applications must be in 12-point font.**

### Submission Options

**OPTION 1 - ELECTRONIC SUBMISSION:** Applicants 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 FEC RFP - {NAME OF YOUR ORGANIZATION}

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

**OPTION 2 - HAND DELIVERY:** One original and two (1) copies of application and all attachments may be hand delivered to the attention of Director, Department of Community Development, **401 TEXAS STREET, SHREVEPORT, LA 71101, (318) 673-5900.**

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

## IX. APPLICATION CHECKLIST

- Completed Application & Narrative
- Attachment 1: Articles of Incorporation
- Attachment 2: Proof of Good Standing from the Secretary of State
- Attachment 3: Letter Demonstrating non-profit 501©(3) Status of the Federal Tax Code
- Attachment 4: List of the Agency’s Board of Directors5)
- Attachment 5: Authorizing Resolution from the Board of Directors
- Attachment 6: Proof of Matching Funds
- Attachment 7: Insurance Requirements **(only required if funded)**

**APPLICATION CERTIFICATION APPEARS ON THE FOLLOWING PAGE.  
CERTIFICATION MUST BE SIGNED BY THE AUTHORIZED REPRESENTATIVE  
IDENTIFIED HEREIN**

**X. 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>	

***INSURANCE REQUIREMENTS APPEAR ON THE FOLLOWING PAGE.***

**XI. CITY OF SHREVEPORT  
INSURANCE REQUIREMENTS/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.**
- C. Be submitted in the format of an ACORD form. A blank sample has been provided for your reference.**

**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.

**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.**

