

**Notice of Funding Availability (NOFA)
2025 Emergency Solutions Grant (ESG) City of Shreveport**

DEPARTMENT: Department of Community Development
ACTION: Notice of Funding Availability (NOFA)
DEADLINE: Friday, September 12, 2025, by 4:30 p.m. CST

AUTHORITY

The Emergency Solutions Grant Program (ESG), originally established by the Homeless Housing Act of 1986 to address homelessness among men, women and children in the United States, was incorporated in 1987 into subtitle B of Title IV of the Stewart B. McKinney-Vento Homeless Assistance Act (42 U.S.C. §§ 11371-11378). On May 20, 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, a bill that reauthorized the McKinney-Vento Homeless Assistance programs and substantially revised the Emergency Shelter Grants Program.

In its revision, the Emergency Shelter Grants Program was renamed the Emergency Solutions Grants (ESG) program. ESG funds may be used to assist homeless persons and those at risk of becoming homeless. The Emergency Solutions Grant includes the eligible activities of the Emergency Shelter Grant, to which the eligible activities of the Homelessness Prevention and Rapid Re-housing activities have been added.

The City expects applicants to be fully informed of all regulations applicable to ESG, and if funded, to comply with all applicable regulations. In particular, prior to applying, applicants must be familiar with and knowledgeable of the following regulations and program requirements:

ESG Regulations: 24 C.F.R. Part 576 – The ESG rule, published in the Federal Register on April 1, 2012, revises the regulations for the Emergency Shelter Grants program by establishing the regulations for the Emergency Solutions Grants program.

HEARTH Homeless Definition Final Rule: 24 C.F.R. Parts 91, 582 and 583 – The final rule, published in the Federal Register on December 5, 2011, provides the homeless definition which applies to the ESG program.

BACKGROUND

This NOFA announces the opening of competition for the FY 2025 proposed U. S. Department of Housing and Urban Development (HUD) funds administered by the City of Shreveport. Only organizations with a 501 (C) (3) status, and a minimum of one year experience providing one of the eligible activities, are eligible to apply. Only applicants who are members of the Homeless Management Information System (HMIS) will be considered. Funding available under the Emergency Solutions Grants Program can be utilized for the following activities: street outreach, emergency shelter, homelessness prevention, and rapid re-housing assistance.

To qualify for funding participation, projects/organizations are required to be participants in the Homeless Management Information System (HMIS). Participants must provide matching funds (including in-kind contributions) equal to the amount allowed.

ESG funding available under this NOFA is as follows:

Street Outreach & Emergency Shelter Activities	\$96,942.00
Homelessness Prevention & Rapid-Rehousing	\$64,627.00

SUBMISSION DEADLINE & REQUIREMENTS

Submission Deadline

The City of Shreveport, Department of Community Development, must be in receipt of the proposal complete with all attachments, on or before **Friday, September 12, 2025, by 4:30 p.m. CST.**

Proposals must be complete at the time of submission. No addendum or supplement will be accepted after the deadline date 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.

Proposal Access

You may access this proposal by going to www.shreveportla.gov and clicking on Department of Community Development/Grant Proposals and selecting "2025 Notice of Funding Availability (NOFA) – Emergency Solutions Grant Program"

One Application per Organization

Only one application will be accepted per organization.

Submission Options

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

2025 FESG – (Name of Your Organization)

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

OPTION 2- HAND DELIVERY: Two (2) copies of the submission and all attachments may be hand delivered to the attention of Ms. Verni Howard, Director, Department of Community Development, 415 Texas Street, Shreveport, LA 71101.

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

Diskettes and facsimiles **will not be accepted.** The application must be signed by the applicant's duly authorized Board Chairman, CEO, Director, or President.

PROPOSALS MUST BE COMPLETE AT THE TIME OF SUBMISSION. NO ADDENDUM WILL BE ACCEPTED AFTER THE DEADLINE DATE FOR SUBMISSION OF PROPOSALS. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING.

