

2025 Louisiana Emergency Solutions Grant Program

**Application Deadline:
Friday, July 11, 2025
5:00 P.M.**



FOR QUESTIONS, PLEASE CONTACT CATHY.MITCHELL@SHREVEPORTLA.GOV

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2025 Louisiana Emergency Solutions Grant Program
Notice of Funding Availability: 2025 Louisiana Emergency Solutions Grants Program (ESGP)

The City of Shreveport has received an application package for the 2025 Louisiana Emergency Solutions Grants Program (ESGP), administered by the Louisiana Housing Corporation (LHC). ESGP funds may be used for the following eligible activities:

- Rehabilitation or conversion of buildings for use as emergency shelters for the homeless;
- Operating costs of emergency shelters;
- Essential services related to emergency shelters and street outreach; and
- Homelessness prevention and rapid re-housing assistance

Eligible applicants under the State ESG Program include units of local government and Continuum of Care (CoC) agencies, which may allocate funding to private nonprofit organizations. For this application cycle, the City of Shreveport will serve as the lead applicant.

Important Requirements:

- Participating organizations must be enrolled in the Homeless Management Information System (HMIS) at the time of submission.
- Matching funds (including in-kind contributions) must be provided in accordance with program guidelines.
- The total amount of funding available under this Notice of Funding Availability (NOFA) is **\$268,595.00**.

Please note that no funding commitments will be made based solely on this solicitation. The City of Shreveport reserves the right to accept proposals that best align with program goals and community needs.

I. SUBMISSION INFORMATION

Application packets are available beginning Tuesday June 17, 2025 on.

**THE DEADLINE FOR RECEIPT OF A COMPLETED APPLICATION IS
FRIDAY, JULY 11, 2025 BY 5:00 P.M.**

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.

ELECTRONIC SUBMISSION ONLY: 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), with a subject line entitled:

2025 State ESG NOFA

Original proposal documents should be retained, as they may be requested following submission.

II. COVER SHEET & APPLICATION

APPLICANT ORGANIZATION

LEGAL NAME OF ORGANIZATION:			
ORGANIZATION ADDRESS:			
TAX I.D. NUMBER:		FEDERAL UEI NUMBER:	

*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 prior to submission of this application for funding.** FOR MORE INFORMATION OR TO OBTAIN A UEI NUMBER, PLEASE VISIT www.sam.gov.*

AUTHORIZED REPRESENTATIVE

The authorized representative is the party who will be granted authorization to execute documents and communicate on behalf of the organization relative to this application.

NAME:			
PHONE NUMBER:			
EMAIL ADDRESS:			

PROJECT & ACTIVITIES

PROJECT NAME:			
PROJECT ADDRESS:			
BRIEF DESCRIPTION OF PROJECT:			

AMOUNT OF FUNDING REQUESTED

Amount of ESG Funds Requested:			
Amount of Matching Contribution:			
List and Description of Sources of Matching Funds:			
Total Project Cost:			

Have you been previously awarded ESG funds?	Yes	No	If yes, what years?
	<input type="checkbox"/>	<input type="checkbox"/>	

ELIGIBLE ACTIVITY TO BE FUNDED – CHECK ALL THAT APPLY (✓) BELOW

✓					
ELIGIBLE ACTIVITY:	Street Outreach	Emergency Shelter	Homeless Prevention	Rapid Rehousing	HMIS

III. EMERGENCY SOLUTIONS GRANT PROGRAM - BACKGROUND

The Emergency Shelter Grants Program was established in 1986 to help address homelessness among individuals and families across the United States. In 1987, it was incorporated into Subtitles B of Title IV of the Stewart B. McKinney-Vento Homeless Assistance Act (42 U.S.C. 11371–11378). On May 20, 2009, President Barack Obama signed into law the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, which reauthorized and significantly revised the McKinney-Vento programs. As part of this revision, the Emergency Shelter Grants Program was renamed the Emergency Solutions Grants (ESG) Program.

The ESG Program now supports a broader range of services, including both the original emergency shelter activities and additional components such as homelessness prevention and rapid re-housing. ESG funds may be used to support individuals who are currently homeless or at risk of becoming homeless.

The current administering agency for the State of Louisiana's funding allocation under this Program is the Louisiana Housing Corporation ("LHC"). ESGP regulations provide that the State may not carry on Program activities with its allocated funds but must make all of its grant amounts available to local recipients.