DISCLAIMERS & NOTICES

Competitive Process

This is a competitive process by which applicants will be scored and evaluated on the merits of their proposal and application. Submission of an application in no way guarantees an award of funding. Awards of funding are not binding on the City until such time as a formal funding agreement has been executed. To be considered for funding, applicants must achieve a minimum score of 75 points; however, meeting this threshold does not guarantee

an award.

Proposals Subject to Public Records Laws

All proposals submitted become the property of the City of Shreveport. By submittal of a proposal, the submitter acknowledges that all proposals may be considered public record in accordance with the Public Records Law of the State of

Louisiana. Subject to award of this contract, all or part of any submittal may be released to any person or firm who may request it. Therefore, Respondents shall specify in their proposal response if any portion of their submittal should be treated as proprietary and not releasable as public information. Proposers should be aware that all such requests may be subject to legal review and challenge. Any information considered proprietary should be indicated as such or not included in the response.

No Guarantee of Funding

Submission of a proposal does not commit the City of Shreveport to award a contract or to pay for any costs incurred in the preparation of a proposal. The City of Shreveport reserves the right to reject any proposal. Future award opportunities are not guaranteed and should not be relied on to support continued program activities.

Extensions & Amendments

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. If it becomes necessary to revise any part of the NOFA, all amendments will be provided in writing.

Insurance

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

Insurance policy limits as required by the City of Shreveport are provided for in the attached document entitled "City of Shreveport Insurance Requirements and Instructions". Final execution of any funding agreement under this application is contingent upon review and final approval of all insurance policies by the City of Shreveport's Department of Risk Management.

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

Format

All applications must be fully completed using the forms supplied with this NOFA. **Any application not following the prescribed format will not be considered for funding.** The City of Shreveport reserves the right to request additional information pursuant to this application. **RESPONSES SHOULD NOT EXCEED THE AMOUNT OF SPACE PROVIDED.**

Period Of Funding

The grant period for funding is June 1, 2025, to June 30, 2026.

Contingency of Funding

All awards made under this Notice of Funding Availability are expressly contingent upon the allocation of Emergency Solutions Grant (ESG) funds to the City of Shreveport by the United States Department of Housing and Urban Development (HUD). The City reserves the right to rescind, reduce, or otherwise adjust any award in the event such funds are not received, are delayed, or are reduced by HUD. No award shall be binding upon the City until a formal funding agreement has been executed and the City has received the corresponding ESG allocation.

TARGET POPULATION & ELIGIBLE PARTICIPANTS

Applicants applying for funding under this NOFA should target services and activities for those that are homeless or at risk of homelessness. **PURSUANT TO 24 CFR 576.2 AND FOR THE PURPOSES OF THIS NOFA, HOMELESS IS DEFINED AS:**

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 nighttime 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 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 ([42 U.S.C. 5732a](#)), section 637 of the Head Start Act ([42 U.S.C. 9832](#)), section 41403 of the Violence Against Women Act of 1994 ([42 U.S.C. 14043e-2](#)), section 330(h) of the Public Health Service Act ([42 U.S.C. 254b\(h\)](#)), section 3 of the Food and Nutrition Act of 2008 ([7 U.S.C. 2012](#)), section 17(b) of the Child Nutrition Act of 1966 ([42 U.S.C. 1786\(b\)](#)) or section 725 of the McKinney-Vento Homeless Assistance Act ([42 U.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.

PURSUANT TO 24 CFR 576.2 AND FOR THE PURPOSES OF THIS NOFA, AT RISK OF HOMELESSNESS IS DEFINED AS:

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:
 - i. Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - ii. Is living in the home of another because of economic hardship;
 - iii. 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;
 - iv. 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;
 - v. 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 reside per room, as defined by the U.S. Census Bureau;
 - vi. 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
 - vii. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan;
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 (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.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 (42 U.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 (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of

that child or youth if living with her or him.

TARGET AREAS

The City will only consider funding projects which are consistent with the Consolidated Strategy Plan. City-wide homeless services and activities are eligible.

ELIGIBLE ACTIVITIES

THE CITY OF SHREVEPORT, THROUGH THIS NOFA, WILL FUND THE FOLLOWING COMPONENTS FOR PROGRAM YEAR 2025:

<p>STREET OUTREACH</p>	<p>Essential services necessary to reach out to unsheltered homeless people; connect them with 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.</p>
	<p>Eligible Costs: ▪ Engagement Emergency ▪ Mental Health Services ▪ Case Management ▪ Transportation ▪ Emergency Health Services ▪ Services for Special Populations</p>
<p>EMERGENCY SHELTER</p>	<p>Essential Services for individuals and families in emergency shelter. Component services generally consist of 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.</p>
	<p>Eligible Costs: 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 ▪ Transportation Services for Special Populations.</p>
	<p>Shelter Operations, including maintenance, rent, security, fuel, equipment, insurance, utilities, and furnishings.</p>
	<p>Eligible Costs: Maintenance Rent Security ▪ Fuel ▪ Equipment ▪ Insurance ▪ Utilities ▪ Food ▪ Furnishings ▪ Supplies necessary for shelter operation ▪ Hotel/Motel Vouchers</p>
<p>HOMELESSNESS PREVENTION</p>	<p>Housing relocation and stabilization services and/or short- and/or medium-term rental assistance necessary to prevent the individual or family from moving into an emergency shelter or another place described in paragraph (1) of the “homeless” definition in § 576.2. Funds may also be used to pay financial assistance to housing owners, utility companies and other third parties.</p>
	<p>Rental Assistance Eligible Costs: Short-term rental assistance ▪ Medium-term rental assistance ▪ Rental arrears</p>
	<p>Housing Relocation and Stabilization Services Eligible Costs: Rental Application Fees ▪ Security Deposits ▪ Last Month’s Rent Utility Deposits ▪ Utility Payments ▪ Moving Costs.</p>
<p>RAPID RE-HOUSING ASSISTANCE</p>	<p>Housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help individuals or families living in</p>

	an emergency shelter or other place described in paragraph (1) of the “homeless” definition move as quickly as possible into permanent housing and achieve stability in that housing.
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APPLICANT ELIGIBILITY

- The applicant must be a private non-profit organization (IRS 501(c) (3) status).
- Applicant must have at least one year of experience in providing the requested service prior to submission of application.
- The applicant must furnish a 100% match, with a minimum of 50% being a cash match.
- Applicant must be a participant in the Homeless Management Information System (HMIS).
- The City will not fund an organization or agency with outstanding disallowed costs, defaulted loans, debarment actions or any other legal encumbrance, regardless of the merits of the submitted proposal.
- Awards will not be granted if there are open contracts, or a funded project has not been successfully completed by the applicant organization.

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 the McKinney-Vento and other assistance, including information on how they enter and exit the homelessness assistance system and assess the effectiveness of that assistance. Through the Federal Register Notice, the Emergency Solutions Grants Program and Community Development Block Grants were made a part of this mandate. Therefore, **all proposed projects/organizations must provide written certification of their participation in an existing HMIS.** You can contact your local Continuum of Care at (318) 670-4591 for more information.

INFORMATIONAL WORKSHOP

An informational workshop between representatives of The City of Shreveport, and prospective applicants under this ESG NOFA will be held on **FRIDAY, SEPTEMBER 5, 2025, at 11:00 a.m. via Microsoft Teams.** The purpose of this meeting is to make certain that the scope of work is fully understood, to provide technical assistance and to answer general questions regarding the completion of the application and the application process. No addendum will be issued at this meeting, but subsequent thereto, the Community Development Department, if necessary, will issue an addendum(s) to clarify the terms of this NOFA. While attendance at this meeting is not mandatory, applicants will be responsible for all information covered.