The Louisiana Housing Corporation (LHC) requires all applicants to be fully informed of the relevant program regulations and, if awarded funding, to comply with all applicable requirements. Applicants must be particularly familiar with the following:

- **ESG Regulations (24 C.F.R. Part 576):** Published in the Federal Register on April 1, 2012, this rule outlines the updated regulations for the ESG Program, replacing the prior Emergency Shelter Grants Program rules.
- **HEARTH Homeless Definition Final Rule (24 C.F.R. Parts 91, 582, and 583):** Issued on December 5, 2011, this final rule defines "homelessness" for the purposes of the ESG Program.

IV. DESIGN & PURPOSE

The Program's name was changed from the Emergency Shelter Grants Program to the Emergency Solutions Grant to reflect a shift in focus from addressing the needs of homeless people in emergency shelters to assisting people to quickly regain stability in permanent housing following a housing crisis or episode of homelessness. Under the revised ESG program, funds may be used for the following activities:

- The rehabilitation or conversion of buildings for use as emergency shelter for the homeless;
- The payment of certain expenses related to operating emergency shelters for the homeless;
- Street outreach for the homeless;
- Homelessness prevention;
- Rapid re-housing assistance; and
- Homeless Management Information System (HMIS).

V. ELIGIBLE APPLICANTS

- Only private non-profit organizations that have been providing homeless services for at least one year are eligible for funding.
- Applicants must demonstrate the capacity to provide matching funds—either cash or in-kind

contributions—equal to the amount awarded.

- Applicants must involve homeless individuals and families in ESG-funded activities to the greatest extent practicable.
- Applicants provide written certification of participation in a Homeless Management Information System (HMIS).

VI. ELIGIBLE ACTIVITIES

ESG funds may be used for six program components:

1. Street outreach,
2. Emergency shelter,
3. Homelessness prevention,
4. Rapid re-housing assistance,
5. Homeless Management Information System (HMIS), and
6. Administrative activities.

In accordance with 24 CFR 576.100(b), no more than 60% of the total requested amount may be allocated to street outreach and essential services. For collaborative applications, this 60% cap applies to the overall application, not to individual partners. Additionally, at least 40% of the total requested amount must be dedicated to homelessness prevention and/or rapid re-housing activities.

1. **Street Outreach:** Funds may be used for costs of providing essential services to reach out to unsheltered homeless people; connect them with an emergency shelter, housing or critical services; and provide urgent non-facility based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing or an appropriate health facility.

Eligible Activities include the following:

- Engagement Activities
- Case Management
- Emergency Health Services
- Emergency Mental Health Services
- Transportation

2. **Shelter Operations:** Funds may be used for costs of providing essential services to families and individuals in emergency shelters, renovating buildings to be used as emergency shelters for homeless families and individuals, and operating emergency shelters.

Eligible Activities include the following:

- a. **Essential Services:** ESG funds may be used to provide essential services to individuals and families who are in emergency shelters including case management, child care, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services and transportation.
- b. **Renovation Activities:** Eligible costs include labor, materials, tools, and other costs for renovation

(including major rehabilitation or conversion of a building into an emergency shelter).

- c. **Shelter Operations:** Eligible costs are the costs of maintenance (including minor or routine repairs), rent, security, fuel, equipment, insurance, utilities, food, furnishings and supplies necessary for the operation of the emergency shelter.
 - d. **Vouchers:** Where no appropriate emergency shelter is available for a homeless family or individual eligible costs may also include hotel or motel vouchers for that family or individual.
3. **Homelessness Prevention:** Funds may be used to provide housing relocation and stabilization services and short-or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter and prevent incidences of homelessness.

The following requirements apply to Projects funded through the Emergency Solutions Grant for Homeless Prevention:

- a. Individuals and households assisted under the homelessness prevention component must have an income at or below (30%) of the area median income, as determined by HUD, with adjustments for smaller or larger families.
- b. Persons/families receiving funding under this program must qualify as a homeless or at- risk household as indicated below and further defined in (576.103) and the definitions contained in (576.2).
- c. Persons/families eligible for assistance are lacking sufficient resources or support networks, e.g. family, friends, faith-based or other social networks, immediately available to prevent them from moving into an emergency shelter or a primary nighttime residence that is not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- d. Homelessness Prevention gives priority to individuals and families who are currently in housing but are at risk of becoming homeless and temporary rent or utility assistance would prevent them from becoming homeless or, who need assistance to move to another unit; and fall into at least one of these secondary risk criteria:
 - 1. Household has moved 2 or more times due to economic reasons over a 60-day period.
 - 2. Individual or family is living in a home of another or doubled-up due to economic hardship.
 - 3. Individual or family lives in a hotel or motel not paid for by a government or charitable organization.
 - 4. Household lives in an overcrowded housing unit as defined by the US Census Bureau.
 - 5. Householder is exiting a publicly funded institution or system of care.
 - 6. SRS involvement with children and youth.
 - 7. Domestic Violence problems.
 - 8. Households experiencing persistent housing instability due to factors such as chronic physical health or mental health conditions, substance addiction, histories of domestic violence or abuse,

the presence of a child with disabilities or having two or more barriers to employment.

- e. The costs of Homelessness Prevention are only eligible to the extent that it is necessary to help the program participant regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing.
- f. Homelessness Prevention must be provided in accordance with the ESG housing relocation and stabilization services requirements in 576.105, the short-term and medium-term rental assistance requirements in 576.106 and the written standards and procedures under 576.400 which state: ***For Housing Relocation and Stabilization Services, ESG funds may be used to pay housing owners, utility companies and other third parties:***
 - 1. Rental application fees.
 - 2. Security deposits equal to no more than 2 months' rent.
 - 3. First and Last Month's rent. Total rental assistance to a participant cannot exceed 24 months during any 3 year period including first and last month's rent.
 - 4. Standard utility deposits.
 - 5. Utility payments. ESG funds may pay for up to 24 months of utility payments per program participant, per service, including up to 6 months of utility payments in arrears per service. Total utility payment assistance to a participant cannot exceed 24 months during any 3 year period.
 - 6. Moving Costs such as truck rental or hiring a moving company. Assistance may also include payment of temporary storage fees for up to 3 months.
 - 7. Service Costs under this category include Housing Search and Placement assistance, Housing Stability Case Management, Mediation Activities, Legal Services necessary to resolve housing issues, and Credit repair/Counseling Services.
 - 8. For Homeless Prevention Short-Term and Medium Term Rental Assistance, ESG may provide a program participant with up to 24 months of rental assistance during any 3 year period.
 - 9. This assistance may be short-term rental assistance, medium-term rental assistance, payment of rental arrears, or any combination of this assistance.
 - 10. Short-term rental assistance is assistance for up to 3 months of rent.
 - 11. Medium-Term rental assistance is assistance for more than 3 months but not more than 24 months of rent.
 - 12. Payment of rental arrears consists of a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears.
 - 13. Rental assistance may be tenant-based or project-based.
 - 14. All units must meet Fair market Rent requirements as established by HUD.

15. A Rental Assistance Agreement must be in place for each unit assisted. The agreement must specify the terms and conditions under which rental assistance will be provided and conditions of the units occupied.

4. **Rapid Re-Housing-** ESG funds may be used to provide housing relocation and stabilization services and short- or medium-term rental assistance necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.
- a. Rapid Re-Housing Assistance may be provided to individuals and families lacking a fixed, regular and adequate nighttime residence or any individual or family who is fleeing or attempting to flee domestic violence, assault or other life threatening conditions that relate to violence. (576.104 and 576.2.)
 - b. Rapid Re-Housing Assistance must be provided in accordance with the ESG housing relocation and stabilization services requirements in (576.105), the short-term and medium-term rental assistance requirements in (576.106) and the written standards and procedures under (576.400) which states: **For Rapid Re-Housing Relocation and Stabilization Service, ESG funds may be used to pay housing owners, utility companies and other third parties:**
 - 1. Rental application fees.
 - 2. Security deposits equal to no more than 2 months' rent.
 - 3. First and Last Month's Rent. Total rental assistance to a participant cannot exceed 24 months during any 3-year period including first and last month's rent.
 - 4. Standard utility deposits.
 - 5. Utility payments, ESG funds may pay for up to 24 months of utility payments per program participant, per service, including up to 6 months of utility payments in arrears per service. Total utility payment assistance to a participant cannot exceed 24 months during any 3-year period.
 - 6. Moving Costs such as truck rental or hiring a moving company. Assistance may also include payment of temporary storage fees for up to 3 months.
 - 7. Service Costs under this category include Housing Search and Placement assistance, Housing Stability Case Management, Mediation Activities, Legal Services necessary to resolve housing issues, and Credit Repair/Counseling Service.
 - c. For Rapid Re-Housing Short-Term and Medium-Term Rental Assistance, ESG may provide a program participant with up to 24 months of rental assistance during any 3 year period.