WORKSHOP DETAILS WILL BE POSTED TO THE CITY OF SHREVEPORT’S DEPARTMENT OF COMMUNITY DEVELOPMENT WEBSITE. YOU MAY ACCESS OUR WEBSITE BY VISITING [HERE](#).

APPLICATION & CERTIFICATION ON THE FOLLOWING PAGES

APPLICATION COVER SHEET		
APPLICANT ORGANIZATION		
LEGAL NAME OF ORGANIZATION:		
ORGANIZATION ADDRESS:		
TAX I.D. NUMBER:		If your organization DOES NOT have a 501(c)(3) designation check (✓) here.
FEDERAL UEI NUMBER:		If your organization will not have a UEI number at the time of application submission please check (✓) here.
To qualify for funding participation, projects/organizations are required to be a participant in the Homeless Management Information System (HMIS). If your organization is NOT an HMIS participant please check (✓) here.		
NOTE – The Federal government stopped using DUNS numbers on April 4, 2022 which was replaced by the Unique Entity Identifier (UEI) Number. UEI numbers must be obtained and provided to the City prior to any award for funding. FOR MORE INFORMATION OR TO OBTAIN A UEI NUMBER, PLEASE VISIT www.sam.gov .		
AUTHORIZED REPRESENTATIVE		
<i>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.</i>		
NAME OF AUTHORIZED REPRESENTATIVE:		
PHONE NUMBER:		
EMAIL ADDRESS:		
PROJECT & ACTIVITIES		
PROJECT DESCRIPTION		
AMOUNT REQUESTED:		
AMOUNT OF CASH MATCH (Must be at least 50% of the Amt. Requested)		
AMOUNT OF REMAINING MATCH		
PROPOSED ACTIVITY (check all that apply)		
NAME OF PROJECT:		
DESCRIPTION OF PROPOSED ACTIVITY:		
✓	COMPONENT	AMOUNT REQUESTED (\$)
	STREET OUTREACH	
	EMERGENCY SHELTER	
	HOMELESS PREVENTION	
	RAPID RE-HOUSING ASSISTANCE	

APPLICATION OUTLINE

PROJECT SUMMARY & NARRATIVE (20 POINTS)

Below please describe your request for funding, including the program activities and how they will be accomplished.

Below please briefly describe the population and area to be served by this request for funding.

Please describe a clear timeline for commencement, implementation and completion of your proposed project.

PROBLEM STATEMENT (15 POINTS)

Below please describe the need to be addressed by your proposed project. Specifically define the problem and clearly document the needs to be met or problems to be solved by the proposed project. You must determine the extent of the problem in the geographic area that you will target with your program.

The need should be related to the purpose of your proposed activities and documented, using sound and reliable data (statistics, survey findings, expert advice, studies, student data, and test results). You are encouraged to link the documentation of need to data identified in the city's Consolidated Plan. To obtain a copy of the Consolidated Plan, go to www.shreveportla.gov

PROGRAM EVALUATION (15 POINTS)

Below identify and describe one or more performance measures your project will meet. Check (✓) and list all that apply.

✓		NUMBER OF PERSONS
1.	The number of persons or households prevented from becoming homeless.	
2.	The number of persons or households to be assisted from emergency shelter into permanent housing.	
3.	The number of persons or households to be assisted from street outreach into permanent or temporary housing.	
4.	The number of unsheltered persons or households provided with essential services.	
5.	The number of persons or households provided rapid re-housing services.	
6.	The number of persons or households covered by the HMIS.	

Describe the specific outcomes, impacts and benefits your program or activities will have on the targeted community.

Describe the specific tools you will use to track output and outcome as well as the methodology you will use to measure your success in meeting your stated goals.

Describe how you will make your services available/accessible, affordable or sustainable to the target population you propose to serve.

Describe how you will determine participant eligibility for your project and activities.

Describe your organization's procedures and policies for ensuring all records containing personally identifying information of any individual or family who applies for and/or receives assistance will be kept secure and confidential.