This assistance may be short-term rental assistance, medium-term rental assistance, payment of rental arrears, or any combination of this assistance.

- 1. Short-term rental assistance is assistance for up to 3 months of rent.
- 2. Medium-Term rental assistance is assistance for more than 3 months but not more than 24 months of rent.

3. Payment of rental arrears consists of a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears.
 4. Rental assistance may be tenant-based or project-based.
 5. All units must meet Fair Market Rent requirements as established by HUD.
 6. A Rental Assistance Agreement must be in place for each unit assisted. The Agreement must specify the terms and conditions under which rental assistance will be provided and conditions of the units occupied.
5. **Homeless Management Information System (HMIS)** – ESG funds may be used to pay the costs of contributing to the HMIS designated by the Continuum of Care for the area including, the costs of purchasing hardware, software licenses or equipment, obtaining technical support, completing data entry and analysis, monitoring and reviewing data quality, training, reporting, and coordination and integrating the system.
 6. **Administrative Activities**
A local government grantee may at its option elect to use up to 3% of grant funding for costs directly related to administering grant assistance or may allocate all grant amounts for eligible program activities.

VII. ELIGIBLE PARTICIPANTS

There are two eligible target populations identified for ESG funds: persons at risk of homelessness and homeless persons.

At risk of homelessness means:

1. An individual or family who:
 - a. Has an annual income below 30 percent of median family income for the area, as determined by HUD;
 - b. Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “homeless” definition in this section; and
 - c. Meets one of the following conditions:
 - Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - Is living in the home of another because of economic hardship;
 - Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
 - Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low- income individuals;
 - Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons per room, as defined by the U.S. Census Bureau;
 - Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
 - Otherwise lives in housing that has characteristics associated with instability and an increased

risk of homelessness.

2. A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42U.S.C. §9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42U.S.C. §14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42U.S.C. §254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. § 2012 (m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42U.S.C. § 1786(b)(15)); or
3. A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42U.S.C. § 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

Homeless means:

1. An individual or family who lacks a fixed regular, and adequate nighttime residence, meaning:
 - a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
 - c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
2. An individual or family who will imminently lose their primary night time residence, provided that:
 - a. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - b. No subsequent residence has been identified; and
 - c. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
3. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who;
 - a. (Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42U.S.C. 5732a, section 41403(6) of the Violence Against Women Act of 1994 (42U.S.C. §14043e-2, section 637 of the HeadStart Act (42U.S.C. & 9832) section 330(h) of the Public Health Service Act (42U.S.C. §254b(h), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. § 2012, or section 17(b) of the Child Nutrition Act of 1966 (42U.S.C. § 1786(b) or section 725 of the McKinney-Vento Homeless Assistance Act (42U.S.C. § 11434a;
 - b. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
 - c. Have experienced persistent instability as measured by two moves or more during the 60- day period immediately preceding the date of applying for homeless assistance; and
 - d. Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school

degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

4. Any individual or family who;

- a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
- b. Has no other residence; and
- c. Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

VIII. LOCAL MATCH REQUIREMENT

Recipients shall be required to secure matching funds in an amount at least equal to its ESGP funding amounts unless exempted for reasons of severe incapacity to provide matching funds based on information submitted in grant applications. Matching funds must derive from sources other than the Program and be provided after the date of the grant award to the recipient. Funds used to match a previous ESG or ESGP award may not be used to match a subsequent grant.

IX. REQUIREMENT TO USE THE HOMELESS MANAGEMENT INFORMATION SYSTEM - (HMIS)

Congress has directed HUD to improve the collection of data on the extent of homelessness locally and nationally. Communities must collect an array of data including an unduplicated count of homeless persons; analyze their patterns of the use of McKinney-Vento and other assistance, including information on how they enter and exit the homelessness assistance system and assess the effectiveness of that assistance. The Emergency Solutions Grant Program is included in this mandate. HUD, through a Federal Register Notice, has provided the data and technical standards for HMIS. All areas of the City has access to an HMIS through the local Continuum of Care. **Therefore, all proposed projects/organizations must provide written certification of their participation in an existing HMIS.**

X. REPORTING REQUIREMENTS

Each recipient must submit a monthly payment request and financial status report to the City, along with a performance report. These reports help to ensure compliance with the agreement's requirements and the project's proposed goals and objectives. All reports are due by the 20th of each month.

XI. SELECTION PROCESS

Proposals selected for review will be rated on a competitive basis based on information provided in grant applications. To be eligible for submission to the Louisiana Housing Corporation, the applicant's proposal must score 75 points or higher on the evaluation.

**ALL APPLICATIONS WILL BE EVALUATED
IN ACCORDANCE WITH THE FOLLOWING CRITERIA:**

Maximum Points

Criteria I	Organizational Capacity	20
Criteria II	General Narrative/Project Proposal Narrative	30
Criteria III	Approach	20
Criteria IV	Performance Measurement	10
Criteria V	Budget Justification	20
TOTAL POINTS		100

XII. APPLICATION INSTRUCTIONS

1. APPLICATION CONTENT AND FORMAT – Checklist

Each grant application shall contain the items listed below in the following order:

- A. Letter of transmittal, including contact person, telephone number, Fax number and Email address
- B. Cover Sheet (Background Information)
- C. Proposal Narrative addressing all required content items in the prescribed format.
- D. Project Summary for each proposed project
- E. Proposed Budget for each Project
- F. Matching Funds Table for each project
- G. If proposal contains renovation, rehabilitation, or conversion activities, a copy of appraisal of property to be affected, if available
- H. Written certification of participation in a local Homeless Management Information System (HMIS) of applicability of PL 109-162.

2. PROPOSAL NARRATIVE INSTRUCTIONS

Each applicant must submit a narrative description of proposed project, not to exceed eight (8) double spaced pages in 12 font. All information should be concise, objective and quantifiable if possible. The Proposal Narrative must address all of the following items. Please respond in the order listed below. Only answer the questions required in the application. **Any application not following the prescribed format will not be reviewed.**

A. PROJECT PROPOSAL NARRATIVE:

This section shall describe the proposed project sponsor's experience in providing services to meet the emergency needs of homeless persons, including current services provided and target groups being

assisted, the need, or the severity of a problem that will be addressed by the service to be provided. What are the consequences if the request is not funded? Be sure to substantiate statements when possible and relate to specific objectives of the ESG Program.

1. Describe specific proposed activities and methods for accomplishment, specific target groups to be assisted, and identify potential subcontractor organizations. How will ESG funds be used to provide services? Describe tasks and specific activities to be accomplished during the entire project period. Describe how the proposed services address the need in your community. Provide evidence of the effectiveness of the project's approach; be specific. How will the proposed services be paired with other complementary services offered in the area to support clients served?
2. Describe in detail how the specific proposed activities will intersect with your Continuum of care Coordinated Assessment System?
3. Explain how homeless clients and/or clients at risk of homelessness will access your service(s) logistically and geographically.
4. Describe how projects funded will collect client information. Indicate how the HMIS mandate will be met.

B. ORGANIZATIONAL CAPACITY:

Provide the following narratives and information describing your organizational capacity to conduct this project:

1. Describe management, fiscal and other staff resources to administer and conduct an accountable and responsible project. Identify any staff positions that will be in place. Discuss facilities, equipment, materials, and other physical resources applicable to the project.
2. Provide evidence/documentation of an acceptable and accountable financial, management system that minimizes any opportunity for fraud, waste, or mismanagement. Describe project's fiscal management system, which should include fiscal procedures and ability to identify/track ESG and other Federal funds.
3. Provide documentation/information that confirms successful past project performance, or confirms success in initiating, maintaining, and completing similar projects. Give a brief overview of other types of services/activities offered by your agency.

C. APPROACH:

The Application shall describe how the project will be implemented, operated, and administered. In addition, the following items must be addressed:

1. List and describe project activities and/or services that will address the identified need, goals and objectives, target population, and number of people each activity will serve.
2. Describe outreach initiatives that will be implemented to inform potential clients and to ensure that they are made aware of the services to be provided.
3. Describe your work plan and timeline for implementation including milestones to meet program

and budget goals from initiation to completion. If applying for homelessness prevention services, provide an explanation of how eligibility payments are determined and processed. Explain how the organization follows HUD guidelines for providing and documenting homeless prevention services.