APPLICANT CAPACITY (20 POINTS)

Describe your organization's qualifications, and the extent to which you have the organizational resources necessary to successfully implement the proposed activities in a timely and efficient manner.

Indicate all staff members who possesses knowledge and experience in your proposed project.

Provide a summary of your organization's relevant experience in managing grants and similar programs in the last twelve (12) months.

LEVERAGING RESOURCES (15 POINTS)

The applicant must demonstrate and document the ability to secure resources beyond those provided under this grant award, including private, other public, and mainstream resources. Leveraging resources may include cash, cash equivalent (i.e., other federal, state and local grant awards) and in-kind contributions, such as services, donations or equipment.

Please provide a description of your leveraged resources below. Supporting documentation is requested in the enclosed checklist of required documents.

FINANCIALS & BUDGET (15 POINTS)

Below describe the total cost of the project including the funds already committed.

Provide a description of the cost-effectiveness, reasonableness and feasibility of the project's budget.

NOTE: ATTACHED PROJECT BUDGETS MUST ALSO BE COMPLETED AND SUBMITTED WITH YOUR APPLICATION.

ATTACHMENT A

**2025 EMERGENCY SOLUTIONS GRANT
PROJECT BUDGET SUMMARY - BY COMPONENT**

Applicant Name:					
Project Name:					
Component	ESG Request	Match \$	Match Source	Total Project \$	# Persons to be Served
Street Outreach					
Emergency Shelter					
Rapid Rehousing					
Homelessness Prevention					
Total					

ATTACHMENT C

**2025 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.

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* _____ *(single person households and/or family groups)

Rapid Rehousing _____

TOTAL ESG FUNDING REQUEST: \$ _____

ATTACHMENT D

**2025 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				\$	

2025 EMERGENCY SOLUTIONS GRANT CHECKLIST OF REQUIRED DOCUMENTS	
THE FOLLOWING DOCUMENTS ARE REQUIRED WITH YOUR APPLICATION FOR FUNDING. PLEASE INCLUDE ANY APPLICABLE DOCUMENT WITH YOUR APPLICATION SUBMISSION.	✓
APPLICATION COVER SHEET	
FULLY COMPLETED APPLICATION OUTLINE	
ATTACHMENT A – PROJECT BUDGET SUMMARY BY COMPONENTS	
ATTACHMENT B – COMPONENT SPECIFIC ITEMIZED BUDGET	
ATTACHMENT C – BUDGET BY PROPOSED BENEFICIARIES & ACCOMPLISHMENTS	
ATTACHMENT D – MATCHING FUNDS TABLE	
RESOLUTION AUTHORIZING YOU TO APPLY FOR CITY FUNDS Must be executed by a party authorized to certify your authority to execute this agreement. You may complete and submit the sample provided below OR submit your organization’s executed resolution. ORIGINAL DOCUMENT MUST BE RETAINED AND MUST BE PROVIDED AT ANY TIME UPON REQUEST BY THE CITY OF SHREVEPORT.	
FULL LIST OF YOUR ORGANIZATIONS BOARD OF DIRECTORS	
A COPY OF YOUR MOST CURRENT 501(c)(3) TAX EXEMPT STATEMENT	
MOST CURRENT FINANCIAL STATEMENT OR AUDIT	
COMPLETED VENDOR APPLICATION (sample attached) (only required if you have never received City funding in the past)	
EVIDENCE OF ZONING APPROVAL (FOR APPLICANTS OPERATING SHELTERS)	
SUPPORTING DOCUMENTATION FOR ALL LEVERAGED RESOURCES DESCRIBED IN THE APPLICATION	
SUPPORTING DOCUMENTATION AS PROOF OF ALL MATCH DESCRIBED IN THE APPLICATION	
PROOF OF HMIS CERTIFICATION	
PROOF OF GOOD STANDING WITH THE LA SECRETARY OF STATE	
APPLICATION CERTIFICATION SIGNED BY AN AUTHORIZED REPRESENTATIVE	

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:	

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