D. PERFORMANCE MEASURES:

In alignment with the State’s strategic planning goals, the ESGP sets forth the following performance measurement standards for prevention, rapid re-housing, outreach and emergency shelter program components. This information must be captured in HMIS. The state will provide a report template on that grantees should submit on a quarterly basis. Additionally the State will provide guidance to Via Link, the HMIS Administrator for the HMIS implementation in the Louisiana Continuums of Care on how to train grantees to input data to produce the required information.

Please identify which performance standards will apply to each project proposed and the data quality and review standards you will put in place to ensure that the State has a comprehensive performance report. **Please do not recreate this form.**

Performance Measurement Indicators by Program Components			
Outreach	Shelter	Homeless Prevention	Rapid Re-housing
# of persons served in within the period	# of persons in households within the period	# of persons in households within the period	# of persons in households within the period
Gender	Gender	Gender	Gender
Age	Age	Age	Age
# of persons within each special populations or sub-populations	# of persons within each special populations or sub- populations	# of persons within each special populations or sub- populations	# of persons within each special populations or sub- populations
# of persons with disabilities	# of persons with disabilities	# of persons with disabilities	# of persons with disabilities
# of clients engaged	# of clients served within the period	# of households served within the period	# of households served within the period
# of engaged clients that have entered shelter or TH within the period	# of clients served entering TH	# of clients who have received assistance in the past who are once again seeking help (Not applicable in year 1)	# of clients who have received assistance in the past who are once again seeking help (Not applicable in year 1)
# of engaged clients that have entered PSH or RRH within the period	# of clients served entering PSH or RRH	# of clients who have received assistance and subsequently enter emergency shelter	Length of stay of Clients exiting the program within the period
# of clients with completed VI SPDATS completed within the period	Length of Stay of Clients exiting the program within the period		# of clients with completed VI SPDATS completed within the period
	# of clients with completed VI SPDATS completed within the period		

E. BUDGET:

1. Complete all attached budget forms which should reflect the portion of the total budge to be funded

with ESG funds.

2. Explain and justify each proposed budget line item and why ESG funds are required.
3. Identify how the project will be leveraged with other programs and funds and the amount/percentage of leverage for each ESG dollar. If the project is currently being funded by a resource other than ESG, explain why ESG funds are needed.
4. Provide details of other contributions, grants, donations or awards that your organization receives. Explain if any will support or are anticipated to support this project.
5. Explain other necessary cash and non-cash project budget expenditures not being proposed for ESG funding.
 - i. Identify proposed resources for other cash and non-cash budget expenditures.
 - ii. Explain the commitment status of resources (e.g. received grant or contract, or letter of commitment) and state plans to raise additional funding resources (e.g. fundraising activities).
 - iii. Identify and explain how other sources or required cash or non-cash resources, not currently committed will be obtained and when.
6. Indicate whether the project is currently or was previously funded by ESG funds. If the project was previously funded with ESG funding, indicate the year and amount of funding and briefly explain how previous funding was utilized, if it was utilized in a timely manner, and what more will be accomplished with the proposed award. Is there a contingency plan in place that is intended to ensure continuity of the program beyond the current ESG funding period? Provide details.

REQUIRED ATTACHMENTS APPEAR ON THE FOLLOWING PAGES.

ATTACHMENT A

**City of Shreveport Department of Community Development
CHECKLIST OF REQUIRED DOCUMENTS**

1.	Complete Proposal Narrative	
2.	A Listing of your Board of Directors and their affiliations	
3.	A copy of your current IRS 501c (3) tax exempt statement indicating that you are not a private foundation and an explanation of any changes in your IRS status;	
4.	Most Current Financial statement or audit (not to exceed two years)	
5.	Authorization Resolution by your Board of Directors to apply for City	
6.	Certification Regarding Lobbying	
7.	Criminal Conviction Affidavit	
8.	Adjudicated Property Affidavit	
9.	Article of Incorporation and Bylaws;	
10.	Vendor's Application (if new applicant);	
11.	Certificate of Insurance	
12.	W-9 form	
13.	Zoning approval (if applicable)	
14.	Proposed Agency budget for fiscal year	
15.	List of staff members and positions	
16.	Evidence of Occupational License	
17.	Certification of utilization of HMIS system	

ATTACHMENT B

2025 LOUISIANA EMERGENCY SOLUTIONS GRANT PROJECT BUDGET SUMMARY - ALL COMPONENTS					
Applicant Name:					
Project Name:					
Component	ESG Request	Match \$	Match Source	Total Project \$	# Persons to be Served
Street Outreach					
Emergency Shelter					
Rapid Rehousing					
Homelessness Prevention					
HMIS					
Total					

Notes:

Persons to be served represents unduplicated individuals or households expected to benefit.

ATTACHMENT D

2025 LOUISIANA EMERGENCY SOLUTIONS GRANT PROGRAM

BUDGET BY PROPOSED BENEFICIARIES & ACCOMPLISHMENTS
 (Complete for each shelter/facility/project to receive ESG assistance)

Applicant Name:			
Project/Name:			
Address:			
Contact Person:		Phone:	
Email:			

Bed Capacity: If the proposed project is a shelter, indicate the nightly bed capacity for homeless persons to be served. If an existing facility, enter capacity _____ and capacity after increase from ESG assistance _____. *when applicable (*Enter N/A if no increase in shelter capacity anticipated)

Homeless Beneficiaries: Using the codes listed below, indicate on the following line the type(s) of beneficiaries to be served by the proposed project. If more than one type is to be served list all with the predominant type of beneficiary first

- | | | | | | |
|-----|-----|-------------------------------------|-----|-----|--------------------------------|
| ___ | UM | Unaccompanied Men | ___ | SPF | Single Parent Families |
| ___ | UW | Unaccompanied Women | ___ | TPF | Two Parent Families |
| ___ | UFY | Unaccompanied Female Youth Under 18 | ___ | AC | Adult couples without children |
| ___ | UMY | Unaccompanied Male Youth Under 18 | ___ | DK | Don't Know |

ESG Assistance and Proposed Accomplishments by Eligible Activity: Indicate the proposed amount of ESG assistance by activity type and briefly describe the accomplishments anticipated through the use of ESG funds.

HMIS	\$
Proposed Accomplishments (brief listing):	

Services/Street Outreach	\$
Proposed Accomplishments (brief listing):	

Shelter Operations	\$
Proposed Accomplishments (brief listing):	

Homeless Prevention	\$
Proposed Accomplishments (brief listing):	

Rapid Re-housing	\$
Proposed Accomplishments (brief listing):	

Projected Number of Homeless Prevention Recipients* _____
 Rapid Rehousing _____

*(single person households and/or family groups)

TOTAL ESG FUNDING REQUEST: \$ _____

ATTACHMENT E

**2025 LOUISIANA EMERGENCY SOLUTIONS GRANT
MATCHING FUNDS TABLE**

Please use this table to track and document eligible matching contributions under 24 CFR 576.201 and 2 CFR Part 200. Contributions may include both cash and in-kind support. Awarded applicants shall be required to secure matching funds in an amount at least equal to their ESG funding amounts.

Match Category	Source Name	Description of Contribution	Estimated Value	Status (Committed/Pending)	Supporting Documentation
Cash Contributions					
Local Government Funds					
Private Foundation Grants					
Nonprofit Organization Contributions					
Program Income (if applicable)					
Other					
SUBTOTAL – CASH CONTRIBUTIONS				\$	
In-Kind Contributions					
Donated Goods (e.g., supplies, food)					
Donated Services (e.g., legal, case management)					
Volunteer Time					
Donated Use of Space (e.g., shelter, offices)					
Other					
SUBTOTAL – IN KIND CONTRIBUTIONS				\$	
TOTAL MATCH CONTRIBUTIONS				\$	

ATTACHMENT F
2025 LOUISIANA EMERGENCY SOLUTIONS GRANT PROGRAM

PROJECT SUMMARY
[HUD-IDIS REQUIRED INFORMATION]

LOCAL GOVERNMENT APPLICANT: _____

PROJECT/SPONSOR NAME: _____

Indicate type of organization carrying out the activity with an "x":

_____ Public Agency

_____ Faith Based Non-Profit

_____ Other Non-Profit

ESG AND HOUSING SERVICES

Indicate with an "x" actual or proposed program(s) and services:

_____ EMERGENCY SHELTER FACILITIES

_____ TRANSITIONAL HOUSING

_____ VOUCHERS FOR SHELTERS

_____ OUTREACH

_____ DROP-IN CENTER

_____ SOUP KITCHEN/MEAL DISTRIBUTION

_____ FOOD PANTRY

_____ HEALTH CARE

_____ MENTAL HEALTH

_____ HIV/AIDS SERVICES

_____ ALCOHOL/DRUG PROGRAM

_____ EMPLOYMENT

_____ CHILDCARE

_____ HOMELESS PREVENTION

_____ OTHER: _____

ESG BENEFICIARIES (Actual or Proposed)

EMERGENCY OR TRANSITIONAL SHELTERS

NUMBER SERVED ANNUALLY: _____ ADULTS: _____ CHILDREN: _____

AVERAGE NUMBER SERVED YEARLY: _____ (UNDUPLICATED COUNT)

NON-RESIDENTIAL SERVICES

NUMBER SERVED ANNUALLY _____

<u>RACIAL/ETHNIC CHARACTERISTICS:</u>	Please fill in both columns	
	#TOTAL	#HISPANIC
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black African American		
Other multi-racial		

EMERGENCY OR TRANSITIONAL SHELTERS

ANNUAL NUMBER OF INDIVIDUAL HOUSEHOLDS (SINGLES)

UNACCOMPANIED 18 AND OVER MALE: _____ FEMALE: _____

UNACCOMPANIED UNDER 18 MALE: _____ FEMALE: _____

ANNUAL NUMBER OF FAMILY HOUSEHOLDS WITH CHILDREN HEADED BY:

SINGLE 18 AND OVER MALE: _____ FEMALE: _____

SINGLE UNDER 18: MALE: _____ FEMALE: _____

TWO PARENTS 18 AND OVER _____

TWO PARENTS UNDER 18: _____

ANNUAL NUMBER OF FAMILY HOUSEHOLDS WITH NO CHILDREN: _____ **ESG BENEFICIARIES** (Actual or Proposed)

RESIDENTIAL SERVICES (Actual or Proposed – Annually)

SHELTER TYPE	NUMBER OF PERSONS HOUSED	SHELTER TYPE	NUMBER OF PERSONS HOUSED
BARRACKS:	_____	SINGLE ROOM OCCUPANCY:	_____
GROUP/LARGE HOUSE:	_____	MOBILE HOME/TRAILER:	_____
SCATTERED SITE APARTMENT:	_____	HOTEL/MOTEL:	_____
SINGLE FAMILY DETACHED:	_____	OTHER:	_____
		TOTAL:	_____

EMERGENCY OR TRANSITIONAL HOUSING

LIST THE NUMBER OF PERSONS FOR EACH SUBPOPULATION YOU WILL SERVE. IF YOU SERVE SUBPOPULATIONS THAT FIT MORE THAN ONE CATEGORY, YOU MAY PLACE OVERLAPPING NUMBERS (DUPLICATE) PERSONS ON APPROPRIATE LINES

CHRONICALLY HOMELESS: _____

SEVERELY MENTALLY ILL: _____

CHRONIC SUBSTANCE ABUSERS: _____

VETERANS: _____

PERSONS WITH HIV/AIDS: _____

VICTIMS OF DOMESTIC VIOLENCE: _____

ELDERLY: _____

FUNDING

FUNDING SOURCES (ANNUAL – Actual or Proposed)

ESG: \$ _____ PRIVATE: \$ _____

OTHER FEDERAL: \$ _____ FEES: \$ _____

LOCAL GOVERNMENT: \$ _____ OTHER: \$ _____

ATTACHMENT G

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

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.

SIGNATURE OF AUTHORIZED REPRESENTATIVE:	
NAME:	
TITLE:	
DATE:	

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.**
- C. Be submitted in the format of an ACORD form. A blank sample has been provided for your reference.**

Please note that required bonds for construction projects must be submitted on the forms prescribed by the City of Shreveport which will be made available upon request.

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 WILL APPLY TO PUBLIC FACILITIES AND/OR CONSTRUCTION PROJECTS UNLESS WAIVED 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.

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.

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. 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.

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. 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. 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).

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, 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
P.O. Box 31109 | Shreveport, LA 71130

Purchasing Division
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 **

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Individual or LLC <input type="checkbox"/> Proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
Other (see instructions) ► _____	
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code
	7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► _____	Date ► _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

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

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² 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. 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 and clicking on Employer Identification Number (EIN) under Starting a Business. Go to 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 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.

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

¹ 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.

² Circle the minor's name and furnish the minor's SSN.

³ 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.

⁴ 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.

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 ¹
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 ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹ The
b. So-called trust account that is not a legal or valid trust under state law	actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³ The
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	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 ⁴ The
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	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

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. 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 or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit 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.

